

## Clinical Update: Patient Successes with CardioPhase®

Mitchell A. Fleisher, M.D., D.Ht., D.A.B.F.M.

As a holistic family physician specializing in integrative Complementary Alternative Medicine (CAM), I am always pleased when I discover an effective therapeutic formula that integrates the principles of Traditional Chinese Medicine (TCM) with the best of modern nutritional science and quality control manufacturing. *CardioPhase*® is just such a formula.

My review of the clinical research conducted by the Ministry of Health of the People's Republic of China, in cooperation with the cardiovascular departments of several major universities and heart disease research institutes, revealed that *Cardio-Phase* supported significant improvement in a wide range of cardiovascular disorders, including organic cardiomyopathies due to coronary artery disease, myocardial infarctions (heart attacks), hypertensive heart disease and

myocarditis (toxin-induced, infectious or idiopathic, i.e., of unknown causes).

The extensive series of clinical studies indicates beneficial therapeutic effects in such symptoms as angina (chest pain), arrhythmias (irregular heart rhythm), dyspnea (shortness of breath), dizziness, reduction in systolic and diastolic blood pressures, increased erythrocyte (red blood cell) superoxide dismutase (SOD) antioxidant capacity, as well as improvements and/or normalization of blood viscosity and cardiac microcirculation, ECG recordings and rheological (blood flow pattern) and hemodynamic parameters in myocardial ischemia and congestive heart failure.

### Clinical Case Reports

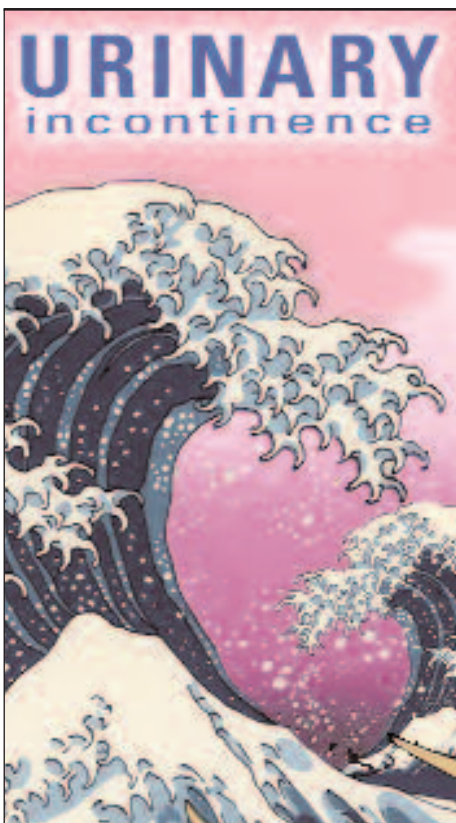
After reviewing the research I carefully began to introduce use of *CardioPhase* in my clinical practice, where I've found it

to be remarkably effective for support and amelioration of several cardiovascular disorders, especially coronary insufficiency, angina pectoris, arrhythmias, hypertension and congestive heart failure.

### Case History 1

One of my long time patients is an elderly, southern gentleman who literally "lives for golf." He has struggled with difficulty to control his brittle, adult onset insulin-dependent diabetes mellitus, and was increasingly experiencing chest pains and shortness of breath that were limiting his physical activities, especially his ability to play golf. He has been treated with I.V. and oral chelation therapy for his relatively severe coronary artery disease, recurrent angina pectoris and peripheral vascular disease. Additionally, the patient was already receiving maximum doses of

*Continued on page 2*



## Restoring Natural Bladder Control

Lane Lenard, Ph.D.

Urinary incontinence (UI) is a common disorder affecting at least 10 million people in the United States. Women are especially prone to UI – half of all women experience incontinence at some point in their lives, and for one in three UI is a chronic condition. Incontinence is more prevalent among adults 60 years of age or older, affecting more than 15 percent of older adults who live at home, and up to 60 percent of people living in nursing homes. UI is one of the most common reasons for nursing home admission.

For many, the fear of losing control of such a basic bodily function is so stressful and distressing that fewer than half of those with incontinence feel comfortable discussing their symptoms with their doctor. Commenting on the severity of the problem, Dr. Seth Landefeld, geriatrics chief at the University of California, San Francisco, notes that, "We as a society need to get over

our discomfort with this subject so that incontinence sufferers receive the compassion, acceptance, and care they need, and our aging population can take steps to prevent incontinence in the future."

