

Life Extension Magazine 2010

The Overlooked Compound That Saves Lives

By Julius Goepp, MD

N-acetyl Cysteine

For more than three decades, a safe, low-cost compound has provided millions of people relief from the coughing, wheezing, and thick phlegm associated with cold and flu. Of course, pharmaceutical companies long ago co-opted it for profit by incorporating it into various patented drugs.



The sad consequence is that most aging individuals have never heard of it. Even many <u>doctors</u> remain unaware of its potential role as a frontline defense against some of today's most deadly public health threats, including:

- Acetaminophen toxicity and acute liver failure: the number one cause of acute liver failure in the United States.1
- Influenza: whose victims are primarily aging individuals—three quarters of all flu-related deaths occur in the elderly.2
- *Chronic obstructive pulmonary disease:* the fourth-leading cause of death in the United States (includes **emphysema** and **chronic bronchitis**).2
- *Helicobacter pylori:* the bacterial culprit behind stomach ulcers, and a potentially <u>lethal</u> pathogen closely linked to malignant gastric cancer, the second most *frequent* cause of cancer death worldwide.3

Fortunately, renewed clinical interest in its broad-spectrum benefits is yielding fresh data on promising interventions for this safe, effective compound.

In this article, you will discover the latest research on *N-acetyl cysteine* (NAC), a readily available, inexpensive amino-acid derivative with four decades of scientific validation. You will learn of its role in restoring intracellular levels of one of the body's most powerful antioxidant defenses, *glutathione* (GSH). You will also find out how **600-1,800 mg** of NAC daily may act as an effective intervention against a constellation of chronic, degenerative diseases, including impaired glucose control and cancer.

An Underutilized Intervention

NAC is a slightly modified version of the sulfur-containing amino acid cysteine. When taken internally, NAC replenishes intracellular levels of the natural antioxidant glutathione (GSH), helping to restore cells' ability to fight damage from reactive oxygen species (ROS).

NAC has been used in conventional medicine for more than 30 years, primarily as a mucolytic (mucous-thinner) inhaled to manage conditions such as cystic fibrosis, in which mucous is abnormally thick and tenacious. While there is little in the scientific literature to support its use as an inhalant, NAC administered in this form remains highly popular among experienced pulmonary specialists.4,5

NAC given intravenously or orally, on the other hand, saves lives every year as a treatment for acute poisoning with acetaminophen-containing pain-relieving drugs. Acetaminophen is sold as Tylenol® and combined with other drugs to create

analgesic compounds, including Vicodin[®] and Percocet[®].6 Overdoses with acetaminophen are the number one cause of acute liver failure in the United States.6-8 Too much acetaminophen overwhelms the body's glutathione reserves, which creates widespread and irreversible liver damage. NAC quickly restores protective levels of glutathione, averting catastrophe.7

Beyond this particular application, NAC has remained a relatively obscure and poorly understood compound until quite recently. Scientists all over the world are now beginning to understand just how vital glutathione metabolism really is, and how many disease states involve glutathione deficiency.9 According to Stanford University's Dr. Kondala R. Atkuri, "NAC has been used successfully to treat glutathione deficiency in a wide range of infections, genetic defects and metabolic disorders, including HIV infection and COPD. Over two-thirds of 46 placebo-controlled clinical trials with orally administered NAC have indicated beneficial effects of NAC measured either as trial endpoints or as general measures of improvement in quality of life and well-being of the patients."9

Multitargeted Regulation of Gene Expression

Much of NAC's beneficial activity derives from its capacity to modulate expression of genes for myriad signaling molecules in the inflammatory response.10-12 NAC inhibits expression of pro-inflammatory cytokines following exposure to bacterial cell components and infection with influenza A virus.13,14 NAC suppresses the "master signaling molecule" nuclear factorkappaB (NF-kB), which in turn prevents activation of multiple inflammatory mediators.15,16 NAC also regulates the gene for COX-2, the enzyme that produces pain- and inflammationinducing prostaglandins in a wide array of chronic conditions.17



NAC's ability to replenish the intracellular glutathione supply and mitigate oxidative damage is a separate and equally powerful mechanism that affords protection against DNA damage and cancer development, even in smokers.18 NAC's inhibition of inflammatory cytokine production is another mechanism credited with cancer reduction in various body tissues.19

Gene expression modifications induced by NAC may also help reduce the acute oxidant-provoked inflammatory response following exercise, making vigorous activity safer and even more beneficial.20 Finally, obesity-associated insulin resistance, which arises from production of inflammatory signaling molecules in fat cells, can be sharply mitigated by NAC through regulation of their genes.21,22

The recent explosion of scientific evidence for NAC's multi-targeted health benefits is matched only by the willful ignorance of the mainstream medical community. Some even question its safety, despite nearly 40 years of use in a variety of clinical conditions, which have established the safety of this compound, even at very high doses and for long-term treatments.18 One study demonstrated the safety of 1,800 mg per day for 142 days, while another study demonstrated the safety of 2,800 mg per day for 3 months.23

Here is a selection of the most compelling information about NAC from the global scientific community—information that should convince even skeptical mainstream physicians.

