Zinc Blunts Symptoms, Stunts Duration of Common Cold

When initiated at the first signs of infection, zinc therapy significantly reduces the duration and severity of cold symptoms, according to a new randomized, double-blind, placebo-controlled study.*

Fifty subjects received zinc lozenges containing 13.3 mg zinc acetate, or placebo, within 24 hours of the onset of cold symptoms. Lozenges were taken every two to three hours during waking hours. Compared with the placebo group, zinc lozenge users experienced a shorter average overall cold duration (4 days versus 7.1 days). Duration of cough was just 2.1 days in the zinc group; nasal discharge occurred for three days. In contrast, placebo subjects endured five full days of coughing and 4.5 days of nasal discharge. Zinc therapy also significantly decreased biomarkers associated with cold-induced inflammation.

“Symptom severity scores were decreased significantly in the zinc group,” researchers conclude.

—Dale Kiefer


Vitamin E and Dietary Carotenoids Linked to Reduced Gastric Cancer Risk

Higher intake of vitamin E, alpha-carotene, and beta-carotene is protective against gastric cancer, while greater sodium intake increases risk, according to a recent study published in the *Annals of Oncology.* Stomach cancer is the second leading cause of cancer-related deaths worldwide.

The case-controlled study examined data gathered over a 10-year period from 230 cancer patients and 547 matched controls. Food frequency questionnaires were employed to estimate dietary intakes of a wide range of nutrients.

“Our data support a favourable effect on gastric cancer of vitamin E and selected carotenoids and a detrimental effect of sodium even at intermediate levels of intake,” researchers conclude. Other micronutrients and minerals studied, such as iron, calcium, and potassium did not appear to be significantly related to gastric cancer incidence.

—Dale Kiefer


Hemoglobin A1c and the Risk of Death From Heart Failure

An elevated hemoglobin A1c (HbA1c) level increases the risk of hospitalization, cardiovascular death, and overall mortality among chronic heart failure patients, according to a recent report.* Physicians use the HbA1c blood test to assess blood sugar control over the previous several months in diabetic patients. As HbA1c levels rise, so do cardiovascular events, even among patients without diabetes.

Canadian scientists wondered if HbA1c might be useful for predicting death from cardiovascular events among patients with symptomatic chronic heart failure.

Drawing data from participants in a large ongoing study of heart failure patients, they assessed the relationship between elevated HbA1c and risk of hospitalization and death.

Analyzing research from more than 2,400 patients, the scientists conclude, “in diabetic and nondiabetic patients with symptomatic chronic heart failure, the HbA1c level is an independent progressive risk factor for cardiovascular death, hospitalization for heart failure, and total mortality.”

Strategies for modulating HbA1c levels include rigorously controlling blood glucose levels, avoiding processed foods and foods cooked at high temperatures, and consuming nutrients that block damaging glycation reactions, such as carnosine, benfotiamine, and pyridoxamine.

—Dale Kiefer

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