### Women's Secret Burden

While the statistics are striking, the toll incontinence takes on one's quality of life can be devastating, especially for women. Initially, most women find that occasional leaks can be controlled by wearing specially designed pads. But as the condition worsens, larger pads, or pads with greater absorptive capacity, may be needed. And while pads are usually effective for controlling leakage they do little to alleviate the other ways that UI influences daily life. For example, one must learn to be constantly "tuned in" to the slightest signal from the bladder that it is time to go. And even sim-

*Continued on page 4*

# CardioPhase

Continued from page 1

nitrate, in addition to a beta-blocker, a calcium channel blocker and diuretic medications per his cardiologist. Given the current situation, increasing his medications was not a viable therapeutic option.

I placed the patient on two tablets of *Vital Cell* twice daily to gauge his initial response, and then increased his intake to three tablets, twice daily. There was a modest improvement in the number and severity of his angina episodes after one month, at which point I decided it was best to augment his therapy by having him take *CardioPhase*, four capsules three times daily.

Gradually, over a course of six weeks his anginal chest pains, exertional and resting dyspnea, ischemia-induced (oxygen deprived) heart failure and intermittent claudication (calf pains on walking due to poor circulation) improved to the point that he no longer required intermittent sprays of sublingual (under the tongue) nitroglycerin to control his heart pains. He was also able to reduce his dosage of diuretic medications so that he wasn't having to get up frequently to urinate. His overall stamina increased such that he was able to enjoy his favorite sport once again, of course, with the loving assistance of his wife, caddy and golf cart. He also needed fewer injections of regular insulin to control his blood sugar levels, due to improved metabolic functioning. Not too shabby for an eighty-two-year old "athlete" in his condition!

## Case History 2

A sixty-four-year old female patient with chronic atrial fibrillation (irregular heart rhythm), was being treated with digoxin, atenolol, warfarin and aspirin by her internist. Despite being compliant with her conventional medications, when the patient came to my clinic she was complaining of persistent episodes of rapid

rhythm was now very well controlled; there were basically no further episodes of shortness of breath, chest pain, dizziness, lightheadedness and anxiety. Her overall energy and stamina were greatly improved, and she generally felt better. She also told me delightedly that her chronically cold feet had finally warmed up.

*"Gradually, over a course of six weeks his anginal chest pains, exertional and resting dyspnea, ischemia-induced heart failure and intermittent claudication improved to the point that he no longer required intermittent sprays of sublingual nitroglycerin to control his heart pains."*

palpitations that left her feeling winded, dizzy, anxious and exhausted, with aches in her chest. I initially put her on a regimen of Coenzyme Q10 (ubiquinol), L-taurine, chelated magnesium, omega-3 fatty acids (eicosapentaenoic and docosahexaenoic acids) and nattokinase to help slow the rapid heart rate, decrease excitability of the heart cells, improve cellular energy efficiency and prevent abnormal blood clotting.

After six weeks there was a minimal slowing in the chronic atrial fibrillation and she felt a little bit more energetic, but there was clearly room for improvement. She then began taking four capsules of *CardioPhase*, three times daily. Within three weeks, there was a significant reduction in her episodes of rapid, irregular heart rhythm, providing relief of her periodic shortness of breath, chest pain, dizziness, lightheadedness and anxiety. Moreover, her puffiness of the feet and ankles (pedal edema due to inadequate cardiac function and poor circulation) markedly improved to the point that she discontinued taking her daily "water pill" (furosemide), prescribed by her internist to use as needed for water retention.

After three months of taking *CardioPhase*, she reported that her heart

## Case History 3

Several of my patients who have received conventional treatment for hypertension (high blood pressure) and/or dyslipidemia (abnormal blood lipid levels) have shown promising responses to *CardioPhase*. A fifty-four-year old male chemical engineer with moderately severe hypertension required triple drug therapy with a calcium channel blocker, angiotensin inhibitor, and diuretic medications. Despite his conventional treatment, his blood pressure still was not well-controlled, especially during times of high stress, which amounted to most of his life. The addition of Coenzyme Q10 and chelated magnesium ameliorated his muscular tension and gave him more energy, though his blood pressure did not change to any significant degree.

I prescribed three capsules of *CardioPhase* twice daily. On his follow-up visit eight weeks later, his blood pressure had dropped by about twenty points, systolic, and fifteen points, diastolic. The dosage of *CardioPhase* was increased to three capsules, three times daily, and a subsequent follow-up visit three months later revealed that his blood pressure was finally within the normal range; that is averaging 120/80.

