



WWW.QNUTRAPHARMA.COM



ESSENTIALS

EVENING PRIMROSE OIL 500 mg

GLA Omega 6

Nutritional Information

One capsule provides:

| | | *%NRV |
|---|---------|---------|
| Evening Primrose Oil (providing 9% GLA) | 500 mg | |
| of which | | |
| - GLA (Gamma Linolenic Acid) | 45 mg | |
| Vitamin E (5 i.u.) | 3.35 mg | α-TE 42 |

α-TE = Alpha Tocopherol Equivalent

*NRV = Nutrient Reference Values

Take one to six capsules daily with food. Swallow with water.



SUMMARY

- A source of polyunsaturated fatty acids (PUFA).
- Anti-inflammatory.
- Rich in gamma linolenic acid (GLA).

DESCRIPTION

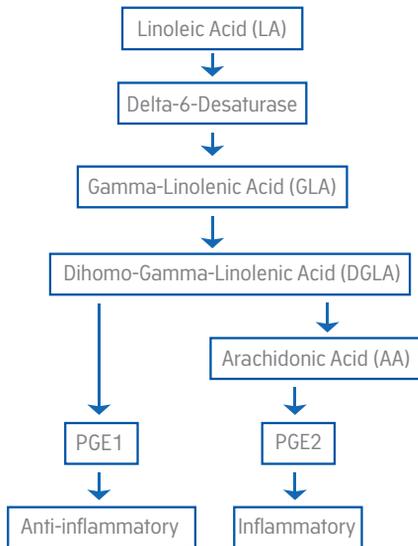
Evening primrose oil is a rich source of gamma linolenic acid (GLA), an omega 6 fatty acid. GLA is a type of anti-inflammatory omega 6 and helps to control inflammation within the body by producing anti-inflammatory hormone like substances.

GLA helps to reduce PMS symptoms in females and is beneficial for general skin health. Evening primrose oil is also beneficial for those with diabetic neuropathy as it contributes to the health of the nerves.

A BREAKDOWN OF EVENING PRIMROSE OIL

Evening primrose oil contains many beneficial constituents, including beta-sitosterol, caffeic acid, campesterol, ellagic acid, gallic acid and kaempferol¹. The main therapeutic action from evening primrose oil however, comes from its constituent gamma linolenic acid (GLA).

GLA is a long chain omega 6 fatty acid with an anti-inflammatory action. GLA converts into dihomo-gamma-linolenic acid (DGLA) which then converts into prostaglandins series 1 (PGE1), an anti-inflammatory hormone like substance. Omega 6 fatty acids also convert into prostaglandins series 2 (PGE2), an inflammatory hormone like substance, however first converts into arachidonic acid, and therefore, PGE2 creation is much slower than PGE1, meaning that GLA has an anti-inflammatory effect².



DIABETIC NEUROPATHY

Myelin sheath: Multiple studies conclude the beneficial effects of evening primrose oil in patients with diabetic neuropathy. Taking evening primrose oil can slow the progression of, and even improve neuropathy in diabetics^{4,5}. Gamma linolenic acid and linoleic acid are both essential components of the myelin sheath and nerve cell membranes. Adequate dietary intakes are needed for their maintenance. Supplementation has been shown to decrease the breakdown of myelin^{3,5}. A randomized, double-blind placebo controlled study involving 22 patients

with type 1 and type 2 diabetes mellitus and diabetic neuropathy received GLA or a placebo for 6 months. Patients receiving GLA had statistically significant improvements in nerve function measurements⁴.

Enzymatic activity: Both types of diabetics have compromised enzymatic activity. This reduces the functional activity of delta-6-desaturase, required for the conversion of linoleic acid into gamma linolenic acid. Evening primrose oil contains gamma linolenic acid, reducing the need for delta-6-desaturase.

PREMENSTRUAL SYNDROME

Prolactin: Some women who suffer from premenstrual syndrome have an increased amount of the hormone prolactin, while others may have an increased sensitivity to normal levels of prolactin, causing the many unpleasant symptoms typically presented in PMS. Prolactin is produced by the pituitary gland and is regulated by dopamine. Decreased concentrations of PGE1 causes prolactin to have an exaggerated effect and cause symptoms of PMS. Studies demonstrate that evening primrose oil is a highly effective treatment for the symptoms of PMS, including depression, irritability, breast pain and tenderness, and fluid retention⁶. The mode of action is the increase of PGE1 seen with GLA supplementation which decreases any exaggerated effect caused by prolactin.

SKIN HEALTH

Skin cells: The skin cells require an abundance of unsaturated fatty acids to function well. The cell membrane requires flexible fats in order for the cell to maintain a certain degree of flexibility and to displace any saturated / inflexible fats that may contribute to cracking and flaking. A study looking at age related changes in structural and functional aspects of the skin concluded that evening primrose oil significantly improved markers of elasticity, firmness, resistance and roughness after just 12 weeks¹⁰.

Eczema: Research suggests that people with eczema, and other atopic disorders have a lesser ability to convert linoleic acid into gamma linolenic acid, due to a reduction in the enzyme activity of delta-6-desaturase⁷. The inability to process fats effectively means that the skin cell membrane does not receive the building blocks it needs to function well. There is also an increase in inflammation in the absence of anti-inflammatory prostaglandins which is part of the pathology. Atopic eczema patients have a higher blood linoleic acid ratio and require GLA supplementation for correction⁸. In a double-blind trial, evening primrose oil showed statistically significant improvements in inflammation, surface area affected, dryness and itching in patients with eczema. Blood levels of DGLA were also significantly increased⁹. Another placebo controlled study where the symptoms of eczema were assessed by both doctors and patients showed a significant therapeutic action of evening primrose oil, especially in itch markers. The improvements correlated to an increase in plasma DGLA¹⁰.

ARE THERE ANY PRECAUTIONS BEFORE OR WHILE TAKING EVENING PRIMROSE OIL 500 mg?

Evening primrose oil is intended exclusively for adults and is not recommended for;

- Children,
- Pregnant and breastfeeding women,

Consult your healthcare professional before taking while on medication.

HOW SHOULD EVENING PRIMROSE OIL 500 mg BE TAKEN?

Take one to six capsules daily with food. Swallow with water.

- Rich in gamma linolenic acid.
- A source of polyunsaturated fatty acids.
- Anti-inflammatory.
- Contains 9% GLA.

HEALTH NEEDS



MENOPAUSE



WOMEN'S HEALTH



SKIN, HAIR AND
NAILS



SPECIALIST HEALTH

SCIENTIFIC REFERENCES

1. Prescription for nutritional healing.2010;p123.
2. Current Pharmaceutical Biotechnology. 2006;7:6:531-534:4.
3. Diabetic medicine.1990;7:4:1990:319-323.
4. J Am Board Fam Med. 2003;vol:16:1 47-57.
5. Ultrastruct Pathol. 2012;36:4:222-7.
6. The Journal of Reproductive Medicine.1983;28:7:465-468.
7. Am J Clin Nutr.1993;57:5:732S-736S.
8. British Journal of Dermatology.1984;110:6:643-648.
9. International Journal Cosmetol Sci. 2005;27:4:243-9.
10. British Journal of Dermatology.1989;121:1:75-90.