

Ultimate Prostate Support – Supports a Healthy Prostate

About Ultimate Prostate Support

- Ultimate Prostate Support provides botanicals and nutrients known to support prostate health and reduce prostatic inflammation as well as the symptoms associated with benign prostatic hyperplasia (BPH).
- BPH is a common condition, affecting 50% of men by age 50, with an increasing prevalence with advanced age. It can lead to many lower urinary tract symptoms (LUTS), including poor urinary stream, urinating at night, urinary urgency, etc.¹
- Saw palmetto has been used for BPH for many years, sometimes in combination with other botanicals or nutrients. It has an anti-inflammatory effect and inhibits the enzyme 5α-reductase, thereby preventing the formation of a more potent form of testosterone.^{1,2}
- In multiple clinical trials, saw palmetto has been shown to provide some relief from the symptoms of BPH as well as chronic prostatitis without the adverse effects that may accompany standard BPH therapies.³⁻⁷
- The fatty acids of saw palmetto are partly responsible for its hormonal effects, while its phytosterols are responsible for its anti-inflammatory actions. Ultimate Prostate Support includes additional phytosterols that have been shown to boost the effectiveness of saw palmetto.⁸⁻¹¹
- Ultimate Prostate Support also provides additional botanicals shown to support prostate health through antioxidant, anti-inflammatory, and hormone-blocking effects in the prostate, along with reducing the severity of the LUTS symptoms associated with BPH. These botanicals include nettles, rye flower pollen extract, turmeric, and *Pygeum africanum*, which are often used as part of combination therapies for a greater symptom-reducing effect.^{1,12-21}
- For additional antioxidant protection, tomato extract provides the carotenoid lycopene and other phytonutrients that reduce inflammation and oxidative damage in the prostate, associated with a reduction in the symptoms of BPH.^{1,22}

How to Use Ultimate Prostate Support

- Take 1 softgel 2 times per day or as directed by a health care practitioner. Take with food to minimize gastric disturbance.

Cautions and Contraindications

- Consult a health care practitioner if you are taking anticoagulant or hormone medications, if you experience gastrointestinal discomfort, or if symptoms persist or worsen. Consult a health care practitioner prior to use to exclude a diagnosis of prostate cancer. Consult a health care practitioner prior to use if you have gallstones, a bile duct obstruction, stomach ulcers, or excess stomach acid. Not intended for use by women. Keep out of reach of children.

Drug Interactions

- No specific drug interactions exist, though a theoretical interaction between turmeric and antiplatelet medications suggests caution if used concomitantly.^{23,24}

Quick Tips for Optimal Health

- Symptoms of BPH may mimic a neoplasm of the prostate and should be carefully investigated before beginning any type of symptom-based treatment.
- A number of dietary factors have been associated with BPH and LUTS, mostly in observational studies. For example, a high-calorie diet, especially one high in starches and red meat, has been associated with a greater risk for BPH.²⁵
- Alternatively, a low-calorie and low-saturated-fat diet rich in vegetables (especially alliums such as onion and garlic) and polyunsaturated fats (especially DHA and EPA) has been linked to a lower risk for BPH.²⁵
- There is now evidence that overall metabolic and cardiovascular health is closely tied to risk for BPH. For example, endothelial dysfunction (poor health of the cells that line blood vessels) and excessive inflammation are risk factors for BPH development.²⁶

PATIENT NAME: _____

PRACTITIONER NOTES:

PRACTITIONER CONTACT INFORMATION:

- This may be why dietary approaches that support cardiovascular health and reduce inflammation also support prostate health. For example, the Mediterranean diet, which emphasizes vegetables, fruits, nuts, legumes, and fish while limiting red meat, has been linked to a lower risk of BPH and other LUTS, including erectile dysfunction.²⁷
- Similarly, obesity and high blood pressure have been linked to a greater risk for BPH, while greater physical activity and weight loss are linked to a lower risk.²⁸
- Sedentary time also appears to be a risk factor. In a large Mendelian randomization analysis (a type of study that helps determine cause and effect), more sedentary time was associated with a greater risk for BPH, and this has been found in many observational studies.²⁹
- In addition, vitamin D levels are tied to prostate health. A lower blood level of vitamin D (25-OH vitamin D) has been associated with a greater risk for BPH, while supplementation of vitamin D has been shown to slow its progression.^{28,30}