September 2008

Vol. 3, Number 3

## Nutrition Review

**Publisher**  
Jim English

**Contributors**  
John Steinke, L.Ac  
Hyla Cass, MD  
Mitch Fleisher, MD, DHT  
Jake Fratkin, OMD, L.Ac

*The information in this newsletter is not intended to provide personal medical advice, which should be obtained from a medical professional, and has not been approved by the U.S. FDA.*

© 2008 by Nutrition Review, LLC

Dear Fabienne,

Thank you for your wonderful letter. We are glad that AllerPhase has been so effective for you. We will certainly post your feedback for our customers. It helps greatly for readers to see the circumstances in which AllerPhase and other Tango formulas work.

John Steinke, L.Ac.  
VP of Product Development

### Defering Knee Surgery with ArthriPhase

Dear John,

I was scheduled to have knee replacement surgery when a friend of mine called and told me about your all natural supplement, ArthriPhase. I thought "What do I have to lose?" and immediately ordered two bottles.

After six weeks of taking two capsules, twice a day, a miracle happened. No more pain and no knee replacement surgery!

I now remain pain-free taking just two capsules daily. I ordered a year's supply after my doctor said, "if it works, keep taking it and let's see what happens."

By the way, my sleep has never been better.

Patrick O'Keefe

### Supporting Bone Growth with OsteoPhase and Herbal Boost

Dear John,

I'm currently taking *OsteoPhase* and want to know about taking your *Herbal Boost* and *Vital Cell*. Are these only short term-usage supplements? The information on *Herbal Boost* says to use the formula for about 4 months. I also want to know if I can take these herbs together with my *OsteoPhase*, or should I take them separately?

Also, my husband recently had a heart attack and is on heart medications, and we are both taking meds for our blood pressure and cholesterol. Please advise.

Arlene

Dear Arlene,

Thank you for your note and question. I can see where some confusion might arise. *Herbal Boost* is used after stroke, heart attack, injury or debilitating illness to promote swift recovery. I usually have clients take *Herbal Boost* for 3 to 4 months and then switch them over to *Vital Cell* for long-term, ongoing, daily improvement of the immune and circulatory systems.

We recommend that you not take *Herbal Boost*, *Vital Cell* or *OsteoPhase* if you are on blood-thinning medications, such as Warfarin or Coumadin, which are often prescribed after heart attack. The concern is that since the supplements improve the quality of blood circulation they may affect the actions of the medications, so they should not be used together.

Otherwise, the three formulas will not cause problems with other medications you are taking for blood pressure and cholesterol. In fact, they will be helpful for those issues. However, as a safety precaution, you should take any supplements and medications at least two hours apart.

For osteoporosis, you can take *Herbal Boost* long-term along with *OsteoPhase* as it provides important herbs for building bone and enhancing circulation within bone tissues. The ratio should be one capsule of *Herbal Boost* for each two capsules of *OsteoPhase*. You do not need to take *Herbal Boost* and *Vital Cell* together, but can continue to take *Herbal Boost* to support bone growth.

John Steinke, L.Ac.  
VP of Product Development

### OsteoPhase and Calcium Supplements for Strong Bone

Dear John

I am thinking about going on *OsteoPhase* as the result of a bone density test and being put on *Boniva*. I took the once-a-month version of *Boniva* once and had such bad muscle and bone pain that I will never take another!

I read a report on your web site describing how you don't need all that calcium, but you say that you recommend calcium plus several other supplements.

How much calcium per day? They say that most of the calcium you take goes to soft tissue and not to the bone and that 125 mgs do the trick along with the *OsteoPhase*. Do you find that to be true?

I know a natural doctor and a doctor with *Mayo Clinic* who both admit that all the biophosphonates (*Boniva*, *Fosomax*, etc.) build brittle bone which will break – just like brittle bone.

What kind of bone does *OsteoPhase* build? How long has *OsteoPhase* been on the market and does it have a track record of use by people and their results say, after a year?

I am going to have a hard enough time getting my doctor to see the merits of *OsteoPhase* when he is so gung-ho on the biophosphonates. I need to know for my own well-being too!

G.W.

Dear G.W.,

Just to review, skeletal bones are in a constant state of remodeling. Specialized cells called osteoclasts break down old bone, leaving behind pitted areas. Other specialized cells called osteoblasts, then fill in the pitted areas with new bone that includes calcium as a component. When the breakdown of old bone is faster than the rebuilding of new bone, you are on a progression to osteoporosis – porous, weak bones. In other words, the osteoblast bone-building function cannot keep up with the osteoclast bone absorption process.