WHAT YOU NEED TO KNOW: N-ACETYL CYSTEINE'S BROAD-SPECTRUM BENEFITS

- Long relegated to infrequent use in unusual circumstances, the amino acid-derived compound N-acetyl cysteine (NAC) has drawn increased scientific attention.
- NAC replenishes levels of the intracellular antioxidant glutathione (GSH), which is often deficient with advancing age and in chronic illness.
- NAC also regulates expression of scores of genes in the pathways that link oxidative stress to inflammation.
- These dual effects give NAC a unique role in the prevention and treatment of many common diseases, both acute and

chronic.

- NAC can protect against avian influenza and more common seasonal flu symptoms.
- NAC reduces the frequency and duration of attacks of chronic obstructive pulmonary disease (COPD) and may slow the clinical course of idiopathic pulmonary fibrosis (IPF).
- NAC protects tissues from the effects of exercise-induced oxidative stress, adding value and safety to your workout.
- NAC improves insulin sensitivity in people with some of the most difficult-to-treat metabolic disorders.
- NAC blocks cancer development at virtually every step in the process, and through multiple mechanisms, making it an important cancer chemopreventive agent.
- NAC fights the stomach infection Helicobacter pylori on two fronts, inhibiting the organism's growth while reducing production of inflammatory cytokines that can lead to gastritis and cancer.
- Though most individuals gain benefits from 600-1,800 mg/day, clinical studies have found that doses of up to 2,000 mg/day are safe and effective. A recent study demonstrated the safety of 2,800 mg/day for 3 months in patients with COPD.23

Potent Influenza Protection

H5N1 influenza, or bird flu, is a lethal and potentially pandemic infection that produces the massive release of inflammatory mediators aptly called the "cytokine storm."24 Other more common forms of influenza also act by triggering massive cytokine releases that inflame vulnerable lung tissue. In early 2010, it was discovered that NAC offers dual protection against bird flu. It inhibits both virus replication and expression of pro-inflammatory molecules in cells infected with H5N1 virus, holding out the promise of effective protection in the event of a global avian flu pandemic.13

NAC has also proven effective against seasonal influenza and flu-like illnesses. In a large study of older adults who took 600 mg twice daily for 6 months, only 25% of those experienced influenza-like episodes, compared with 79% in the placebo group.25 Even those with flu symptoms experienced a significant reduction in illness severity and length of time confined to bed. All subjects tolerated the treatment well. The study's lead author, Dr. Silvio de Flora, commented that "Administration of N-acetyl cysteine during the winter, thus, appears to provide a significant attenuation of influenza and influenza-like episodes, especially in elderly high-risk individuals."25



Influenza is a complex disease with multiple targets, most notably inflicting damage to lung tissue through extreme oxidative stress and inducing genes for a large variety of inflammatory mediators.26,27 At the microscopic level the destruction is vivid. The influenza virus causes such intracellular turmoil that the term "cell boiling" has been used to describe the devastation.28 But pretreatment of cells with NAC significantly offsets these effects, reducing the oxidative and inflammatory burden within lung tissue through multiple mechanisms.26,28-30

NAC has now been shown to protect laboratory mice from lethal influenza infection, synergistically enhancing the effects of several common antiviral medications.31,32 And a nutrient mixture containing NAC, green tea extract, certain amino acids and micronutrients had powerful antiviral effects in cultured cells, rivaling those of prescription flu drugs such as amantadine and oseltamivir (Tamiflu®).33,34 The NAC-based mixture actually affected viral replication for a longer period than did the drugs.34

In the words of prolific medical theorist Mark F. McCarty, "The most foolproof way to promote survival in epidemics of potentially lethal influenza is to target... intracellular signaling pathways which promote viral propagation or lung inflammation."30 McCarty goes on to cite NAC's benefits as a multitargeted supplement with precisely those attributes. NAC at doses of 600 mg twice daily may significantly reduce the risk of a devastating bout of influenza.

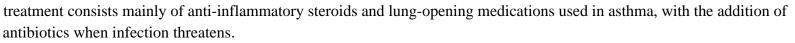
Life Extension Magazine 2010

The Overlooked Compound That Saves Lives

By Julius Goepp, MD

Lung Disease Defense

Chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and chronic emphysema, is a rapidly growing problem with global impact.35 COPD is the result of years of oxidative damage to delicate lung tissue, with resultant chronic inflammatory changes.36 The disease is worsened by air pollution and cigarette smoking, but is by no means limited to people with those exposures. Over time, victims' damaged airways may become colonized with dangerous bacteria, leading to chronic infection and still more inflammation in a vicious cycle. Current



With its ability to reduce oxidative stress and simultaneously quash chronic inflammatory changes, NAC is emerging as a game-changing therapy in COPD. A randomized pilot study of adults with acute exacerbation of chronic bronchitis and positive bacterial culture in the sputum demonstrated that 600 mg of NAC twice daily led to a near doubling of the rate of bacterial eradication compared with standard therapy, while reducing the number and duration of acute exacerbations and improving quality of life.35 NAC treatment of patients with moderate-to-severe COPD improved their physical performance on lung function tests, especially after exercise.37

