

## Provitamin A

Beta-carotene vs. mixed carotenoids

### Synthetic / isolated beta-carotene



#### Cancer

Synthetic beta-carotene (20 mg/day) in adult men for 5 to 8 years resulted in an 8% higher rate of death from lung cancer and heart disease. (ATBC) (1)

Synthetic beta-carotene (30 mg/day) and retinol (25,000 IU) in adult men and women for 4 years increased the incidence of lung cancer by 28% and total death by 17% compared to the group not taking the vitamins. (CARET) (2)

Synthetic beta-carotene (25 mg/day) for 12 years in healthy well-nourished adult men failed to reduce the risk of cancer or death after 12 years of supplementation. (3)

Synthetic beta-carotene (50 mg/day) for 4 years in healthy adults failed to reduce the risk of skin cancer. (4)

### Plant-based carotenoids



#### Cancer

Higher blood levels of total carotenoids were associated with a lower risk of lung and stomach cancers in elderly men. (5)

Greater intakes of food-based alpha-carotene and lycopene were associated with reduced risk of lung cancer, especially in those consuming the greatest variety of carotenoids. (6)

Higher blood levels of alpha-carotene and beta-carotene were associated with a reduced risk of breast cancer. (7)

Higher blood levels (>27 mcg/dL) of beta-carotene from plant-based sources were associated with a 51% lower overall risk of cancer related death (38% lower risk for all causes) in men and women. (8)

Higher blood levels of total carotenoids were associated with a reduced risk of death from cancer and other causes in elderly men and women. (9)

Higher blood levels of the carotenoids alpha-carotene, beta-carotene, and lycopene were associated with a reduced risk for gastric cancer in middle aged adults. (10)

Higher blood levels of alpha-carotene were associated with reduced risk for ovarian cancer in middle-aged and elderly women. (11)

## Cardiovascular / Heart

Synthetic beta-carotene (25 mg/day) for >2 years in adult women failed to reduce cardiovascular disease or death from cardiovascular disease. (12)

Synthetic beta-carotene (50-100 mg/day) for 3 weeks in adult volunteers accelerated oxidative damage to cholesterol particles (LDL). (13)

## Cardiovascular / Heart

Higher blood levels of beta-carotene and alpha-carotene were associated with a reduced risk for cardiovascular disease (including stroke) in adult men. (14)

Higher blood levels of alpha-carotene and gamma-carotene were associated with a reduced risk for atherosclerosis (arterial blockage). (15)

Mixed algae-based carotenoids (60 mg/day) for 3 weeks in adult diabetic patients reduced oxidative damage to cholesterol particles (LDL) (16)

## Vitamin E

Alpha-tocopherol vs. mixed tocopherols

### Synthetic / isolated alpha-tocopherol



### Cancer

Synthetic alpha-tocopherol (>100 mg/day) for 10+ years in men and women over the age of 50 was associated with a slight increased risk for lung cancer. (VITAL) (17)

Synthetic alpha-tocopherol (363 mg / 400 IU per day) for 7+ years in men over the age of 50 was associated with a 17% increased risk for prostate cancer. (SELECT) (18)

### Plant-based tocopherols



### Cancer

Palm fruit based tocopherols (200 mg/day) resulted in fewer deaths in breast cancer patients after 5 years of supplementation compared to the non-supplemented group. However, the results were not "statistically significant" due to the small number of participants. (19)

# Health Outcomes: Synthetic vs. Plant-Based Vitamins

Supplemental data for blog article: [Vitamins: Synthetic vs. "Natural" vs. Plant-Based.](#)

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## Cardiovascular / Heart

Synthetic alpha-tocopherol (50 mg / 55 IU per day) for 5+ years in adult men resulted in a 50% higher rate of mortality from hemorrhagic stroke (blood deficiency to the brain due to rupture of blood vessel). (ATBC) (1)

Synthetic alpha-tocopherol (363 mg / 400 IU per day) for 8 years in male physicians over the age of 50 increased the risk for hemorrhagic stroke. (20)

Synthetic alpha-tocopherol (363 mg / 400 IU per day) for 1+ year in patients with cardiovascular disease slightly increased risk of fatal heart attack. (CHAOS trial) (21)

Synthetic alpha-tocopherol (363 mg / 400 IU per day) for 7 years in men and women over the age of 55 with vascular disease or diabetes increased the risk of heart failure. (22)

Semi-synthetic alpha-tocopherol (266 mg / 400 IU per day) in adult men and women with previous cardiovascular events failed to produce therapeutic benefit. (HOPE) (23)

Semi-synthetic alpha-tocopherol (182 mg / 272 IU per day) for 3 years in adult men and women failed to prevent or reverse atherosclerosis (carotid artery intima-media thickness). (24)

## Liver

Synthetic alpha-tocopherol (50 mg / 55 IU per day) for 5+ years in adult men failed to reduce the risk of liver disease or liver disease related death. (31)

Synthetic alpha-tocopherol (533 mg / 800 IU per day) for 2 years in adults with non-alcoholic steatohepatitis improved the liver condition (biopsy exam) in 43% of patients. (32)