Bisphosphonates try to resolve this problem by killing off the function of the osteoclasts, halting the destruction of old bone. Osteoblasts continue to build new bone, but the rate of addition of new bone formation is not enhanced by the drugs. In other words, when the bisphosphonates work you are really getting an increase in old bone tissue that would otherwise be replaced with new strong bone during healthy remodeling. Hence you have more old, brittle bone.

While it appears to be a rare occurrence, or perhaps under-reported, there has been an increase in unexpected severe fracture of the body of the femur in patients taking bisphosphonates. This is likely an extreme manifestation of the accumulation of brittle bone tissue. Remember, this brittle buildup is occurring in the entire skeletal structure and not just in the hip and lower spine, where fracture risk from osteoporosis is of great concern.

The ingredients in *OsteoPhase* appear to enhance osteoblast function so that you build new, healthy bone structure at a faster rate than the destruction of old bone by osteoclasts. We think that this improvement in bone metabolism is just one of the many functions of *OsteoPhase* that helps build bone. The formula also supports restoration of basic calcium regulation for the entire body. *OsteoPhase* also includes herbs that support circulation to bone tissue to enhance delivery of nutrients and removal of waste products from bone tissues. We try to explain this as thoroughly as possible and in as much detail as possible on our website.

We have been selling *OsteoPhase* for over four years now. Before we introduced *OsteoPhase* we conducted an extensive, multi-participant evaluation program that included before and after DEXA scans that showed improvements in bone density in 3 and 6 month time frames. We also receive reports of improvements in bone density from our customers, although these are usually after one-year, a more typical time frame for retesting. Our sales grow from month to month and year to year since many customers elect to continue with the formula based on their test results.

John Steinke, L.Ac.  
VP of Product Development



# Letters

With John Steinke, L.Ac. Licensed Acupuncturist and VP of Product Development for Tango Advanced Nutrition, Inc.

## Can I take MetaPhase for Metabolic Syndrome?

Dear John,

I would like to try *MetaPhase*, as I have all the problems associated with metabolic syndrome, including high blood pressure, elevated cholesterol and triglycerides, excess weight, depression, etc. My question is, can I take *MetaPhase*? I see that the formula contains hawthorn berry, and I'm concerned because I take a beta blocker for my high blood pressure and want to know if it is okay to take *MetaPhase* while taking other prescription drugs.

Thank You,  
Lana N.

Dear Lana,

*MetaPhase* is a dietary supplement for metabolic syndrome that aids digestion, improves blood circulation and enhances pancreatic function. Hawthorn berry is a crucial herb in the formula.

In Europe, doctors and nutritionists are impressed with Hawthorn's ability to improve circulation and lower triglyceride levels while reducing damage caused by metabolic syndrome. In China, herbal researchers have shown how Hawthorn's ability to aid digestion provides an important benefit to diabetics and those with metabolic syndrome. The Hawthorn in our *MetaPhase* formula provides a variety of helpful benefits that accumulate over time with regular use.

*MetaPhase* also contains Turmeric, which works with Hawthorn to improve blood circulation. Since each of these ingredients aids in reducing platelet stickiness, we do not recommend *MetaPhase* for those currently taking blood thinners, such as Warfarin (coumadin). *MetaPhase* can be safely used by those taking beta blockers.

I usually make two recommendations for people taking one or more prescription or over-the-counter drugs along with their daily supplements.

1. Take your supplements and drugs at different times during the day—at least one hour apart although two hours is better. This eliminates most concerns for interactions between drugs and supplements.

2. Your doctor may change your medications if your health worsens, based on tests and other considerations. Since you are taking dietary supplements to improve your health, as your health improves your

doctor may also want to change or reduce your medications. This is very important as most drugs have side effects that range from mild to severe.

John Steinke, L.Ac.

## Vital Cell Helps Friends "Written Off" by Doctor

Dear John,

A 70-something friend of mine had been "written off" by heart doctors three years ago; they had told her to tell everyone good-bye because the traditional medical community could do nothing more for her ailing heart. As she answered the phone, I was surprised to be greeted by her very vibrant voice. In what was to be a good-bye call, she told me of her "miraculous" recovery after discovering a wonderful product on the Internet. When I inquired about the product, she said "*Vital Cell*" and spoke of its tremendous effects on her heart and very life. The medical doctors could not believe her recovery! (By the way, now – three years later – she has moved to California to help her daughter!)