Patients with advanced COPD frequently require low-dose oxygen therapy because of their lung damage. In many cases, however, oxidative stress induced by the disease has already rendered them glutathione deficient, so they have diminished protection against ongoing oxidation.38 NAC administration at doses of 1,200-1,800 mg/day along with low-dose oxygen powerfully counteracts this oxidative stress. At doses of 1,800 mg per day, it has been shown to completely prevent further protein oxidation.38 A dose of 600 mg twice daily over a 2-month period rapidly reduced exhaled hydrogen peroxide, a measure of oxidative burden in COPD sufferers.39

In one study utilizing a dose of just 600 mg per day for 10 weeks, NAC disrupted the molecular relationship between oxidative stress and inflammation, protecting lung tissue.36 When NAC is added to inhaled corticosteroids, still further reductions in inflammatory parameters are found.40

Emphysema can be the unfortunate endpoint of advanced COPD, with lung tissue breaking down and losing much of its ability to exchange oxygen and carbon dioxide. Animal studies show that NAC attenuates COPD-related lung damage and emphysema by supporting expression of important protective genes in the cells lining the lung.41

Another devastating chronic lung condition called idiopathic pulmonary fibrosis (IPF) also involves increased oxidative burden and a deficiency of glutathione in lung tissue and fluids.42 This progressive disease has a poor prognosis, even when treated with standard corticosteroids and powerful prescription anti-inflammatory drugs.43,44 The median survival is only about 3 years regardless of therapy.45

Oral NAC supplements now offer a ray of hope for IPF sufferers. NAC significantly increases lung glutathione levels in both animal and human studies of IPF.42,46 Given as an aerosol treatment, NAC may delay disease progression, and at doses of 600 mg three times daily preserves lung vital capacity and gas exchange better than standard therapy alone.43,44

In summary, evidence suggests that NAC may offer benefits at doses of 600 mg 2-3 times daily for people who have, or are at risk for, chronic lung conditions such as COPD and IPF (idiopathic pulmonary fibrosis).



Reduce Exercise-Induced Oxidative Stress

Health-conscious people know that regular moderate exercise is vital to maintaining the integrity of the human body. Of course, everything has its price, and the rapid increase in metabolic activity during exercise produces some unwanted side effects.20 These include an increase in oxidative stress that can overwhelm the body's antioxidant defense mechanisms and lead to tissue damage and abnormal activity of certain immune system cells.47,48 Exercise also increases plasma levels of inflammatory cytokines such as TNF-alpha and various interleukins.49 The solution, of course, is not to reduce your exercise regimen, but rather to look for ways to optimize the way your body handles those metabolic challenges.

NAC, with its powerful antioxidant and gene-regulating powers, is an excellent means of maintaining good exercise performance and limiting the damage caused by oxidative stress in the process. Supplementation with NAC (2,000 mg daily for 3 days, followed by 800 mg prior to exercise) in strenuously exercising adults lowered key interleukin levels to undetectable amounts and abolished the exercise-induced TNF-alpha response.49 And in patients with severe COPD, NAC supplementation improved exercise endurance time by 25% compared with placebo, while significantly reducing levels of oxidative molecules



released by stimulated immune cells.50 NAC supplementation also dramatically curtailed production of oxidized proteins in this group of highly oxidant-stressed chronically ill patients.

In vigorously exercising men, 1,800 mg per day of NAC prevented the expected decline in intracellular antioxidant levels and increased activity of the enzyme responsible for recycling and restoring glutathione to normal levels, protecting cells from oxidative stress.51 And in mice, NAC supplementation significantly protected brain tissue against exercise-induced oxidative changes.52 NAC also preserves normal levels of vital lymphocytes, which can decline after vigorous exercise.48,53-55

Regular supplementation with NAC at up to 1,800-2,000 mg per day may be an effective means of optimizing exercise performance while minimizing the effects of exercise-induced metabolic stress.

Bring Glucose Levels Under Control

Oxidative stress and inflammation are closely linked to insulin resistance and rising blood glucose levels. These effects are not limited to those with diabetes, but in fact are found even in obese, non-diabetic people and those with metabolic syndrome.56 There are multiple steps in the cascade of events leading from oxidation to damaged insulin receptors and insulin resistance, so it makes sense to seek a supplement that can target many of those steps independently.57,58 NAC is emerging as one such multi-targeted supplement.56

Over time, chronic high blood sugar initiates a downward spiral by helping generate advanced glycation end-products (AGEs) that then impair normal responses to insulin, perpetuating elevated sugar levels. NAC reverses those effects in laboratory models.22 Increasing blood sugar levels in laboratory animals triggers a pro-inflammatory response in fat tissue—also effectively reduced by NAC21 In an experiment that recreates a common human dietary trend, rats were given a diet high in the sweetener fructose, which produced increased blood pressure, plasma insulin levels, and triglyceride levels. Yet all of these dangerous physiological alterations were inhibited by NAC.59

Human studies of NAC to improve insulin sensitivity have recently appeared, especially in a group of people typically very difficult to treat. Profound insulin resistance is seen in women with polycystic ovary syndrome (PCOS), along with a variety of other metabolic disturbances. One study showed that NAC at 1,200 mg per day along with 1,600 mg of the amino acid arginine promoted a trend toward normal ovulatory cycles and substantially improved insulin sensitivity.60 A short-term study showed that 1,800 mg of NAC daily helped improve insulin sensitivity in women with PCOS.61

Virtually all Americans consume too many calories and are at risk for at least some degree of insulin resistance. Daily

supplementation with NAC at 1,200 to 1,800 mg per day may help to reduce the impact and slow the damage wrought by AGEs.