## Cardiovascular / Heart

Palm fruit based tocopherols (400 mg/day) for 2 years in adults with cardiovascular risk factors prevented the expansion of white matter lesions (damaged brain tissue). Growth of white matter lesions are linked to increased risk of stroke and neurodegenerative disease. (25)

Women who obtained vitamin E obtained from food-based sources were found to have a significantly lower risk of heart disease when compared to women who supplemented with isolated alpha-tocopherol (vitamin E). (26)

Palm fruit based tocopherols (150 mg/day) for 6 months in adult women reduced CRP by 25% and increased APOA1 by 50% which is associated with a reduced risk for cardiovascular disease. (27)

Palm fruit based tocopherols (208 mg/day) for 6 months in adult women improved the HDL and LDL ratio by 13% which is associated with a 23% reduced risk of cardiovascular events. (28)

Palm fruit based tocopherols (100 mg/day) for 2 months in adult men lead to a 10% improvement in artery flexibility (pulse wave velocity) which is associated with reduced cardiovascular risk. (29)

Palm fruit based tocopherols (300 mg/day) for 18+ months in elderly patients prevented and reversed plaque formation in the carotid artery. (carotid artery ultrasonography) (30)

## Liver

Palm fruit based tocopherols (400 mg/day) for 12 weeks in men and women with end-stage liver disease significantly improved the condition in 50% of patients, while alpha-tocopherol alone (400 mg/day) improved the liver condition in only 20% of patients. (33)

Palm fruit based tocopherols (100 mg/day) for 3 months in adults with non-alcoholic fatty liver disease reduced liver stiffness in 79% of patients, while diet and exercise alone led to an improvement in only 25% of patients. (34)

Palm fruit based tocopherols (400 mg/day) for 1 year in adults with non-alcoholic fatty liver disease normalized the liver parameters (ultrasonography exam) in 50% of the patients, while diet and exercise alone led to an improvement in only 24% of patients. (35)

## References

1. The effect of vitamin e and beta carotene on the incidence of lung cancer and other cancers in male smokers. 1994. *N. Engl. J. Med.* 330(15):1029–35
2. Omenn GS, Goodman GE, Thornquist MD, et al. 1996. Effects of a combination of beta carotene and vitamin a on lung cancer and cardiovascular disease. *N. Engl. J. Med.* 334(18):1150–55
3. Hennekens CH, Buring JE, Manson JE, et al. 1996. Lack of effect of long-term supplementation with beta carotene on the incidence of malignant neoplasms and cardiovascular disease. *N. Engl. J. Med.* 334(18):1145–49
4. Green A, Williams G, Neale R, et al. 1999. Daily sunscreen application and betacarotene supplementation in prevention of basal-cell and squamous-cell carcinomas of the skin: a randomised controlled trial. *Lancet.* 354(9180):723–29
5. Lee IM, Cook NR, Manson JE, et al. 1999. Beta-carotene supplementation and incidence of cancer and cardiovascular disease: the women's health study. *J. Natl. Cancer Inst.* 91(24):2102–6
6. Gaziano JM, Hatta A, Flynn M, et al. 1995. Supplementation with beta-carotene in vivo and in vitro does not inhibit low density lipoprotein oxidation. *Atherosclerosis.* 112(2):187–95
7. Stähelin HB, Gey KF, Eichholzer M, et al. 1991. Plasma antioxidant vitamins and subsequent cancer mortality in the 12-year follow-up of the prospective basel study. *Am. J. Epidemiol.* 133(8):766–75
8. Michaud DS, Feskanih D, Rimm EB, et al. 2000. Intake of specific carotenoids and risk of lung cancer in 2 prospective us cohorts. *Am. J. Clin. Nutr.* 72(4):990–97
9. Eliassen AH, Hendrickson SJ, Brinton LA, et al. 2012. Circulating carotenoids and risk of breast cancer: pooled analysis of eight prospective studies. *J. Natl. Cancer Inst.* 104(24):1905–16
10. Greenberg ER, Baron JA, Karagas MR, et al. 1996. Mortality associated with low plasma concentration of beta carotene and the effect of oral supplementation. *JAMA.* 275(9):699–703
11. Sahyoun NR, Jacques PF, Russell RM. 1996. Carotenoids, vitamins c and e, and mortality in an elderly population. *Am. J. Epidemiol.* 144(5):501–11
12. Yuan J-M, Ross RK, Gao Y-T, et al. 2004. Prediagnostic levels of serum micronutrients in relation to risk of gastric cancer in shanghai, china. *Cancer Epidemiol. Biomarkers Prev.* 13(11 Pt 1):1772–80
13. Cramer DW, Kuper H, Harlow BL, et al. 2001. Carotenoids, antioxidants and ovarian cancer risk in pre- and postmenopausal women. *Int. J. Cancer.* 94(1):128–34
14. Gey KF, Stähelin HB, Eichholzer M. 1993. Poor plasma status of carotene and vitamin c is associated with higher mortality from ischemic heart disease and stroke: basel prospective study. *Clin. Investig.* 71(1):3–6
15. D'Odorico A, Martines D, Kiechl S, et al. 2000. High plasma levels of alpha- and beta-carotene are associated with a lower risk of atherosclerosis: results from the bruneck study. *Atherosclerosis.* 153(1):231–39
16. Levy Y, Zaltsberg H, Ben-Amotz A, et al. 2000. Dietary supplementation of a natural isomer mixture of beta-carotene inhibits oxidation of ldl derived from patients with diabetes mellitus. *Ann. Nutr. Metab.* 44(2):54–60
17. Slatore CG, Littman AJ, Au DH, et al. 2008. Long-term use of supplemental multivitamins, vitamin c, vitamin e, and folate does not reduce the risk of lung cancer. *Am. J. Respir. Crit. Care Med.* 177(5):524–30
18. Klein EA, Thompson IM Jr, Tangen CM, et al. 2011. Vitamin e and the risk of prostate cancer: the selenium and vitamin e cancer prevention trial (select). *JAMA.* 306(14):1549–56
19. Sesso HD, Buring JE, Christen WG, et al. 2008. Vitamins e and c in the prevention of cardiovascular disease in men: the physicians' health study ii randomized controlled trial. *JAMA.* 300(18):2123–33
20. Stephens NG, Parsons A, Schofield PM, et al. 1996. Randomised controlled trial of vitamin e in patients with coronary disease: cambridge heart antioxidant study (chaos). *Lancet.* 347(9004):781–86