I was so impressed with what she said about *Vital Cell*, I investigated and began taking the product myself. Within a short time my periodic heart palpitations (which I had experienced for several years and about which the medical community said couldn't be helped) completely stopped! I'm a believer in *Vital Cell*! Thanks so much!

Rena Doering  
San Antonio, Texas

## Overcoming "Kafunsho" with AllerPhase in Japan

Dear John,

Once again this year I came down with the dreaded *Kafunsho*, which is the Japanese equivalent to hay fever. My troubles started four years ago, at which time I came to have a much deeper understanding of how horrible allergies are. Simple things, like living and breathing everyday, became difficult.

I tried so many different allergy medicines, oils, sprays, etc. Nothing ever worked until I found *AllerPhase*. It relieves all the miserable symptoms with-

in a few days and takes me back to living a normal life. I simply cannot survive the hay fever season in Japan without it.

Thank you for a great product.

Marie Langlois

## Restoring Post-Menopausal Sleep Patterns with Sleep Cycle

Dear John,

I am a 61-year-old female with what I assume is a typical post-menopausal pattern of waking up 3 to 4 times in the night to urinate.

Since I began taking *SleepCycle* about a month ago, my sleep has become deeper and amazingly, I am able to sleep all night long some nights without waking up at all or else just one time.

I have recommended this wonderful new formula to several friends and relatives who also have difficulty getting the immensely important full night of restful deep sleep. And I am very grateful to you and your colleagues for developing this natural product.

Warm regards and again many thanks,

Linda S.  
Portland, Oregon

## Pleased with AllerPhase for Dust Allergies in London

Dear John,

I was hoping you could please post the following review for your customers. I live in London, UK, and your website was enormously helpful to me when searching for an alternative allergy remedy. I have been suffering from a chronic dust allergy (coughing, sneezing, skin irritation, breathing issues, insomnia) for the past year and taking three antihistamines per day on the advice of my GP. Having completed 1 course of 30 *AllerPhase* tablets (two per day), without the antihistamines, my symptoms have completely disappeared. I will continue taking one *AllerPhase* tablet per day for two more weeks and will then test if any symptoms resurface without it. I also suffer from hay fever each summer but the symptoms have not developed at all.

Yours faithfully,  
Fabienne

After six months of integrative therapy, his blood pressure remained within normal limits, even though he had independently weaned himself off the calcium channel blocker medication, which he complained undermined his sex life by causing erectile insufficiency, a common side effect of many anti-hypertensive medicines.

### Side Effects of Cholesterol-Lowering Agents

I have encountered many patients over the years who do not tolerate conventional cholesterol-lowering medicines, particularly statins, a class of HMG-CoA reductase inhibitors that work by blocking the primary enzyme involved in the manufacture of cholesterol in the body. Commonly reported adverse effects from statins can include dizziness, headaches, blurred vision, insomnia, nausea, constipation, diarrhea, myalgias (muscular pain), muscle inflammation (myositis) and/or muscle degeneration (rhabdomyolysis) and/or fatigue that can become extreme.

These problematic adverse reactions are not limited to pharmaceutical drugs, but may also occur, although far less frequently, in supplements containing red yeast rice extract. Red yeast rice (*Monascus purpureus*) is a natural source of the mevacolins or statins, which lower cholesterol by the same mechanism of action as the conventional drugs.

I have found that *CardioPhase* is a very effective and safer approach to controlling blood lipids, especially when used in conjunction with Lipid Balance (from Progressive Labs, 800-527-9512, order #7876), a carefully designed nutraceutical formulation which not only lowers “bad” LDL cholesterol and raises “good” HDL cholesterol, but also reduces and protects against vascular (blood vessel) inflammation, a primary, underlying cause of atherosclerosis (hardening of the arteries). The usual dosage of both *CardioPhase* and Lipid Balance is two capsules, three times daily or three capsules twice daily.

### Case History 4

A 58-year-old female patient with a family history of elevated cholesterol came to me with a total cholesterol of over 300, LDL cholesterol over 200, and HDL cholesterol below 30 – essentially a picture of

a heart attack in the making. She could not tolerate any of the conventional cholesterol-lowering medicines, not even supplements containing red yeast rice extract, without becoming deathly ill within a week or so of taking them.

I switched her to a combination of *CardioPhase* and Lipid Balance, at the



**About the Author:** Mitchell A. Fleisher, M.D., is a board-certified family physician specializing in classical homeopathy, nutritional and botanical medicine.