Cancer Prevention

The strong and growing links between oxidative stress, inflammation, and cancer make NAC a natural go-to compound for cancer chemoprevention. True to form, NAC has multiple anti-cancer activities acting at multiple targets to provide layers of cancer protection against a large variety of cancer types. NAC induces programmed cell death (apoptosis) in multiple types of human cancer cells.62 In human gastric cancer cells, NAC not only induces apoptosis, but also stops DNA synthesis, preventing cancer the cells from replicating.63 In melanoma cells, NAC inhibits NF-kB, preventing expression of signaling molecules needed by the cancer for growth.64 NAC inactivates and promotes destruction of c-Src, a chemical control molecule that is overproduced in many human cancers, providing a completely unique means of slowing or stopping tumor development.65 Finally, NAC protects DNA from breakage induced by ionizing radiation, but does not prevent cell destruction by radiation.66 That's a vital finding because it means that NAC might allow radiation therapy to effectively kill cancer cells while minimizing the risk of so-called secondary cancers that could otherwise arise as side effects of the radiation.

Animal studies strengthen the case for NAC still further. NAC protects mice from cigarette smoke-induced lung cancers and other lung changes, a finding with enormous implications not only for current smokers but for ex-smokers and people exposed to second-hand smoke.67 NAC protects rats from chemically-induced liver cancers immediately following tumor initiation.68 This early interference with cancer development bodes well for NAC as a chemopreventive agent in the many human toxin-related cancers.

Human studies are similarly encouraging, even in the most challenging patient groups such as smokers. A randomized, double-blind chemoprevention trial of NAC 600 mg twice daily for 6 months vs. placebo in otherwise healthy smokers showed a significant reduction in formation of damaged or oxidized DNA segments, telltale early markers of cancer development in lung fluid.69 The same study also demonstrated reductions in abnormal, pre-cancerous cell changes in the mouths of supplemented smokers. These effects support the scientists' conclusion that NAC can reduce tobacco smoke carcinogenicity in humans.

Colon cancer is another malignancy with strong links to oxidative stress and inflammation. Preliminary studies in humans show a 40% reduction in colorectal polyps in patients given 600 mg per day of NAC, compared with controls.70 In a group of people with a previous history of pre-cancerous colonic polyps, 800 mg per day of NAC for 12 weeks significantly reduced the proliferative index, indicating a decreased risk of colon cancer.71

Supplementing with 600-1,200 mg per day of NAC appears to be an entirely appropriate means of adding to your general cancer-prevention strategy.

Gastritis, Ulcers, Cancer, and Helicobacter pylori

Helicobacter pylori is a bacterium that colonizes various regions of the stomach and upper part of the small intestine. *H. pylori* infection produces major oxidative stress on tissues already vulnerable to extremes of pH and other chemical challenges, and the resulting inflammation produces pain and promotes development of gastric and esophageal cancers.19 NAC is an obvious candidate for fighting *H. pylori* infections, both because of its powerful ability to interfere with the oxidant-inflammation connection, and also because of its potential to break down some of the gastric mucous layer beneath which the organism hides.72

NAC fights *H. pylori* in at least two ways. It markedly inhibits growth of H. pylori both in culture dishes and in live mice, helping to reduce the total load of organisms present.72 But NAC also powerfully regulates gene expression in stomach lining cells, reducing hydrogen peroxide production induced by H. pylori, and decreasing activation of NF-kB and subsequent

release of inflammatory cytokines.19,73 In human trials NAC improves eradication rates of *H. pylori* produced by standard treatment with antacids and antibiotics, when given at doses of **1,200 mg** per day.74,75

People who have gastritis or gastroesophageal reflux disease (GERD) may be infected with *H. pylori* and may benefit from supplementation with **1,200 mg** per day of NAC, especially during co-treatment with drugs to eradicate the organism.

Summary

N-acetyl cysteine is a broad-spectrum compound traditionally under-utilized in conventional medicine. A burst of new clinical research reveals that NAC exerts dual effects, functioning both as a powerful antioxidant that replenishes cellular antioxidant systems (glutathione in particular) and also as a potent modulator of gene expression, regulating inflammation at multiple, fundamental levels. It has been shown to be an effective intervention against influenza, chronic lung diseases, cancers, insulin resistance, and gastritis caused by *H. pylori*. NAC's further value is shown in its ability to mitigate otherwise inevitable metabolic and immunological disturbances caused by exercise.

If you have any questions on the scientific content of this article, please call a Life Extension® Health Advisor at 1-866-864-3027.

