

Anti-inflammatory effects of a stabilized lipid extract of *Perna canaliculus* (Lyprinol[®])

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Introduction

The Maoris who live in New Zealand have claimed for centuries that consuming local green-lipped mussels helps them maintain good health. Recent statistics show that the reported incidence of arthritis is extremely low in the coastal-dwelling Maoris, who consume large amounts of green-lipped mussels, whereas Maoris who reside in the interior have the same incidence of arthritis as New Zealanders of European origin. To investigate its reported anti-inflammatory activity, researchers in the United Kingdom, Australia and Japan have studied the effects of various oral preparations of the New Zealand green lipped mussel, *Perna canaliculus*.

Clinical studies since 1980 have shown that a stabilized lipid extract of *Perna canaliculus* is effective in relieving symptoms of rheumatoid arthritis and osteoarthritis. This extract exhibits significant anti-inflammatory effects and has been shown to down-regulate the lipoygenase pathways responsible for production of pro-inflammatory leukotrienes and other eicosanoids. This article reviews recent research on green lipped mussel extracts as well as technical issues surrounding the development of stable mussel preparations.

Early Clinical Trials

A clinical trial was conducted at Glasgow's Homeopathic Hospital in Scotland by Drs. Robin and Sheila Gibson using capsules of powdered *Perna canaliculus* in patients with severe arthritis according to ARA criteria. Their study found that 34.8% of patients experienced considerable improvement, 32.6% were helped to a lesser extent and 32.6% did not improve. The extract was found to be safe and well tolerated. Many patients reported that it took 3-4 weeks or more to notice a positive effect. Drs. Gibson concluded from this open label study that the "extract from the New Zealand green-lipped mussel, *Perna canaliculus*, was a safe and effective alternative nutritional supplement approach for rheumatoid arthritis patients, and for some people plagued with osteoarthritis".

In 1980, groups from the Homeopathic Hospital and the Department of Surgery, Victoria Infirmary, Glasgow, Scotland, reported the results of a double-blind study involving 66 outpatients, 28 with rheumatoid arthritis and 38 with osteoarthritis. All had been scheduled for surgery to improve their joint conditions; all had failed to respond to conventional treatments.

Patients were randomized into 2 groups. Group 1 received the mussel extract and group 2 a placebo (dried fish meal powder). Evaluation was done at day 90. Then all patients were given the mussel extract for 3 months. Regular checks were done on joint stiffness, limbering up time, grip strength, articular index of joint tenderness, pain, functional efficiency, and time to walk 15 meters. Results showed that 68% of RA and 39% of OA patients experienced improvement. Ten percent of patients given the mussel extract experienced a transient aggravation of their symptoms. There were no side effects. The authors concluded: “The extract of New Zealand green-lipped mussel, *Perna canaliculus*, is an effective supplement or possible alternative to other therapies in the treatment of both rheumatoid arthritis and osteoarthritis. It reduces the amount of pain and stiffness, improves the patient’s ability to cope with life, and apparently enhances general health. Added to these benefits is the low incidence of side effects. It would therefore seem that the green-lipped mussel extract could be of considerable value to patients suffering from these two chronic and disabling conditions.”

Stability and Anti-inflammatory Activity

In 1982, researchers studying the effects of the mussel extract experienced considerable variations from batch-to-batch in the level of anti-inflammatory activity due to poor stability. In 1983, one of these researchers, Professor Takuo Kosuge, of Shizuoka University College of Pharmacy, Japan, developed a method of stabilizing the freeze-dried extract. This stabilized freeze-dried extract exhibited little or no variation in anti-inflammatory activity. To further investigate the relationship between stability and anti-inflammatory activity, Michael W. Whitehouse, Ph.D., conducted in vivo studies in rats using an experimental polyarthritis model. At the Princess Alexandra Hospital, Brisbane, Australia, he fed rats for 4 days either with the stabilized, or non-stabilized extract. The results showed that stabilized green lipped mussel extract was dramatically more effective than non-stabilized extract in inhibiting the experimentally-induced inflammatory swelling (Table 1).