*“Within three weeks, there was a significant reduction in her episodes of rapid, irregular heart rhythm, providing relief of her periodic shortness of breath, chest pain, dizziness, lightheadedness and anxiety.”*

aforementioned standard dosages. After twelve weeks of therapy, her blood lipid levels were within a normal and acceptable range. More impressively, her history of cardiovascular inflammation showed marked improvement as measured by a significant reduction in her chronically elevated C Reactive Protein. Needless to say, both she and I were quite happy with the results, and especially so, because she felt well on this nutraceutical regimen.

### Summary

The preponderance of available scientific and clinical evidence suggests that daily use of *CardioPhase* can be an excellent approach to those hoping to prevent heart and blood vessel problems before they occur. The preventive dosage is three to six capsules daily. This is particularly true for anyone with a family history of cardiovascular disease. In modern terms, a “gram of prevention is worth a kilo of cure.”



# Bladder Control

*Continued from page 1*

ple tasks, such as going out to the store, require advance planning to pinpoint the location of nearby bathrooms for frequent emergency visits when the bladder is too full. Women also need to be particularly cautious about standing up quickly after sitting, especially when consuming liquids, and dark clothes are the preferred fashion choice because they are less prone to reveal dampness.

For many women, despite all the restrictions that UI imposes on their lives, the social stigma imposed by the disorder is the most overwhelming aspect of incontinence. The dread of a small cough or laugh triggering a “leak” during a social or business situation robs women of the pleasure such events offer and causes many women to limit or even avoid social activities all together. And at home, women may begin to avoid sex with their partners out of fear of embarrassment during intercourse. If not addressed, incontinence can lead to isolation and inactivity, allowing depression to take over and sadly, leading to further isolation and deepening depression.

## Types of Urinary Incontinence

While UI in men is primarily associated with prostate enlargement, women are affected by three major types of urinary incontinence: stress incontinence, urge incontinence, and overactive bladder. Many women have a combination of two or three of these, which is referred to as mixed incontinence. To understand the types of incontinence, and their underlying causes, we must briefly review the bladder and its muscles.

The balloon-like bladder (Fig. 1) stores urine after delivery from the kidneys (not shown). The bladder is surrounded by a muscular wall. Normally, leakage from the bladder is prevented by sphincter muscles that keep the urethra – the tube that carries urine from the bladder out of the body – shut at either end. When we urinate, the bladder muscle contracts and the two sphincters relax, so that urine is squeezed out through the urethra. Incontinence occurs when the bladder muscle contracts suddenly – and inappropriately – and/or the sphincters are too weak to hold back the urine.

- **Stress Incontinence** is typically associated with coughing, laughing, exercise, or other movements that put pressure on the bladder. It commonly occurs as a result of physical changes following pregnancy, childbirth, and menopause that weaken the sphincters.

- **Urge Incontinence** occurs if you suddenly and uncontrollably lose urine for no apparent reason after feeling the need or urge to urinate. Typically, you feel a slight

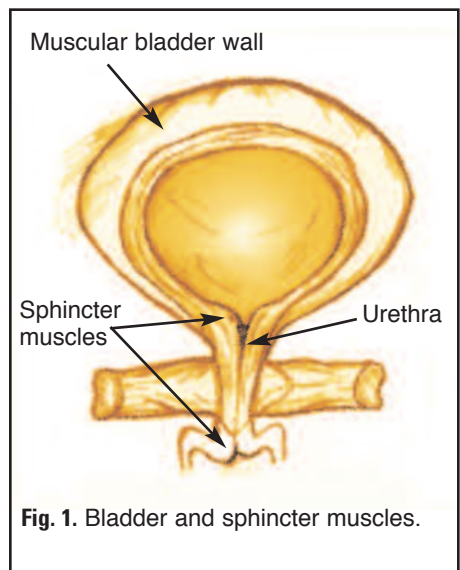


Fig. 1. Bladder and sphincter muscles.

urge to urinate, and suddenly, possibly before you can get to the toilet, you lose control. Inappropriate contractions, or spasms, of the bladder muscle, even when there is only a small amount of urine in the bladder, are a common cause of urge incontinence. These spasms may be triggered by abnormal nerve signals.

- **Overactive bladder** is a result of the bladder muscle squeezing at the wrong time without warning and too frequently. Symptoms include high urinary frequency (eight or more times per day and two or more times per night); urinary urgency (the sudden, strong need to urinate immediately); and urge incontinence.

