

# **Policosanol Effectiveness Questioned. What Are Other Options?**

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**A**ccording to a recent German study, the popular supplement policosanol may not be effective after all in reducing cholesterol. Earlier research had suggested significant health benefits in taking this natural sugar cane derivative -- so now what are we to believe? Does it work or doesn't it? Should we take it or not?

To get to the bottom of the matter, I called on two of the best experts in botanicals and cholesterol lowering drugs -- Eric Yarnell, ND, RH, author of *Clinical Botanical Medicine* (Mary Ann Liebert, Inc.) and Jay S. Cohen, MD, author of *What You Must Know About Statin Drugs & Their Natural Alternatives* (Square One). They told me that the research on policosanol has been shaky all along, and neither was particularly surprised to hear the results of the German study.

Fortunately, there are plenty of safe and effective natural alternatives with a better track record in supporting cardiovascular health.

## **POLICOSANOL: A BRIEF HISTORY**

Policosanol was originally developed from sugar cane in Cuba. In the US, it is commonly derived from US sources of sugar cane and rice bran. Other possible sources are wheat germ and beeswax. More than 80 studies have suggested that policosanol at doses from 5 mg to 40 mg could lower LDL cholesterol (the bad kind) as effectively as statin drugs. The cumulative research indicated that 10 mg to 20 mg daily lowered LDL by 21% to 29%... lowered total cholesterol by a slightly lower amount... and raised HDL (the good cholesterol) by 8% to 15%. Side effects were minimal.

So far, so good. But upon closer examination, it turns out that the majority of the early research was underwritten by Cuba's National Center for Scientific Research. In addition, this research group founded the company Dalmer Laboratories, which supported the studies to market policosanol. Can anyone say conflict of interest?

## **ABOUT THE GERMAN RESEARCH**

In the recent German study, 143 people were randomly assigned to take 10, 20, 40 or 80 mg of Cuban sugar cane-derived policosanol or a placebo. As the study was double-blind, neither the participants nor the health-care professionals knew who was taking what. After 12 weeks, there was no significant difference between the LDL levels of volunteers in any group -- even though some were taking twice the normal dose or more of policosanol. There were also no significant differences in related risk factors, including total cholesterol, HDL, VLDL (very low-density lipoprotein), LDL, triglycerides, lipoprotein (a), and the ratio of total or LDL cholesterol to HDL cholesterol.

This was a very well-designed study, observes Dr. Yarnell. He also points out that unlike the majority of previous research, it was not backed by a Cuban company or research group. The new results were published in the May 17, 2006, issue of the *Journal of the American Medical Association*.