ANTI-INFLAMMATORY ACTIVITY OF NEW ZEALAND GREEN-LIPPED MUSSEL EXTRACTS IN EXPERIMENTAL POLYARTHRITIS MODEL

TREATMENT	% INHIBITION OF SWELLING	CLINICAL EFFECTIVENESS	
		TRIAL 1	TRIAL 2
Mussel Extract (Stabilized)	100%	71%	83%
Mussell Extract (Non-stabilized)	14%	0%	7%

Table 1. Effects of stabilized and non-stabilized *Perna canaliculus* extract given orally for 4 days (days 10 – 13) following experimentally induced inflammation.

In 1983, Theo Macrides, Ph.D., joined the group of Robert Borland, Ph.D., studying mussel extracts at Royal Melbourne Institute of Technology in Melbourne, Australia. He

separated and characterized the active anti-inflammatory fractions from the stabilized freeze-dried extract of *Perna canaliculus*. Using state-of-the-art technology, including high performance liquid chromatography, nuclear magnetic resonance spectroscopy, and UV-Vis spectroscopy, Dr. Macrides identified a particular lipid fraction which exhibited marked anti-inflammatory activity.

Using a modification (Myers 1984) of the biological test method described by Miller and Ormrod (1981), Macrides compared the effects of aspirin, ibuprofen and stabilized freeze-dried mussel extract in carageenan-induced inflammation in rodents. Results showed that aspirin reduced inflammatory swelling by 40%, ibuprofen by 60% and stabilized mussel extract by 90% (Figure 1).

-FIGURE 1-

COMPARISON OF ANTI-INFLAMMATORY SUBSTANCES

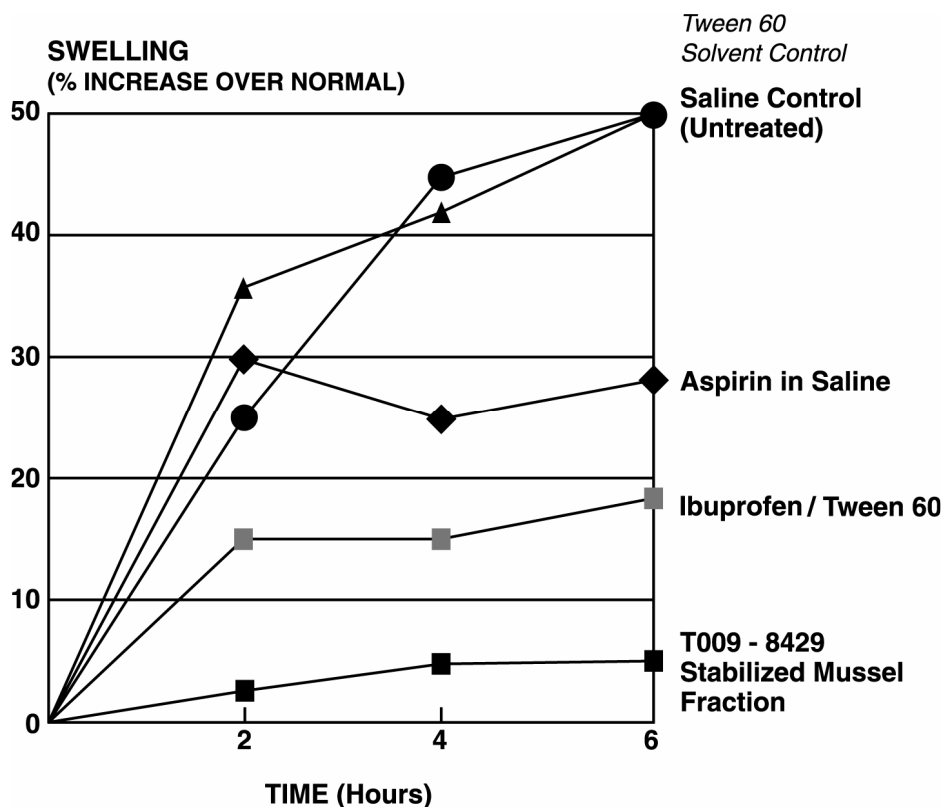


Figure 1. Vertical axis represents the extent of the swelling that occurred; horizontal axis represents the time measurements of swelling taken following carageenan injection. Each point represents the mean of six replicate samples.