- **Overflow Incontinence** occurs primarily in older men with prostate enlargement. The enlarged prostate squeezes the urethra, which prevents the bladder from emptying completely. Overflow incontinence usually takes the form of dribbling, resulting in an inability to urinate voluntarily, overdistingending the bladder and reducing the flow of urine.

## Controlling Incontinence

Incidence of incontinence tends to increase with age for a variety of reasons, including: a reduction in the capacity of the bladder, leading to greater frequency of urination; weakening of urinary sphincter muscles; and decreased bladder muscle tone. In men, the prostate often enlarges with age.

Women with UI learn to cut down on, or even eliminate certain foods and beverages that act as diuretics to stimulate urination, such as coffee, tea, or anything else with caffeine; alcohol; citrus fruits and juices; and spicy or acidic foods. Certain drugs, especially those prescribed for high blood pressure or edema (swelling), act as powerful diuretics and should be avoided if possible (in consultation with a doctor).

Of course, staying properly hydrated can become another problem that requires attention and a delicate balance. While taking steps to avoid excess intake of liquids of any kind, women also have to avoid becoming dehydrated, which can lead to constipation, among other serious conditions. Exercise, vital for maintaining health in later years, can also trigger additional loss of urine, further complicating life for those with UI.

While special exercises known as Kegels can be helpful in reducing certain types of UI, they require dedication and patience, since it can take several weeks before they manifest any benefit.

## Incontinence Drugs

Pharmaceutical companies have developed a number of drugs designed to ease the symptoms of UI, although none is completely effective, and disturbing side effects are often a problem.

- **Anticholinergics.** Muscle tone, including the muscles that control bladder contractions, is largely under the control of the neurotransmitter acetylcholine (ACh). Thus, drugs that interfere with the actions of ACh – known as anticholinergics – can sometimes be of help, especially for urge incontinence and overactive bladder because they relax the bladder muscle. According to drug company research, these drugs inhibit involuntary bladder contractions, increase bladder capacity, and delay the initial urge to void. Marketed anticholinergic drugs indicated for urge incontinence include Ditropan® and Oxytrol® (oxybutynin); Detrol® (tolterodine); and Levabid® and Cystospaz® (hyoscyamine).

• **Antispasmodics.** These drugs, which also have anticholinergic properties, are designed to help relax the bladder muscle in patients with urge incontinence and also sometimes help with overactive bladder. The most common antispasmodics are Urispas® (flavoxate) and Bentyl® (dicyclomine). Although these drugs have been used for years, their effectiveness is questionable. The newest antispasmodic drugs, Sanctura® (trospium chloride) and Enablex® (darifenacin), also work by interfering with the actions of ACh.

• **Alpha-adrenergic agonists.** Unlike anticholinergic drugs, which are designed to weaken bladder muscles, alpha-adrenergic agonists are intended to strengthen the smooth muscle that controls the sphincters at either end of the urethra. The most common drugs in this class include ephedrine and pseudoephedrine, which are commonly found in over-the-counter decongestants and appetite suppressants. Although these drugs may be helpful for some women with mild stress incontinence, their side effects – agitation, insomnia, and anxiety – can be disturbing. They are also not suitable for people with heart disease, high blood pressure, glaucoma, diabetes, or hyperthyroidism.

### Problems with ACh Drugs

The major problem with drugs that affect ACh activity is that this neurotransmitter has actions, not just in the bladder muscle, but all over the body, in nearly all muscles, as well as in the brain. Common side effects include dry mouth, dry eyes, headache, constipation, rapid heart rate, glaucoma, muscle weakness, dizziness, drowsiness, and restlessness.

A recent study by a US Navy neurologist confirmed that these drugs can cause serious mental problems in some older people, including loss of memory and hallucinations. At a recent meeting of the *American Academy of Neurology*, neurologist Dr. Jack Tsao described one 73-year-old woman who began hallucinating conversations with dead relatives shortly after starting on a common incontinence drug. The hallucinations ceased when she stopped taking the drug.

