

HERBS/SUPPLEMENTS FOR COLON CANCER TREATMENT/PREVENTION

BARLEY:

Likely effective when used orally for reducing blood cholesterol, lipid and sugar levels, and reducing the risk of colon cancer. The fiber content of barley is responsible for the observed reduction of cholesterol levels in healthy and hypercholesterolemic people, the reduction of blood sugar and insulin levels in healthy people, and the reduction of the colon cancer risk in rats (6).

BETA-CAROTENE:

Beta-carotene is safe for most people when used in doses up to 300 mg per day (14,15). However, higher doses are more likely to cause side effects such as yellowing of the skin (9).

POSSIBLY UNSAFE ...when used orally in people who smoke. Beta-carotene 20 mg daily for 5-8 years seems to increase the risk of lung and prostate cancer, intracerebral hemorrhage, and cardiovascular and total mortality in people who smoke cigarettes. Beta-carotene from foods does not seem to have this effect.

Beta-carotene 20 to 50 mg daily, or 50 mg on alternate days, does not affect the incidence of a variety of cancers, including colon, rectal, uterine, ovarian, cervical, thyroid, bladder, brain, pancreatic, and blood...

BETA-SITOSTEROL:

There is insufficient reliable information about the effectiveness of beta-sitosterol for its use in colon cancer.

BIFIDOBACTERIA:

Bifidobacterium longum can help improve short-term survival in the treatment of radiation sickness. In combination with prophylactic antibiotics, bifidobacteria appear to inhibit colonization and overgrowth of intestinal opportunistic pathogens, preventing post-irradiation sepsis (3457). More evidence is needed to rate bifidobacteria for this use.

There is some concern that bifidobacteria preparations might cause pathogenic colonization in patients who are immunocompromised. Although this has not occurred specifically with bifidobacteria, there have been rare cases involving other probiotic species such as *Lactobacillus*. Pathogenic colonization seems to be more likely to occur in severely immunocompromised patients. Use with caution in these patients.

BLACK AND WHITE PEPPER:

There is insufficient reliable information available about the effectiveness of black pepper and white pepper.

BLOND PSYLLIUM:

POSSIBLY INEFFECTIVE ...when used orally for preventing recurrent colorectal adenoma. Blond psyllium 3.5 grams per day does not seem to reduce the risk of adenoma recurrence. There is some suggestion that it might actually increase the risk of adenoma recurrence,

particularly in people with high dietary calcium intake. However, more evidence is needed to determine the relationship of psyllium and calcium to colorectal adenoma (7585).

CALCIUM D-GLUCARATE:

There is insufficient reliable information available about the effectiveness of calcium D-glucarate.

EUROPEAN MISTLETOE:

Some studies seem to indicate European mistletoe extracts can improve survival in patients with solid tumors of the breast, colon, and stomach. However, most studies have been poorly designed and have produced inconsistent results. So far, there is no convincing evidence European mistletoe extract can improve survival in patients with any form of cancer.

Discourage patients from relying on European mistletoe for treating cancer.

Advise patients not to use European mistletoe for self-medication. **LIKELY UNSAFE** ...when used orally in high doses. Ingestion of high doses of mistletoe berry or leaf can cause serious adverse reactions. More than 3 berries or 2 leaves can cause seizures, slow heart rate, low blood pressure, and death in some patients.

FLAXSEED:

There is insufficient reliable information available about the effectiveness of flaxseed for its use in preventing CA.

FOLIC ACID:

Folic acid is safe when used in doses less than (000 mcg per day. Possibly effective when used orally for reducing the risk of colon cancer.

GARLIC:

Several population studies show that increased garlic consumption from the diet can decrease risk of developing colorectal cancer (3320,4770,4771,4772). However, garlic supplements do not seem to offer this benefit (4773).

GREENTEA:

There is insufficient reliable information available about green tea for its use in preventing colon cancer.