In 1993, a unique method was developed for obtaining a lipid-rich extract of *Perna canaliculus*. It was a dark yellow oil with strong ultra-violet absorbing characteristics, which exhibited substantial anti-inflammatory activity. The chemical nature and structure of this major anti-inflammatory constituent was finally characterized using both gas

chromatography and mass spectrometry. This lipid fraction, identified as Lyprinol, was found to contain a unique combination of triglycerides, sterol esters, free fatty acids, polar lipids and carotenoids. Lyprinol is obtained by supercritical fluid extraction (SFE) of the stabilized freeze-dried mussel powder using liquefied carbon dioxide. Lyprinol extract represents about 4-5% of the original weight of freeze-dried mussel powder. It contains no solvent residue as a result of the solvent-free SFE process.

Dr. Whitehouse compared the effectiveness of Lyprinol with other anti-inflammatory and anti-arthritic compounds using a well-documented model of adjuvant (*Mycobacterium tuberculosis*)-induced polyarthritis. In the first series of experiments, he showed that Lyprinol was effective both orally and by subcutaneous injection (Figure 2). Lyprinol reduced swelling by 88% when administered subcutaneously and 93-97% when delivered orally. Other studies confirmed a remarkable topical activity.

ANTI-INFLAMMATORY EFFECTS OF LYPRINOL GIVEN BY DIFFERENT ROUTES

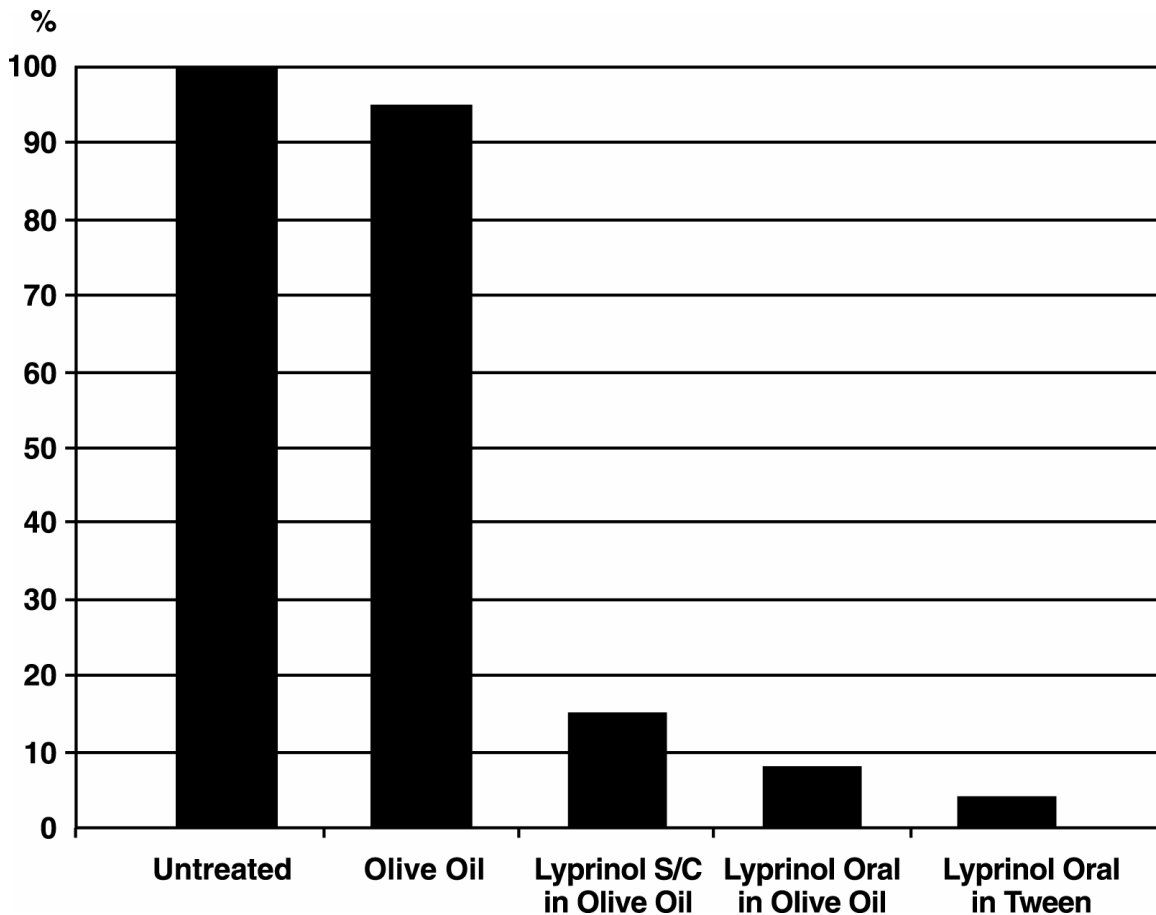


Figure 2. Relative effectiveness of different oils at reducing inflammation as measured by percent reduction in swelling.

