

A Double-Blind, Placebo Controlled Human Clinical Trial Proves Alistrol Really Works!

A double-blind, placebo controlled human clinical trial was conducted in Bango, Maine by Marshall-Blum Clinical Research, LLC associated with University of Maine to study the effects of Alistrol, extract of an herbal formula, on maintaining healthy blood pressure. Jim Blum, Ph.D, led this clinical trial.

In this clinical study, the subjects were divided into two groups. Half took 550mg of Alistrol, three times a day for eight weeks, then quit for four weeks. The other half took 550mg of a placebo for the same three times a day for eight weeks. They measured each participant's blood pressure at the end of each even week -0, 2, 4, 6, 8, and 12.

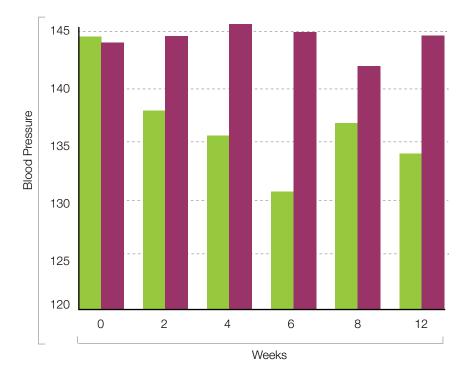
The participants were between 30 and 70 years old and had mild to moderate hypertension of no more than 159/99.

Here are the test results



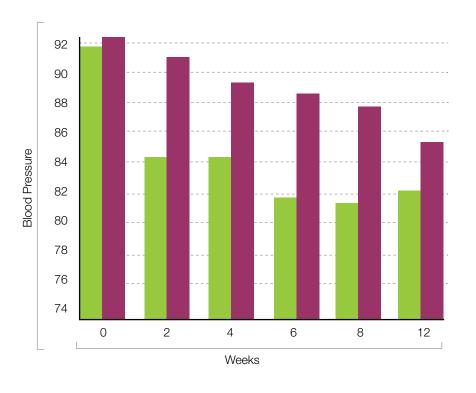


Test Results



■ PRODUCT GROUP■ PLACEBO GROUP

Graph 1. The Average Systolic Blood Pressures at the End of 0, 2nd, 4th, 6th, 8th, 12th Week of the Subjects Taking Alistrol (Product Group) or Placebo for 8 Weeks.



■ PRODUCT GROUP■ PLACEBO GROUP

Graph 2. The Average Diastolic Blood
Pressures at the End of 0, 2nd, 4th, 6th, 8th, 12th
Week of the Subjects Taking Alistrol (Product
Group) or Placebo for 8 Weeks.



At the end of the study, Jim Blum, Ph.D and other doctors conducted this research concluded:

1

Alistrol is effective for helping people manage their blood pressure. Both the systolic and diastolic blood pressures were statistically reduced in the treatment group compared to the placebo group starting at the end of the second week (see charts).

2

Nine out ten people taking Alistrol, compared to only one out nine people in the placebo group, got their blood pressure back to normal range after the treatment. Alistrol has lasting effects on maintaining healthy blood pressure. After stopping Alistrol for one month, people's blood pressures still remained stable and even improving.

3

Jim Blum, Ph.D. further went on to say that, "The efficacy of the product "Alistrol" appears to be worthy based on this clinical trial. No known side effects are found associated withvtaking Alistrol in this study."

His final conclusion was that:

"Alistrol is effective for helping people manage their blood pressure. It is safe and effective for managing both the systolic and diastolic blood pressures.

Alistrol has lasting effects on blood pressure.

This indicates that Alistrol may in fact improve people's health at a more fundamental level."

Understanding Why Alistrol Works

To fully understand the power of Alistrol, we can turn to other studies which show how each ingredient in Alistrol – Holly Leaf Extract, Daikon Extract, Garlic Extract and Hawthorn extract – affects your heart, blood vessels, and cholesterol. The studies below are a sampling and are those that best represent the potential of Alistrol to help you attain a normal, healthy blood pressure.



Holly Leaf Extract

Study of Holly Leaf Extract's Curative Effect through 129 Hypertension Cases

Study Purpose

In order to make scientific verification and objective evaluation of the curative effect of Holly Leaf Extract, the study chose 129 cases. Adopting a random grouping and contrastive method, contrasting with Bezoar Hypotensive Pill, which is effective in curing hypertension in clinical treatment, they made observations of the two medicines.

Conclusion

Through observation of 129 cases of hypertension patients, the overall effective rate of holly leaf extract for clinical symptom treatment is 90%, and for blood pressure index is 96.1%. The medicine is proved to be safe and effective, convenient for administration, and has no adverse reactions. It can be extensively used in clinic. (By comparison, the Bezoar Hypotensive Pill was only 80% effective).

The Function of Blood-Pressure Depression,
Mechanism of Blood-Pressure Depression & Experiment
of Toxicity for Holly Leaf Extract (HLE)

Study Purpose

To observe the effect of Holly Leaf Extract on hypertension (high blood pressure) and to fully understand it's toxicity levels.

Conclusion

The Holly Leaf Extract has an overall effectiveness rate of owering blood pressure of 77.3%, and the toxicity of Holly Leaf Extract is insignificant, making it safe for clinical dosage.

Clinical Observation of 105 Cases of Essential Hypertension Treated with Holly Leaf Extract

Study Purpose

To observe the effect of Holly Leaf Extract on hypertension (high blood pressure).

Conclusion

They applied Holly Leaf Extract to 105 cases of essential hypertension from July to September in 1997. The observation result of clinical curative effect shows that the overall effective rate of lowering blood pressure was 83%, which is higher than those of the 30 cases in the control group treated with Compound Kendyr Hypertension Tablets.



Daikon (Radish) Extract

Observation on Radish Seed's Curative Effect on Treating Hypertension

Study Purpose

To understand the "radish seed's" influence on artery hypertension in rabbits.

Conclusion

The blood pressure decreased significantly and the cholesterol was reduced "dramatically." Radish seed has a "protective action," and is effective in preventing or decreasing "hypertensive heart disease" (high blood pressure), as well as cerebral hemorrhage, coronary heart disease and renal (kidney) damage that can result from prolonged high blood pressure.

The experiment indicates radish seed can decrease blood pressure through enlarging the peripheral blood vessels.



Hawthorn Extract

Promising hypotensive effect of hawthorn extract: a randomized double-blind pilot study of mild, essential hypertension.

Study Purpose

This pilot study was aimed at investigating the hypotensive potential of Hawthorn extract and magnesium dietary supplements individually and in combination, compared with a placebo. (Magnesium is a common ingredient in most natural blood pressure remedies).

Thirty-six mildly hypertensive subjects completed the study. At baseline, blood pressure measurements were taken at rest, after exercise and after a computer 'stress' test. Volunteers were then randomly assigned to a daily supplement for 10 weeks of either: (a) 600 mg Mg, (b) 500 mg hawthorn extract, (c) a combination of (a) and (b), (d) placebo. Measurements were repeated at 5 and 10 weeks of intervention.

Conclusion

There was a decline in both systolic and diastolic blood pressure in all treatment groups, including placebo. However, there was a "promising reduction" in the resting blood pressure at week 10 in the subjects who were assigned to the Hawthorn extract, compared with the other groups. Also, there was a noticeable reduction in anxiety observed in those taking Hawthorn compared to the other groups.





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