INDOLE-3-CARBINOL:

There is insufficient reliable information available about the effectiveness of indole-3-carbinol for its use in colon cancer prevention

IP-6:

Orally, IP-6 is used to treat and prevent cancer, increase white blood cell production, prevent heart attacks, prevent and treat kidney stones, enhance the immune system, and as an antioxidant. There is insufficient reliable information available about the effectiveness of IP-6.

LACTOBACILLUS:

There is insufficient reliable information available to rate the effectiveness of Lactobacillus for its use in cancer prevention.

LUTEIN:

There is some epidemiological evidence that shows reduced risk of developing colon cancer in people consuming higher amounts of lutein in their diet. It is not known if supplemental lutein offers the same benefit.

MELATONIN:

There is some evidence that combining high-dose melatonin with conventional chemotherapy or with interleukin-2 (IL-2) might improve tumor regression rate and one-year survival rate in patients with cancer of the breast, lung, kidney, liver, pancreas, stomach, or colon. Melatonin plus chemotherapy in patients with metastatic solid tumors seems to increase regression rate and one-year survival rate by approximately 50% compared to chemotherapy alone (7040). The addition of melatonin also can help reduce chemotherapy toxicities, including hematologic complications, cachexia, asthenia, and neuropathy (8268). Possibly effective when used orally or intramuscularly for advanced solid tumors resistant to conventional treatment. There is some preliminary evidence that melatonin alone can improve stabilization rate and possibly one-year survival rate in patients with resistant or untreatable neoplasms of the lung, liver, pancreas, colon, breast, or brain.

Likely safe when used orally or parenterally and appropriately, short-term. Melatonin seems to be safe when used for up to two months.

MSM:

There is insufficient reliable information available about the effectiveness of MSM.

OAT BRAN:

LIKELY INEFFECTIVE when used orally for reducing risk of colon cancer (5104,6267). A large, well-designed study showed that fiber, including oat-bran fiber, does not prevent the recurrence of colorectal adenomas.

OATS:

POSSIBLY INEFFECTIVE when used orally for preventing colon cancer. Increasing dietary fiber intake does not seem to reduce the risk of colorectal adenomas, which are precursors to cancer.

OLIVE OIL:

POSSIBLY EFFECTIVE when used orally for reducing the risk of colorectal cancer. There is some evidence that people with higher intakes of dietary olive oil have a decreased risk of developing colorectal cancer. Olive oil intake also seems to reduce colorectal mucosal changes and polyp formation, which are two factors involved in the sequence of developing colorectal cancer.

PECTIN:

There is insufficient reliable information available about the effectiveness of pectin for its use in lowering risk of colorectal cancer.

PYRIDOXINE (VIT B6):

POSSIBLY EFFECTIVE when used orally for partially reversing fluorouracil-induced erythrocytopenia in metastatic colon cancer patients so that further therapy with fluorouracil is possible.

QUERCETIN:

There is insufficient reliable information available to rate the effectiveness of quercetin for its use in protection against cancer.

TOMATO:

There is insufficient reliable information available about the effectiveness of tomato fruit for its other uses. Epidemiological studies of consumption of tomatoes and tomato-based products, and the risk of cancers of the breast, cervix, colon, esophagus, larynx, lungs, oral cavity, ovaries, pancreas, pleura, rectum, and stomach, are inconclusive.

VITAMIN C:

LIKELY INEFFECTIVE when used orally to treat cancer. High dose vitamin C, 10 grams daily in patients with advanced cancer, regardless of prior chemotherapy, does not improve survival or decrease disease progression.

POSSIBLY EFFECTIVE when used orally from dietary sources for reducing cancer risk. People consuming fruits and vegetables that provide vitamin C 200 mg per day may have a decreased risk of developing cancers of the mouth, esophagus, stomach, colon, and lung; however, this benefit is not found with vitamin C supplements.

WHEAT BRAN:

POSSIBLY INEFFECTIVE when used orally to reduce the risk of colorectal cancer. Several large well-designed studies showed that fiber, including wheat-bran fiber, does not prevent the recurrence of colorectal adenomas, despite earlier evidence that suggested a beneficial effect.

REFERENCE

<http://www.naturaldatabase.com>