References

1.Chun LJ, Tong MJ, Busuttil RW, Hiatt JR. Acetaminophen hepatotoxicity and acute liver failure. Clin Gastroenterol. 2009 Apr;43(4):342-9.

2.Simonsen L, Taylor RJ, Viboud C, Miller MA, Jackson LA. Mortality benefits of influenza vaccination in elderly people: an ongoing controversy. Lancet Infect Dis. 2007 Oct;7(10):658-66.

3.Konturek PC, Konturek SJ, Brzozowski T. Helicobacter pylori infection in gastric cancerogenesis. J Physiol Pharmacol. 2009 Sep;60(3):3-21

4.Henke MO, Ratjen F. Mucolytics in cystic fibrosis. Paediatr Respir Rev. 2007 Mar;8(1):24-9.

5.Rogers DF. Mucoactive agents for airway mucus hypersecretory diseases. Respir Care. 2007 Sep;52(9):1176-93; discussion 93-7.

6.Marchetti A, Rossiter R. Managing acute acetaminophen poisoning with oral versus intravenous N-acetyl cysteine: a provider-perspective cost analysis. J Med Econ. 2009;12(4):384-91.

7.Saito C, Zwingmann C, Jaeschke H. Novel mechanisms of protection against acetaminophen hepatotoxicity in mice by glutathione and N-acetyl cysteine. Hepatology. Jan;51(1):246-54.

8.Chun LJ, Tong MJ, Busuttil RW, Hiatt JR. Acetaminophen hepatotoxicity and acute liver failure. J Clin Gastroenterol. 2009 Apr;43(4):342-9.

9. Atkuri KR, Mantovani JJ, Herzenberg LA. N-Acetyl cysteine—a safe antidote for cysteine/glutathione deficiency. Curr Opin Pharmacol. 2007 Aug;7(4):355-9.

10.Blesa S, Cortijo J, Mata M, et al. Oral N-acetyl cysteine attenuates the rat pulmonary inflammatory response to antigen. Eur Respir J. 2003 Mar;21(3):394-400.

11.Majano PL, Medina J, Zubia I, et al. N-Acetyl-cysteine modulates inducible nitric oxide synthase gene expression in human hepatocytes. J Hepatol. 2004 Apr;40(4):632-7.

12.Siddiqui A, Ancha H, Tedesco D, Lightfoot S, Stewart CA, Harty RF. Antioxidant therapy with N-acetyl cysteine plus mesalamine accelerates mucosal healing in a rodent model of colitis. Dig Dis Sci. 2006 Apr;51(4):698-705.

13.Geiler J, Michaelis M, Naczk P, et al. N-acetyl-L-cysteine (NAC) inhibits virus replication and expression of pro-inflammatory molecules in A549 cells infected with highly pathogenic H5N1 influenza A virus. Biochem Pharmacol. Feb 1;79(3):413-20.

14.Jiang XF, Zeng WY, Pu J, Liu YM. Effect of N-acetyl cysteine on lipopolysaccharide stimulating IL-8 expression of human uterine smooth cell. Sichuan Da Xue Xue Bao Yi Xue Ban. 2008 Mar;39(2):235-8.

15.Kim H, Seo JY, Roh KH, Lim JW, Kim KH. Suppression of NF-kappaB activation and cytokine production by N-acetyl cysteine in pancreatic acinar cells. Free Radic Biol Med. 2000 Oct 1;29(7):674-83.

16.Chen G, Shi J, Hu Z, Hang C. Inhibitory effect on cerebral inflammatory response following traumatic brain injury in rats: a potential neuroprotective mechanism of N-acetyl cysteine. Mediators Inflamm. 2008;2008:716458.

17.Origuchi T, Migita K, Nakashima T, et al. Regulation of cyclooxygenase-2 expression in human osteoblastic cells by N-acetyl cysteine. J Lab Clin Med. 2000 Nov;136(5):390-4.

18.De Flora S, Izzotti A, D'Agostini F, Balansky RM. Mechanisms of N-acetyl cysteine in the prevention of DNA damage and cancer, with special reference to smoking-related end-points. Carcinogenesis. 2001 Jul;22(7):999-1013.

19.Seo JY, Kim H, Kim KH. Transcriptional regulation by thiol compounds in Helicobacter pylori-induced interleukin-8 production in human gastric epithelial cells. Ann N Y Acad Sci. 2002 Nov;973:541-5.

20.Kerksick C, Willoughby D. The antioxidant role of glutathione and N-acetyl-cysteine supplements and exercise-induced oxidative stress. J Int Soc Sports Nutr. 2005;2:38-44.

21.Lin Y, Berg AH, Iyengar P, et al. The hyperglycemia-induced inflammatory response in adipocytes: the role of reactive oxygen species. J Biol Chem. 2005 Feb 11;280(6):4617-26.

22.Unoki H, Bujo H, Yamagishi S, Takeuchi M, Imaizumi T, Saito Y. Advanced glycation end products attenuate cellular insulin sensitivity by increasing the generation of intracellular reactive oxygen species in adipocytes. Diabetes Res Clin Pract. 2007 May;76(2):236-44.