The next series compared the effects of a number of commercially available dietary oils with Lyprinol in controlling adjuvant-induced polyarthritis in the same model. Lyprinol was given at 1/100th of the dose of the other products. The results demonstrated that Lyprinol was over 200 to 350 times more potent than other oil products tested in preventing the swelling associated with adjuvant-induced polyarthritis (Table 2).

THE EFFECT OF OILS GIVEN PROPHYLACTICALLY TO PREVENT SWELLING ASSOCIATED WITH ADJUVANT-INDUCED POLY-ARTHRITIS

TYPE OF OIL	DOSE (MG/KG)	PERCENT EFFECTIVENESS
Flax Oil	2000	2%
Evening Primrose Oil	2000	25%
Norwegian Salmon Oil	2000	32%
EPA Fish Oil	2000	50%
Lyprinol	20	79%

In the third series, Lyprinol or indomethacin were administered orally for 4 days, and measurement of inflammatory swelling was taken on day 14, 10 days after the initiation of adjuvant-induced polyarthritis. First signs of arthritis were seen 10 days after inoculating rear paws with mycobacterial arthritogen. The results are shown in Table 3. On a dose-equivalent basis, Lyprinol was more effective at reducing inflammation than indomethacin.

ARTHRITIC INFLAMMATION IN RATS

TREATMENT	DOSAGE (MG/KG)	% REDUCTION IN INFLAMMATION
A. Dietary Marine Lipids (Lyprinol)	5	91%
B. Indomethacin	5	83%
C. Indomethacin	3	68%
D. Indomethacin	1	26%
E. No Treatment	0	0%

Table 3. Comparison of anti-inflammatory activity of Lyprinol and indomethacin in adjuvant-induced polyarthritis in rats. Reduction in inflammation was measured as percent decrease in swelling versus controls.

Mechanism of Action

The metabolism of arachidonic acid via the 5-lipoxygenase pathway in leukocytes leads to the formation of leukotriene B₄ (LTB₄) and leukotrienes C₄, D₄ and E₄ (LTC₄, LTD₄ and LTE₄) as shown in Figure 3. LTB₄ is a potent chemotactic agent and is responsible

for the increased number of leukocytes at sites of inflammation. LTC₄, LTD₄ and LTE₄ are very potent broncho-constricting agents produced by eosinophils in the lung, and whose production is increased in asthma.