References

1. Stewart, K.L., & Lephart, E.D. (2023). Overview of BPH: Symptom relief with dietary polyphenols, vitamins and phytochemicals by nutraceutical supplements with implications to the prostate microbiome. *Int J Mol Sci*, 24(6), 5486.
2. Kwon, Y. (2019). Use of saw palmetto (*Serenoa repens*) extract for benign prostatic hyperplasia. *Food Sci Biotechnol*, 28(6), 1599-606.
3. Vela-Navarrete, R., Alcaraz, A., Rodríguez-Antolín, A., et al. (2018). Efficacy and safety of a hexanic extract of *Serenoa repens* (Permixon®) for the treatment of lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH): Systematic review and meta-analysis of randomised controlled trials and observational studies. *BJU Int*, 122(6), 1049-65.
4. Cai, T., Cui, Y., Yu, S., et al. (2020). Comparison of *Serenoa repens* with tamsulosin in the treatment of benign prostatic hyperplasia: A systematic review and meta-analysis. *Am J Mens Health*, 14(2), 1557988320905407.
5. Zhang, K., Guo, R.Q., Chen, S.W., et al. (2021). The efficacy and safety of *Serenoa repens* extract for the treatment of patients with chronic prostatitis/chronic pelvic pain syndrome: A multicenter, randomized, double-blind, placebo-controlled trial. *World J Urol*, 39(9), 3489-95.
6. Nickel, J.C., Chughtai, B., De Nunzio, C., et al. (2022). Rethinking the role of saw palmetto extract for men with lower urinary tract symptoms in North America. *Uro*, 2(3), 137-50.
7. Paulis, G., Paulis, A., & Perletti, G. (2021). *Serenoa repens* and its effects on male sexual function. A systematic review and meta-analysis of clinical trials. *Arch Ital Urol Androl*, 93(4), 475-80.
8. Bao, X., Zhang, Y., Zhang, H., et al. (2022). Molecular mechanism of β -sitosterol and its derivatives in tumor progression. *Front Oncol*, 12, 926975.
9. Paniagua-Pérez, R., Flores-Mondragón, G., Reyes-Legorreta, C., et al. (2016). Evaluation of the anti-inflammatory capacity of beta-sitosterol in rodent assays. *Afr J Tradit Complement Altern Med*, 14(1), 123-30.
10. Klippel, K.F., Hiltl, D.M., & Schipp, B. (1997). A multicentric, placebo-controlled, double-blind clinical trial of beta-sitosterol (phytosterol) for the treatment of benign prostatic hyperplasia. German BPH-Phyto Study group. *Br J Urol*, 80(3), 427-32.
11. Sudeep, H.V., Thomas, J.V., & Shyamprasad, K. (2020). A double blind, placebo-controlled randomized comparative study on the efficacy of phytosterol-enriched and conventional saw palmetto oil in mitigating benign prostate hyperplasia and androgen deficiency. *BMC Urol*, 20(1), 86.
12. Safarinejad, M.R. (2005). *Urtica dioica* for treatment of benign prostatic hyperplasia: A prospective, randomized, double-blind, placebo-controlled, crossover study. *J Herb Pharmacother*, 5(4), 1-11.
13. Akbar Karami, A., Sheikhsoleimani, M., Reza Memarzadeh, M., et al. (2020). *Urtica dioica* root extract on clinical and biochemical parameters in patients with benign prostatic hyperplasia, randomized controlled trial. *Paki J Biol Sci*, 23(10), 1338-44.
14. Cosentino, V., Militello, A., & Lauria, G. (2018). Short-term effects of a dietary supplement on lower urinary tract symptoms. *J Biol Regul Homeost*, 32(6), 1557-63.