23.Dauletbaev N, Fischer P, Aulbach B, et al. A phase II study on safety and efficacy of high-dose N-acetyl cysteine in patients with cystic fibrosis. Eur J Med Res. 2009 Aug 12;14(8):352-8.

24.Us D. Cytokine storm in avian influenza. Mikrobiyol Bul. 2008 Apr;42(2):365-80.

25.De Flora S, Grassi C, Carati L. Attenuation of influenza-like symptomatology and improvement of cell-mediated immunity with long-term N-acetyl cysteine treatment. Eur Respir J. 1997 Jul;10(7):1535-41.

26.Knobil K, Choi AM, Weigand GW, Jacoby DB. Role of oxidants in influenza virus-induced gene expression. Am J Physiol. 1998 Jan;274(1 Pt 1):L134-42.

27.Kujime K, Hashimoto S, Gon Y, Shimizu K, Horie T. p38 mitogen-activated protein kinase and c-jun-NH2-terminal kinase regulate RANTES production by influenza virus-infected human bronchial epithelial cells. J Immunol. 2000 Mar 15;164(6):3222-8.

28.Lowy RJ, Dimitrov DS. Characterization of influenza virus-induced death of J774.1 macrophages. Exp Cell Res. 1997 Aug 1;234(2):249-58.

29.Ungheri D, Pisani C, Sanson G, et al. Protective effect of n-acetyl cysteine in a model of influenza infection in mice. Int J Immunopathol Pharmacol. 2000 Sep-Dec;13(3):123-28. 30.McCarty MF, Barroso-Aranda J, Contreras F. Practical strategies for targeting NF-kappaB and NADPH oxidase may improve survival during lethal influenza epidemics. Med Hypotheses. Jan;74(1):18-20.

31.Garozzo A, Tempera G, Ungheri D, Timpanaro R, Castro A. N-acetyl cysteine synergizes with oseltamivir in protecting mice from lethal influenza infection. Int J Immunopathol Pharmacol. 2007 Apr-Jun;20(2):349-54.

32.Ghezzi P, Ungheri D. Synergistic combination of N-acetyl cysteine and ribavirin to protect from lethal influenza viral infection in a mouse model. Int J Immunopathol Pharmacol. 2004 Jan-Apr;17(1):99-102.

33.Jariwalla RJ, Roomi MW, Gangapurkar B, Kalinovsky T, Niedzwiecki A, Rath M. Suppression of influenza A virus nuclear antigen production and neuraminidase activity by a nutrient mixture containing ascorbic acid, green tea extract and amino acids. Biofactors. 2007;31(1):1-15.

34.Deryabin PG, Lvov DK, Botikov AG, et al. Effects of a nutrient mixture on infectious properties of the highly pathogenic strain of avian influenza virus A/H5N1. Biofactors. 2008;33(2):85-97.

35.Reichenberger F, Tamm M. N-acetylcystein in the therapy of chronic bronchitis. Pneumologie. 2002 Dec;56(12):793-7.

36.Sadowska AM, van Overveld FJ, Gorecka D, et al. The interrelationship between markers of inflammation and oxidative stress in chronic obstructive pulmonary disease: modulation by inhaled steroids and antioxidant. Respir Med. 2005 Feb;99(2):241-9.

37.Stav D, Raz M. Effect of N-acetyl cysteine on air trapping in COPD: a randomized placebo-controlled study. Chest. 2009 Aug;136(2):381-6.

38.Foschino Barbaro MP, Serviddio G, Resta O, et al. Oxygen therapy at low flow causes oxidative stress in chronic obstructive pulmonary disease: Prevention by N-acetyl cysteine. Free Radic Res. 2005 Oct;39(10):1111-8.

39.De Benedetto F, Aceto A, Dragani B, et al. Long-term oral n-acetyl cysteine reduces exhaled hydrogen peroxide in stable COPD. Pulm Pharmacol Ther. 2005;18(1):41-7.

40.van Overveld FJ, Demkow U, Gorecka D, de Backer WA, Zielinski J. New developments in the treatment of COPD: comparing the effects of inhaled corticosteroids and N-acetyl cysteine. J Physiol Pharmacol. 2005 Sep;56 Suppl 4:135-42.

41.Cai S, Chen P, Zhang C, Chen JB, Wu J. Oral N-acetyl cysteine attenuates pulmonary emphysema and alveolar septal cell apoptosis in smoking-induced COPD in rats. Respirology. 2009 Apr;14(3):354-9.

42.Meyer A, Buhl R, Magnussen H. The effect of oral N-acetyl cysteine on lung glutathione levels in idiopathic pulmonary fibrosis. Eur Respir J. 1994 Mar;7(3):431-6.

43.Demedts M, Behr J, Buhl R, et al. High-dose acetylcysteine in idiopathic pulmonary fibrosis. N Engl J Med. 2005 Nov 24;353(21):2229-42.

44.Tomioka H, Kuwata Y, Imanaka K, et al. A pilot study of aerosolized N-acetyl cysteine for idiopathic pulmonary fibrosis. Respirology. 2005 Sep;10(4):449-55.