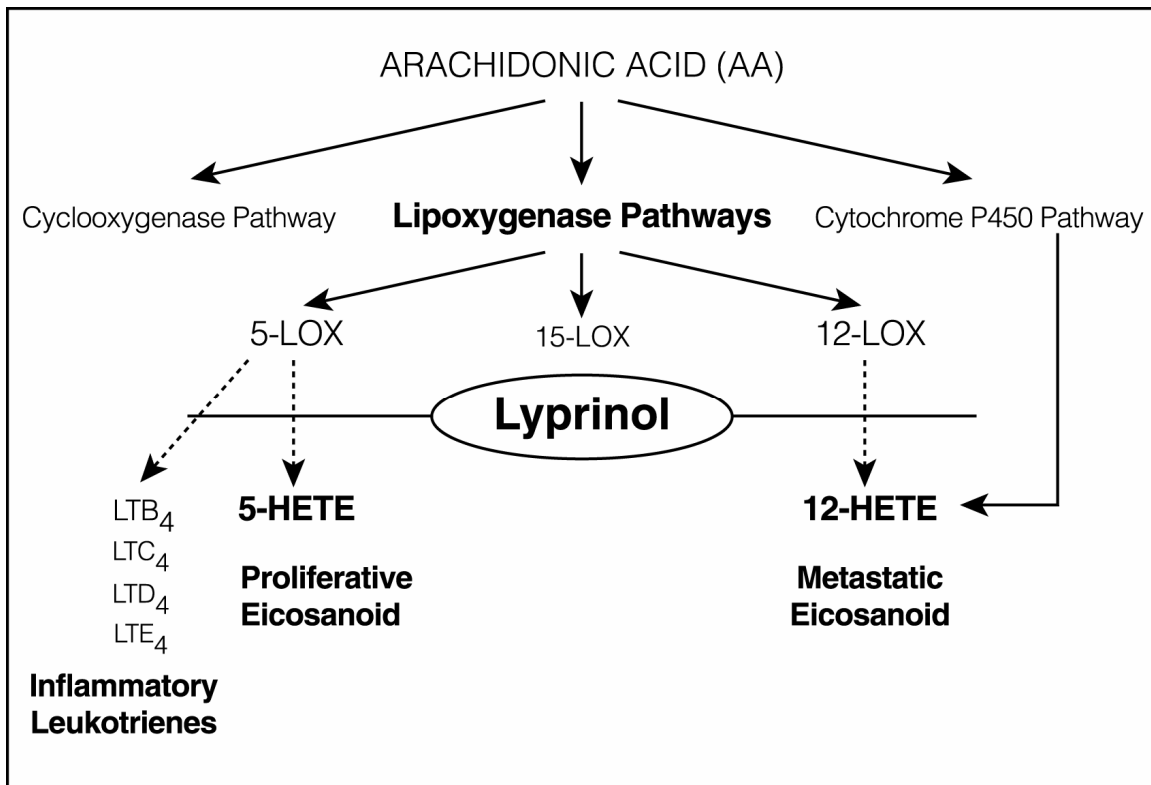


Figure 3. Inhibition of the lipoxigenase pathways by Lyprinol

Another major metabolite of the 5-lipoxygenase pathway is 5-hydroxyeicosatetraenoic acid (5-HETE), but until recently there were no known major physiological roles for 5-HETE. However there are now a considerable number of studies which persuasively demonstrate a role for not only 5-HETE but also other HETES, in particular 12-HETE, in abnormal proliferative and metastatic conditions, as shown in Figure 3. In general these studies have demonstrated (i) increased production of 5-HETE and 12-HETE (and to a lesser extent 15-HETE) in abnormal cells compared to normal tissues, (ii) that 5-HETE stimulates proliferation of abnormal cells, and (iii) 12-HETE promotes their metastasis to other sites in the body.

Measuring activity of the 5-lipoxygenase pathway

The Rheumatology Unit at The Queen Elizabeth Hospital in Woodville, Australia has considerable expertise in the biochemistry and pharmacology of the 5-lipoxygenase pathway, and in particular the production of leukotrienes by human polymorphonuclear leukocytes (PMN or neutrophils), as these are the cells that are initially recruited to an inflammatory site. The principal steps of the 5-lipoxygenase pathway in these cells is shown in Figure 4. In this pathway, arachidonic acid (AA) from membrane

phospholipids is released via the action of phospholipase A₂ (PLA₂). This AA is then substrate for the first enzyme in the pathway, 5-lipoxygenase, which converts it to 5-hydroperoxyeicosatetraenoic acid (5-HPETE). 5-HPETE is then converted enzymatically to either 5-hydroxyeicosatetraenoic acid (5-HETE) by glutathione peroxidase, or to leukotriene A₄ (LTA₄) by LTA₄ synthase. LTA₄ is then converted either non-enzymatically to the all-trans-isomers of LTB₄, or hydrolysed by LTA₄ hydrolase to leukotriene B₄ (LTB₄). Human PMN do not significantly metabolize LTB₄ any further although other cells such as eosinophils convert it to the potent vasoconstrictor peptide-leukotriene SRS-A.