15. Ledda, A., Belcaro, G., Dugali, M., et al. (2012). Meriva®, a lecithinized curcumin delivery system, in the control of benign prostatic hyperplasia: A pilot, product evaluation registry study. *Panminerva Med*, 54(1 Suppl 4), 17-22.
16. Bagherniya, M., Askari, G., Alikiaii, B., et al. (2021). Curcumin for the treatment of prostate diseases: A systematic review of controlled clinical trials. *Adv Exp Med Biol*, 1291, 345-62.
17. Antoniou, V., Gauhar, V., Modi, S., et al. (2023). Role of phytotherapy in the management of BPH: A summary of the literature. *J Clin Med*, 12(5), 1899.
18. Preuss, H.G., Marcusen, C., Regan, J., et al. (2001). Randomized trial of a combination of natural products (cernitin, saw palmetto, B-sitosterol, vitamin E) on symptoms of benign prostatic hyperplasia (BPH). *Int Urol Nephrol*, 33(2), 217-25.
19. Chatelain, C., Autet, W., & Brackman, F. (1999). Comparison of once and twice daily dosage forms of *Pygeum africanum* extract in patients with benign prostatic hyperplasia: A randomized, double-blind study, with long-term open label extension. *Urology*, 54(3), 473-8.
20. Coulson, S., Rao, A., Beck, S.L., et al. (2013). A phase II randomised double-blind placebo-controlled clinical trial investigating the efficacy and safety of ProstateEZE Max: A herbal medicine preparation for the management of symptoms of benign prostatic hypertrophy. *Complement Ther Med*, 21(3), 172-9.
21. Breza, J., Dzurny, O., Borowka, A., et al. (1998). Efficacy and acceptability of tadenan (*Pygeum africanum* extract) in the treatment of benign prostatic hyperplasia (BPH): A multicentre trial in central Europe. *Curr Med Res Opin*, 14(3), 127-39.
22. Kutwin, P., Falkowski, P., Łowicki, R., et al. (2022). Are we sentenced to pharmacotherapy? Promising role of lycopene and vitamin A in benign urologic conditions. *Nutrients*, 14(4), 859.
23. Pagano, E., Laudato, M., Griffio, M., et al. (2014). Phytotherapy of benign prostatic hyperplasia. A minireview. *Phytother Res*, 28(7), 949-55.
24. Keihanian, F., Saeidinia, A., Bagheri, R.K., et al. (2018). Curcumin, hemostasis, thrombosis, and coagulation. *J Cell Physiol*, 233(6), 4497-511.
25. Bradley, C.S., Erickson, B.A., Messersmith, E.E., et al. (2017). Evidence of the impact of diet, fluid intake, caffeine, alcohol, and tobacco on lower urinary tract symptoms: A systematic review. *J Urol*, 198(5), 1010-20.
26. Phua, T.J. (2021). The etiology and pathophysiology genesis of benign prostatic hyperplasia and prostate cancer: A new perspective. *Medicines*, 8(6), 30.
27. Russo, G.I., Broggi, G., Cocci, A., et al. (2021). Relationship between dietary patterns with benign prostatic hyperplasia and erectile dysfunction: A collaborative review. *Nutrients*, 13(11), 4148.
28. Raheem, O.A., & Parsons, J.K. (2014). Associations of obesity, physical activity and diet with benign prostatic hyperplasia and lower urinary tract symptoms. *Curr Opin Urol*, 24(1), 10-4.
29. Wang, Y.B., Yang, L., Deng, Y.Q., et al. (2022). Causal relationship between obesity, lifestyle factors and risk of benign prostatic hyperplasia: A univariable and multivariable Mendelian randomization study. *J Transl Med*, 20(1), 495.
30. Zendejdel, A., Ansari, M., Khatami, F., et al. (2021). The effect of vitamin D supplementation on the progression of benign prostatic hyperplasia: A randomized controlled trial. *Clin Nutr*, 40(5), 3325-31.