45.Cottin V, Cordier JF. Idiopathic pulmonary fibrosis. Presse Med. 2008 Nov;37(11):1581-90.

46.Felton VM, Borok Z, Willis BC. N-acetyl cysteine inhibits alveolar epithelial-mesenchymal transition. Am J Physiol Lung Cell Mol Physiol. 2009 Nov;297(5):L805-12.

47.Peake J, Suzuki K. Neutrophil activation, antioxidant supplements and exercise-induced oxidative stress. Exerc Immunol Rev. 2004;10:129-41.

48.Quadrilatero J, Hoffman-Goetz L. N-Acetyl-L-cysteine prevents exercise-induced intestinal lymphocyte apoptosis by maintaining intracellular glutathione levels and reducing mitochondrial membrane depolarization. Biochem Biophys Res Commun. 2004 Jul 2;319(3):894-901.

49.Vassilakopoulos T, Karatza MH, Katsaounou P, Kollintza A, Zakynthinos S, Roussos C. Antioxidants attenuate the plasma cytokine response to exercise in humans. J Appl Physiol. 2003 Mar;94(3):1025-32.

50.Koechlin C, Couillard A, Simar D, et al. Does oxidative stress alter quadriceps endurance in chronic obstructive pulmonary disease? Am J Respir Crit Care Med. 2004 May 1;169(9):1022-7.

51.Zembron-Lacny A, Szyszka K, Szygula Z. Effect of cysteine derivatives administration in healthy men exposed to intense resistance exercise by evaluation of pro-antioxidant ratio. J Physiol Sci. 2007 Dec;57(6):343-8.

52.Aguiar AS, Jr., Tuon T, Soares FS, da Rocha LG, Silveira PC, Pinho RA. The effect of n-acetyl cysteine and deferoxamine on exercise-induced oxidative damage in striatum and hippocampus of mice. Neurochem Res. 2008 May;33(5):729-36.

53.Quadrilatero J, Hoffman-Goetz L. N-acetyl-l-cysteine protects intestinal lymphocytes from apoptotic death after acute exercise in adrenalectomized mice. Am J Physiol Regul Integr Comp Physiol. 2005 Jun;288(6):R1664-72.

54.Quadrilatero J, Hoffman-Goetz L. N-acetyl-L-cysteine inhibits exercise-induced lymphocyte apoptotic protein alterations. Med Sci Sports Exerc. 2005 Jan;37(1):53-6.

55.Kruger K, Frost S, Most E, Volker K, Pallauf J, Mooren FC. Exercise affects tissue lymphocyte apoptosis via redoxsensitive and Fas-dependent signaling pathways. Am J Physiol Regul Integr Comp Physiol. 2009 May;296(5):R1518-27.

56.Evans JL, Maddux BA, Goldfine ID. The molecular basis for oxidative stress-induced insulin resistance. Antioxid Redox Signal. 2005 Jul-Aug;7(7-8):1040-52.

57. Anuradha CV. Aminoacid support in the prevention of diabetes and diabetic complications. Curr Protein Pept Sci. 2009 Feb;10(1):8-17.

58.Guo Q, Mori T, Jiang Y, et al. Methylglyoxal contributes to the development of insulin resistance and salt sensitivity in Sprague-Dawley rats. J Hypertens. 2009 Aug;27(8):1664-71.

59.Song D, Hutchings S, Pang CC. Chronic N-acetyl cysteine prevents fructose-induced insulin resistance and hypertension in rats. Eur J Pharmacol. 2005 Jan 31;508(1-3):205-10.

60.Masha A, Manieri C, Dinatale S, Bruno GA, Ghigo E, Martina V. Prolonged treatment with N-acetyl cysteine and L-arginine restores gonadal function in patients with PCO syndrome. J Endocrinol Invest. 2009 Apr 15.

61.Fulghesu AM, Ciampelli M, Muzj G, et al. N-acetyl-cysteine treatment improves insulin sensitivity in women with polycystic ovary syndrome. Fertil Steril. 2002 Jun;77(6):1128-35.

62.Guan D, Xu Y, Yang M, Wang H, Wang X, Shen Z. N-acetyl cysteine and penicillamine induce apoptosis via the ER stress response-signaling pathway. Mol Carcinog. 2010 Jan;49(1):68-74.

63.Li J, Tu HJ, Dai G, et al. N-acetyl cysteine inhibits human signet ring cell gastric cancer cell line (SJ-89) cell growth by inducing apoptosis and DNA synthesis arrest. Eur J Gastroenterol Hepatol. 2007 Sep;19(9):769-74.

64. Yang J, Su Y, Richmond A. Antioxidants tiron and N-acetyl-L-cysteine differentially mediate apoptosis in melanoma cells via a reactive oxygen species-independent NF-kappaB pathway. Free Radic Biol Med. 2007 May 1;42(9):1369-80.

65.Krasnowska EK, Pittaluga E, Brunati AM, et al. N-acetyl-l-cysteine fosters inactivation and transfer to endolysosomes

of c-Src. Free Radic Biol Med. 2008 Dec 1;45(11):1566-72.