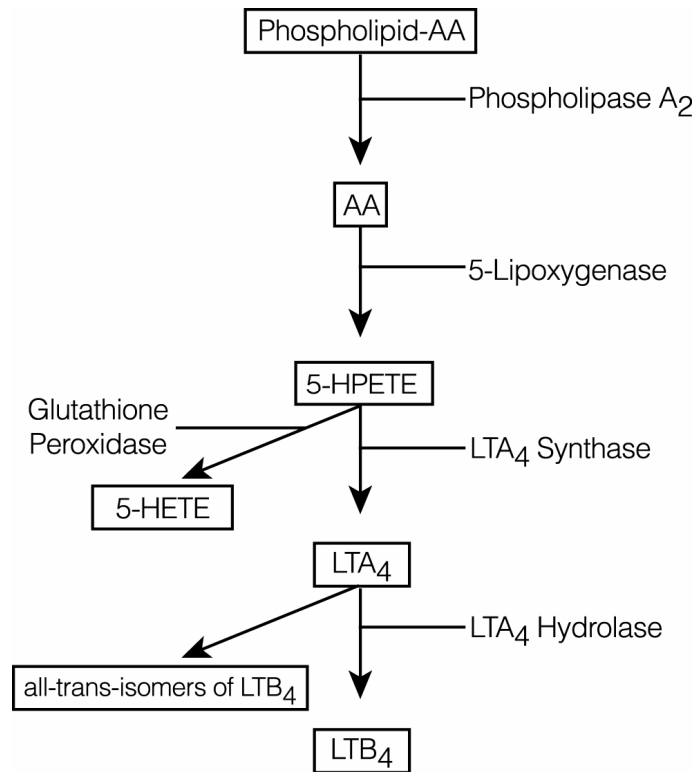


Figure 4. The 5-lipoxygenase pathway in human neutrophils

Assaying the lipoxygenase pathways

The HPLC assay readily quantifies 5-HETE, 12-HETE, LTB₄, and the two all-trans-isomers of LTB₄, and thus gives quantitative data on the relative activities of the enzymes in the 5-lipoxygenase of neutrophils, as well as data on the 12-lipoxygenase pathway of platelets. Thus it is an ideal system to test potential inhibitors of these pathways.

The effects of inhibitory compounds may be tested on isolated human PMN and platelets, in which the pathways are activated by treating the PMN or platelets with arachidonic acid and the calcium ionophore A23187. The addition of arachidonic acid eliminates the PLA₂ step, and provides high levels of substrate for the pathway. Furthermore, such activation is known to maximally drive the pathway to produce the greatest synthesis of

all the metabolites, and thus is also the least sensitive to inhibition. Hence, compounds that do inhibit the pathway activated in this fashion are potentially potent inhibitors.

Inhibition of neutrophil leukotriene and 5-HETE production by Lyprinol

To test the ability of Lyprinol to inhibit the production of leukotrienes and 5-HETE by human neutrophils, neutrophils isolated from human blood were incubated with different concentrations of Lyprinol before being stimulated with arachidonic acid and calcium ionophore to activate the 5-lipoxygenase pathway. The metabolites were then extracted and quantified by the above HPLC assay. The effects of increasing concentrations of Lyprinol on neutrophil leukotriene and 5-HETE production are shown in Figures 5 and 6 respectively.