Dr. Tsao and colleagues then systematically evaluated 870 older Catholic priests, nuns, and brothers for nearly 8 years. Almost 80 percent of the participants were taking anticholinergic drugs, including the incontinence drugs *Ditropan* and *Detrol*, for high blood pressure, asthma, Parkinson's disease, as well as

Herbal Ingredient	Traditional Indication
<b>Cherokee Rose (fruit)</b>	<ul style="list-style-type: none"> <li>• Urinary incontinence</li> <li>• Urinary frequency</li> <li>• Uterine prolapse</li> </ul>
<b>Cimicifuga (rhizome)</b>	<ul style="list-style-type: none"> <li>• Uterine prolapse</li> <li>• Muscle strength</li> </ul>
<b>Alpinia (fruit)</b>	<ul style="list-style-type: none"> <li>• Frequent and copious urination</li> <li>• Urinary incontinence</li> <li>• Dribbling urination</li> <li>• Nighttime urination (nocturia)</li> </ul>
<b>Cordyceps (mycelium)</b>	<ul style="list-style-type: none"> <li>• Lowers blood sugar</li> </ul>
<b>Cured Rehmannia (root)</b>	<ul style="list-style-type: none"> <li>• Lowers blood sugar</li> </ul>
<b>Asiatic Cornelian Cherry (fruit)</b>	<ul style="list-style-type: none"> <li>• Excessive urination</li> <li>• Urinary incontinence</li> <li>• Urinary frequency</li> </ul>
<b>Panax Ginseng (root)</b>	<ul style="list-style-type: none"> <li>• Lowers blood sugar</li> <li>• Decreases glycosuria</li> </ul>
<b>Lycium (fruit)</b>	<ul style="list-style-type: none"> <li>• Cholinergic effect</li> <li>• Lowers blood sugar</li> </ul>
<b>Poria (sclerotium)</b>	<ul style="list-style-type: none"> <li>• Mild diuretic effect</li> </ul>
<b>Licorice (root)</b>	<ul style="list-style-type: none"> <li>• Soothes muscle spasms</li> <li>• Reduces urinary output</li> </ul>

UI. The incontinence drugs were among the most potent and most frequently taken of all the anticholinergics in the study.

They found that those who were taking the drugs had a 50 percent faster rate of cognitive decline than those who were not taking them. "It may be better to use diapers and be able to think clearly than the other way around," noted Dr. Tsao.

### Natural Support for Enhanced Bladder Control

With the population rapidly graying, the National Institutes of Health (NIH) has urged scientists to find better ways of preventing incontinence and removing the stigma so that more people will seek help.

One such approach may be *FloControl™*, a new, advanced herbal formula designed to address urinary incontinence and restore normal control over bladder functions. *FloControl* is a proprietary blend of traditional Chinese herbs that have long been known to enhance urinary function (see box above listing herbs and their traditional indications).

By restoring bladder strength and muscle tone, *FloControl* reduces both stress and urge incontinence. And in men, *FloControl* has been shown to enhance muscle tone to reduce dribbling and restore normal urinary performance.

### References

1. D Bensky and A Gamble, *Chinese Herbal Medicine – Materia Medica*, Eastland Press, Seattle, Washington
2. Li SP, Zhang GH, Zeng Q, et al. Hypoglycemic activity of polysaccharide, with antioxidation, isolated from cultured *Cordyceps mycelia*. *Phytomedicine*. 2006 Jun;13(6):428-33. Epub 2005 Sep 19.
3. Zhang R, Zhou J, Jia Z, Zhang Y, Gu G. Hypoglycemic effect of *Rehmannia glutinosa* oligosaccharide in hyperglycemic and alloxan-induced diabetic rats and its mechanism. *J Ethnopharmacol*. 2004 Jan;90(1):39-43.
4. Yamabe N, Kang KS, Goto E, Tanaka T, Yokozawa T. Beneficial effect of Corni Fructus, a constituent of Hachimi-jio-gan, on advanced glycation end-product-mediated renal injury in Streptozotocin-treated diabetic rats. *Biol Pharm Bull*. 2007 Mar;30(3):520-6.
5. Lee WK, Kao ST, Liu IM, Cheng JT. Increase of insulin secretion by ginsenoside Rh2 to lower plasma glucose in Wistar rats. *Clin Exp Pharmacol Physiol*. 2006 Jan-Feb;33(1-2):27-32.
6. Luo Q, Yan J, Zhang S. Isolation and purification of *Lycium barbarum* polysaccharides and its anti-fatigue effect. *Wei Sheng Yan Jiu*. 2000 Mar 30;29(2):115-7.
7. Luo Q, Cai Y, Yan J, Sun M, Corke H. Hypoglycemic and hypolipidemic effects and antioxidant activity of fruit extracts from *Lycium barbarum*. *Life Sci*. 2004 Nov 26;76(2):137-49.

\*