66.Reliene R, Pollard JM, Sobol Z, Trouiller B, Gatti RA, Schiestl RH. N-acetyl cysteine protects against ionizing radiationinduced DNA damage but not against cell killing in yeast and mammals. Mutat Res. 2009 Jun 1;665(1-2):37-43.

67.Balansky R, Ganchev G, Iltcheva M, Steele VE, De Flora S. Prevention of cigarette smoke-induced lung tumors in mice by budesonide, phenethyl isothiocyanate, and N-acetyl cysteine. Int J Cancer. 2010 Mar 1;126(5):1047-54.

68.Nishikawa-Ogawa M, Wanibuchi H, Morimura K, et al. N-acetyl cysteine and S-methylcysteine inhibit MeIQx rat hepatocarcinogenesis in the post-initiation stage. Carcinogenesis. 2006 May;27(5):982-8.

69.Van Schooten FJ, Besaratinia A, De Flora S, et al. Effects of oral administration of N-acetyl-L-cysteine: a multi-biomarker study in smokers. Cancer Epidemiol Biomarkers Prev. 2002 Feb;11(2):167-75.

70.Ponz de Leon M, Roncucci L. Chemoprevention of colorectal tumors: role of lactulose and of other agents. Scand J Gastroenterol Suppl. 1997;222:72-5.

71.Estensen RD, Levy M, Klopp SJ, et al. N-acetyl cysteine suppression of the proliferative index in the colon of patients with previous adenomatous colonic polyps. Cancer Lett. 1999 Dec 1;147(1-2):109-14.

72.Huynh HQ, Couper RT, Tran CD, Moore L, Kelso R, Butler RN. N-acetyl cysteine, a novel treatment for Helicobacter pylori infection. Dig Dis Sci. 2004 Nov-Dec;49(11-12):1853-61.

73.Kim MH, Yoo HS, Kim MY, et al. Helicobacter pylori stimulates urokinase plasminogen activator receptor expression and cell invasiveness through reactive oxygen species and NF-kappaB signaling in human gastric carcinoma cells. Int J Mol Med. 2007 Apr;19(4):689-97.

74.Zala G, Flury R, Wust J, Meyenberger C, Ammann R, Wirth HP. Omeprazole/amoxicillin: improved eradication of Helicobacter pylori in smokers because of N-acetyl cysteine. Schweiz Med Wochenschr. 1994 Aug 9;124(31-32):1391-7.

75.Gurbuz AK, Ozel AM, Ozturk R, Yildirim S, Yazgan Y, Demirturk L. Effect of N-acetyl cysteine on Helicobacter pylori. South Med J. 2005 Nov;98(11):1095-7.

76.Palmer LA, Doctor A, Chhabra P, et al. S-nitrosothiols signal hypoxia-mimetic vascular pathology. J Clin Invest. 2007 Sep;117(9):2592-601.

77.Stenmark KR, Meyrick B, Galie N, Mooi WJ, McMurtry IF. Animal models of pulmonary arterial hypertension: the hope for etiological discovery and pharmacological cure. Am J Physiol Lung Cell Mol Physiol. 2009 Dec;297(6):L1013-32.

78.Sajkov D, McEvoy RD. Obstructive sleep apnea and pulmonary hypertension. Prog Cardiovasc Dis. 2009 Mar-Apr;51(5):363-70.

79.Kaldararova M. Why is pulmonary hypertension so frustrating? Bratisl Lek Listy. 2009;110(9):536-43.

80.Hoshikawa Y, Ono S, Suzuki S, et al. Generation of oxidative stress contributes to the development of pulmonary hypertension induced by hypoxia. J Appl Physiol. 2001 Apr;90(4):1299-306.

81.Marsden PA. Low-molecular-weight S-nitrosothiols and blood vessel injury. J Clin Invest. 2007 Sep;117(9):2377-80.

82.Lachmanova V, Hnilickova O, Povysilova V, Hampl V, Herget J. N-acetyl cysteine inhibits hypoxic pulmonary hypertension most effectively in the initial phase of chronic hypoxia. Life Sci. 2005 May 27;77(2):175-82.

83.Chuang IC, Liu DD, Kao SJ, Chen HI. N-acetyl cysteine attenuates the acute lung injury caused by phorbol myristate acetate in isolated rat lungs. Pulm Pharmacol Ther. 2007;20(6):726-33.

84.Liu DD, Kao SJ, Chen HI. N-acetyl cysteine attenuates acute lung injury induced by fat embolism. Crit Care Med. 2008 Feb;36(2):565-71.

85.Hildebrandt W, Alexander S, Bartsch P, Droge W. Effect of N-acetyl-cysteine on the hypoxic ventilatory response and erythropoietin production: linkage between plasma thiol redox state and O(2) chemosensitivity. Blood. 2002 Mar 1;99(5):1552-5.

86.Iturriaga R, Rey S, Del Rio R, Moya EA, Alcayaga J. Cardioventilatory acclimatization induced by chronic intermittent hypoxia. Adv Exp Med Biol. 2009;648:329-35.

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

Life Extension does not provide medical advice, diagnosis or treatment. <u>See additional information.</u>

All Contents Copyright ©2016 Life Extension® All rights reserved