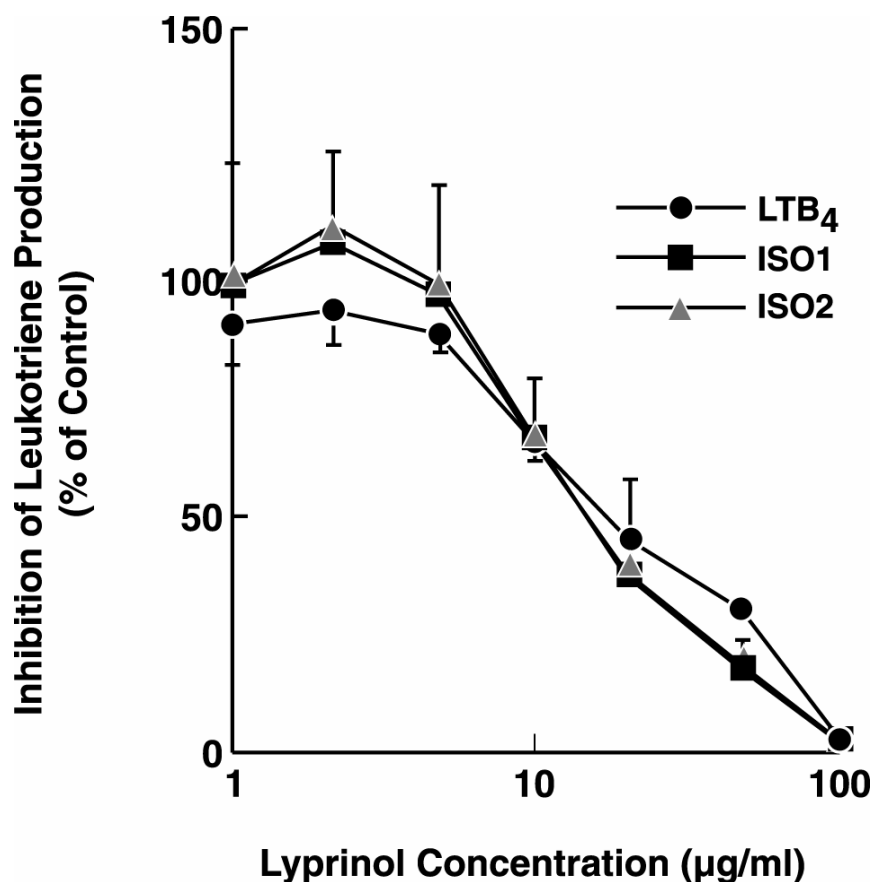


Figure 5. Inhibition by Lyprinol of the production of LTB₄ and the all-trans-isomers of LTB₄ by human neutrophils

Platelets produce 12-HETE following arachidonic acid and calcium ionophore treatment, which can be measured using a similar protocol to the measurement of leukotrienes and 5-HETE in neutrophils. Similarly, the effects of Lyprinol on platelet 12-HETE synthesis can be measured using the same protocol as for neutrophils, as described above. Figure 6 shows the effects of increasing concentrations of Lyprinol on neutrophil 5-HETE synthesis and platelet 12-HETE synthesis.

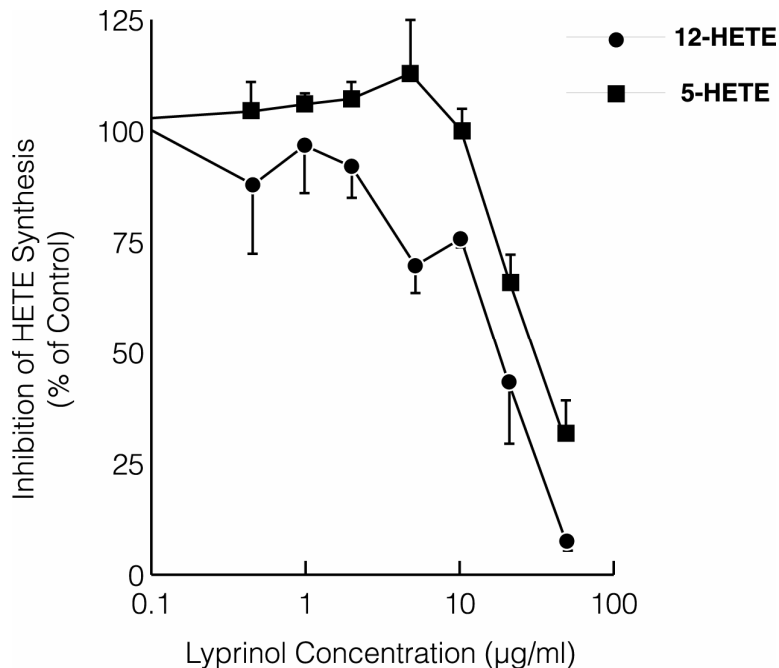


Figure 6. Effect of Lyprinol on 12-HETE and 5-HETE synthesis by human platelets and neutrophils respectively

In summary, Figures 5 and 6 demonstrate that short-term in vitro incubation (10 minutes) of Lyprinol with isolated human neutrophils and platelets produces a significant inhibition of leukotriene and HETE synthesis, with an IC₅₀ (50% inhibition) of between 20 and 50 µg/ml. Thus Lyprinol may exert its anti-inflammatory effects by inhibiting three distinctly separate stages of the inflammatory response: inhibition of chemotaxis, inhibition of transmigration of chemotactic cells through the blood vessel walls, and in the case of asthma, inhibition of the production of the broncho-constricting leukotrienes.

Although other inhibitors of 5-lipoxygenase have been developed (e.g. zileuton), they have a real potential toxicity. Lyprinol is non-toxic, and has very few side effects. Furthermore, at the Lyprinol International Conference, in Nelson, New Zealand, on February 23, 2000, Michael W. Whitehouse, Ph.D., presented initial data comparing Lyprinol vs. 2 widely used anti-COX2 medications (celecoxib, rofecoxib). Dr. Whitehouse used the mycobacterial adjuvant-induced polyarthritis rat model described above. Lyprinol was found to be more effective than both drugs.

