

OLIVE LEAF

Offers Hypertensive Help

by Margy Squires



Historically, olive leaf extract (OLE) boasts anti-viral, anti-bacterial and anti-fungal properties that promote wellness for multiple conditions. The active compound in the leaves is *oleuropein*, bitter but beneficial. Eliminates virus replication as a natural flu fighter, in cold sores and even in HIV individuals (since 1996!). Anti-bacterial effects reach back to the 1800s against malaria. Its bacterial offense may be due to destroying cell walls and/or replication. Overgrowth of yeast in the mouth, vagina and GI tract are no match for OLE's anti-fungal punch. So it's no surprise within the last decade that among OLE's many talents is help for hypertension.

As in most areas of study, animal models provide the first clues to a tested substance (herb, supplement or drug). So in a series of tests using male wisteria rats, researchers looked at OLE's effect in three areas: 1) prevention, 2) lowering and 3) treating hypertension. In the first study, normal rats were given OLE and then hypertension was drug-induced with nitric oxide synthase, a widely accepted method to test antihypertensive agents. In the second scenario, the rats were already hypertensive and OLE was given to see if blood pressure could be lowered. In the third round, the rats remained hypertensive for 12 weeks before OLE was given. In all three situations, OLE was effective in a dose dependent manner (the higher doses had more effect). Interestingly, in scene three, blood pressure rose 87% from baseline and OLE took it back within 12% of baseline, constituting a normalization of blood pressure, according to the authors₁.



You may say that is good for the rats to recover but what about humans? In an early 1996 French clinical trial, 30 hypertensive patients were given 400 mg OLE 4 times daily for 3 months. Although the actual percentage was not published, the authors reported a "significant" decrease in blood pressure₂.

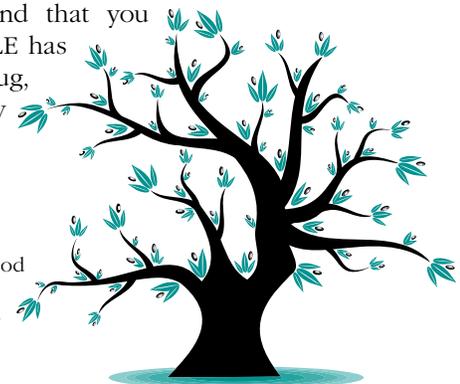
A 2008 study demonstrated OLE's effectiveness on blood pressure in monozygotic twins which share almost identical genes. The twins were separated into either a control or one of two treatment groups receiving 500 or 1000 mg OLE daily for 8 weeks. Each were measured for body weight, heart rate, blood pressure, glucose and lipids every 2 weeks. Conclusion: "the study confirmed the antihypertensive and cholesterol-lowering action" of OLE. Here's what the authors found:

- ◆ In the 500 mg group, the average systolic pressure decreased by 6 mmHg over controls
- ◆ In the 1000 mg group, systolic pressure decreased by 13 mmHg over the 500 mg group by week 6
- ◆ In both the 500 mg and 1000 mg group, diastolic pressure decreased by 5 mmHg
- ◆ After 12 weeks, both controls and 500 mg stayed the same
- ◆ Only the 1000 mg group continued to show "significant decrease" in systolic pressure
- ◆ In treated subjects, LDL cholesterol improved greater in the 1000 mg group



How does OLE compare to a hypertensive drug? In yet another 8 week study, this time on established (Stage 1) hypertensive patients, OLE results compared to Captopril. Therapy was given twice a day; OLE 500 mg and Captopril 12.5 to 25 mg. The authors stated "The anti-hypertensive activity of the extract was comparable to that of Captopril". They also noted OLE offered a bonus benefit of reducing triglycerides and LDL cholesterol₃.

Hypertension is a serious, life threatening disease. This article does not recommend that you discontinue your medications! Talk with your doctor about your options. Additionally, OLE has anti-platelet properties so if you are on either a blood thinner or anti-hypertensive drug, use caution. OLE has not been studied in pregnancy or lactation but shows no toxicity in vivo or in human studies.



References

1. Khayyal MT et al. Blood pressure lowering effect of an olive leaf extract (*olea europaein*) in L-NAME induced hypertension in rats. *Arnei Forch Drug Res* 2002;52: 797-802.
2. Perrinjaquet-Moccetti T. et al. Food supplementation with an olive (*Olea europaea* L.) leaf extract reduces blood pressure in borderline hypertensive monozygotic twins. *Phytother. Res.* 2008;22:1239-1242.
3. Susalit E et al. Olive (*olea europaea*) leaf extract effective in patients with stage 1 hypertension comparison with Captopril. *Phytomed* 2011Feb 15, 18(4) 251-258.

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