21. Lonn E, Bosch J, Yusuf S, et al. 2005. Effects of long-term vitamin e supplementation on cardiovascular events and cancer: a randomized controlled trial. *JAMA*. 293(11):1338–47
22. Yusuf S, Dagenais G, Pogue J, et al. 2000. Vitamin e supplementation and cardiovascular events in high-risk patients. the heart outcomes prevention evaluation study investigators. *N. Engl. J. Med.* 342(3):154–60
23. Salonen JT, Nyyssönen K, Salonen R, et al. 2000. Antioxidant supplementation in atherosclerosis prevention (asap) study: a randomized trial of the effect of vitamins e and c on 3-year progression of carotid atherosclerosis. *J. Intern. Med.* 248(5):377–86
24. Lai GY, Weinstein SJ, Taylor PR, et al. 2014. Effects of  $\alpha$ -tocopherol and  $\beta$ -carotene supplementation on liver cancer incidence and chronic liver disease mortality in the atbc study. *Br. J. Cancer*. 111(12):2220–23
25. Sanyal AJ, Chalasani N, Kowdley KV, et al. 2010. Pioglitazone, vitamin e, or placebo for nonalcoholic steatohepatitis. *N. Engl. J. Med.* 362(18):1675–85
26. Nesaretnam K, Selvaduray KR, Abdul Razak G, et al. 2010. Effectiveness of tocotrienol-rich fraction combined with tamoxifen in the management of women with early breast cancer: a pilot clinical trial. *Breast Cancer Res.* 12(5):R81
27. Gopalan Y, Shuaib IL, Magosso E, et al. 2014. Clinical investigation of the protective effects of palm vitamin e tocotrienols on brain white matter. *Stroke*. 45(5):1422–28
28. Kushi LH, Folsom AR, Prineas RJ, et al. 1996. Dietary antioxidant vitamins and death from coronary heart disease in postmenopausal women. *N. Engl. J. Med.* 334(18):1156–62
29. Heng EC, Karsani SA, Abdul Rahman M, et al. 2013. Supplementation with tocotrienol-rich fraction alters the plasma levels of apolipoprotein a-i precursor, apolipoprotein e precursor, and c-reactive protein precursor from young and old individuals. *Eur. J. Nutr.* 52(7):1811–20
30. Chin S-F, Ibahim J, Makpol S, et al. 2011. Tocotrienol rich fraction supplementation improved lipid profile and oxidative status in healthy older adults: a randomized controlled study. *Nutr. Metab.* 8(1):42
31. Rasool AHG, Rahman ARA, Yuen KH, et al. 2008. Arterial compliance and vitamin e blood levels with a self emulsifying preparation of tocotrienol rich vitamin e. *Arch. Pharm. Res.* 31(9):1212–17
32. Tomeo AC, Geller M, Watkins TR, et al. 1995. Antioxidant effects of tocotrienols in patients with hyperlipidemia and carotid stenosis. *Lipids*. 30(12):1179–83
33. Patel V, Rink C, Gordillo GM, et al. 2012. Oral tocotrienols are transported to human tissues and delay the progression of the model for end-stage liver disease score in patients. *J. Nutr.* 142(3):513–19
34. Arguillas M. 2013. The effect of vitamin e (mixed tocotrienol) on the liver stiffness measurement measured by transient elastography (fibroscan) among nafld patients. APAS Liver Week. Singapore:
35. Magosso E, Ansari MA, Gopalan Y, et al. 2013. Tocotrienols for normalisation of hepatic echogenic response in nonalcoholic fatty liver: a randomised placebo-controlled clinical trial. *Nutr. J.* 12(1):166