Recent Clinical Studies

Arthritis

In 1998, Drs. S.L.M. Gibson and R.G. Gibson published their results on “the treatment of arthritis with a lipid extract of *Perna canaliculus*”. This was a double-blind randomized 3-month study in patients with either RA (ARA criteria) or OA (clinical and radiological criteria). There were 60 patients enrolled for a parallel comparison study, and a further 3-

month period on the lipid extract for all patients. The setting was the outpatient department of the Glasgow Homeopathic Hospital, Scotland. Patients on Lyprinol received 210 mg/day. The main outcome measures were: articular index of joint tenderness (AI), morning stiffness (limbering-up-time, LUT), grip strength in each hand, visual analogue scale of pain (VA), and functional index (FI).

The results were impressive: 76% of RA and 70% of OA patients benefited. AI, LUT, and FI were significantly improved by 3 months. One patient experienced fluid retention, and another developed transient nausea. Drs. Gibson concluded that Lyprinol is effective in reducing pain, swelling and stiffness, and in improving functional index in RA and OA.

An ongoing study is being conducted by Niels H.P. Hertz, MD, of Copenhagen, Denmark. This study includes 13 patients with longstanding osteoarthritis in one or both knees and/or hips. The criteria for inclusion were pain, and radiological and/or arthroscopic evidence. Median duration of known OA was 4.5 years. Patients received Lyprinol: 4 capsules daily for 25 days, then 2 capsules/day. Patients are being evaluated every 21-28 days, using VA for pain and “activity of daily life”(ADL) questionnaire. Twelve (12) of 13 patients reported a dramatic 50% reduction of pain (VA), and 50% improvement at day 21-28; the same results were confirmed at day 42-56. There was no increase in the use of rescue medication (pain reliever). There were no side effects, including no gastric pain.

Asthma

In 1999, 40 patients with atopic asthma were enrolled in an IRB-approved study conducted at Pavlov Medical University Hospital, St. Petersburg, Russia. These patients had never received corticosteroids. Thirty (30) patients received Lyprinol 2 capsules b.i.d. for 8 weeks and 10 received placebo. Rescue medication was inhaled beta-2 agonist. Patients were evaluated using American Thoracic Society (ATS) criteria. Diagnosis was based on clinical history and low (<15%) but reversible FEV₁. Mean duration of asthma was 5.8 years and mean FEV₁ at inclusion was 86.3% of predicted values.

Comprehensive pulmonary function tests were performed including airway resistance, forced vital capacity, FEV₁ and peak flow rate. Concentrations of eosinophil cationic protein (ECP), a marker of asthma severity, was determined by radioimmunoassay. Concentration of hydrogen peroxide in exhaled air condensate was also measured. Statistical analysis methods used Student’s paired two-tailed t-test, and a P value <0.05 was considered significant.

Lyprinol had a significantly positive effect beginning at day 28 and confirmed at day 56. Results included improvement in clinical symptoms of chest tightness and nocturnal attacks, 50% reduction in use of rescue medication, increased peak expiratory flow and 65% reduction in concentration of H₂O₂ in exhaled air. There was no improvement in the placebo treated group. No side effects were reported in either group. Investigators

concluded, “This study has revealed some beneficial effects of Lyprinol in mild asthmatic patients. These findings provide evidence that Lyprinol may have anti-inflammatory activity on airways.”

Conclusion

Studies in humans and animals have demonstrated that Lyprinol lipid extract of *Perna canaliculus* is safe and effective in the management of arthritis and other inflammatory disorders. It has been found to be non-toxic and free of significant side effects. Unlike most non-steroidal anti-inflammatory drugs which have adverse gastrointestinal side effects, the lipid extract of green-lipped mussel demonstrates protective gastrointestinal effect. Its ability to safely down-regulate 5-lipoxygenase and 12-lipoxygenase pathways indicates that Lyprinol is likely to have significant benefit in a broad range of inflammatory disorders and other conditions in humans. Further research will help to expand our understanding of the health benefits of this promising natural product.

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