INTRODUCTION:
HyvenVital, a standardised powder made from seeds and shells of Rose-hip HyvenVital (Rosé-canina L) was reported to lower pain and stiffness in patients with osteoarthritis and to inhibit the chemotaxis of polymorph nucleated leucocytes (1, 2, 3, 4). Beside antiinflammatory properties, in vitro studies also indicate that Rose-hip HyvenVital may lower the oxidation of LDL cholesterol (5).

AIM AND PATIENTS:
The present study aimed to test if 5 gram daily of HyvenVital can lower C-reactive protein (CRP) and LDL-cholesterol in a group of 59 middle aged volunteers represented by both sexes, who all participated in a study on osteoarthritis.

DESIGN:
The study was randomized, double blind, placebo controlled, crossover. The patients were tested on the day of inclusion and then again after 3 month of placebo or HyvenVital, respectively. Then a crossover took place and the patients were tested again after this final 3 months treatment period, each patient serving as his/her own control.

METHODS:
C-reactive protein (CRP) and cholesterol fractions were measured with a Hitachi using reagents from Roshe and Orion respectively. The detection limit for CRP using the present methodology was 4.0 mg/l. Wicoxon test for matched pairs was used throughout except when comparing groups.

MAIN STUDY OUTCOMES:
The main outcomes of the study on osteoarthritis, in which all the present patients participated, was that stiffness and pain significantly declined during treatment with HyvenVital (p=0.001 and p=0.003 respectively). Moreover the consumption of paracetamol and opioid analgesics significantly declined in the period while on active treatment (p=0.01 and p=0.03 respectively).

LDL-CHOLESTEROL AND C-REACTIVE PROTEIN IS INFLUENCED BY ROSE-HIP, A RANDOMIZED, DOUBLE-BLIND, PLACEBO CONTROLLED TRIAL.
E. Rein and K. Winther.
Institute of Clinical Research, Kolding, Department of Clinical Chemistry, Copenhagen County Hospital in Gentofte, University of Copenhagen, Denmark.

C-reactive protein (CRP) before therapy, during placebo and during HyvenVital treatment in patients who had placebo before HyvenVital.

When HyvenVital was given before placebo total cholesterol significantly declined (p<0.0005). There was no significant change comparing groups (p=0.4417).

C-reactive protein (CRP) before therapy, during placebo and during HyvenVital treatment in patients who had placebo before HyvenVital.

When HyvenVital was given before placebo LDL-cholesterol continued to decline after stopping HyvenVital treatment. The difference comparing the two groups was significant (p<0.0005). Also, LDL-cholesterol data not given did not change significantly.

C-reactive protein (CRP) before therapy, during HyvenVital and placebo treatment, in the 24 patients in which CRP was detectable.

During HyvenVital treatment CRP significantly declined as compared to pre-treatment level.

REFERENCES: