

David Roberts:

Welcome to the Weekly Health Commentary. My name is David Roberts and with me is Dr. John Gildea. He is a scientist and the creator of BrocElite, the only stabilized sulforaphane on the market. And also Dr. Martin Katz, a double board certified physician in central Virginia in family medicine and sports medicine. Gentlemen, thanks for joining me today.

Martin Katz:

Thanks for having us, David.

David Roberts:

In our last meeting, we talked about inflammation and sulforaphane and I really wanted to ask you guys this question. BrocElite or sulforaphane versus curcumin, which is better? When your aunt starts talking about curcumin and your grandfather is starting to take curcumin, then you know it's kind of gone mainstream. Everybody's taking curcumin. Curcumin, curcumin, curcumin. I want to know in your opinion, what's the difference? Compare and contrast sulforaphane and curcumin, which do you guys prefer?

John Gildea:

I would say curcumin beats the tar out of all the broccoli sprouts till now.

David Roberts:

All right. What do you mean by that?

Martin Katz:

Well, but not curcumin beats the tar out of.

John Gildea:

Right. Right, that's the distinction. If you just walk into a health food store and ask for a curcumin product, chances are the majority of time that what they're going to hand you is straight curcumin.

Martin Katz:

And sometimes even turmeric.

John Gildea:

Yeah. And turmeric, which is only 3% of that is curcumin. Curcumin is the active of compound in turmeric. It's a strong anti-inflammatory. I guess you have to talk about drawbacks. Big drawback for curcumin is bioavailability. How do you get it into your system if you need curcumin to get to cells other than lining your intestine? But the good part about it is there's a lot of people getting benefit from just straight curcumin so it probably means that their lining of their intestine is inflamed and the curcumin that they're taking is affecting the lining of their intestine. Great, it's good for that. But if you have to get it to a cell that's other than the lining of your intestine, it's going to have a tough time getting there except for some of the more advanced formulations. Sulforaphane doesn't have any problem with bioavailability. It gets into your bloodstream, it gets to your brain, it gets to everywhere. It doesn't have the distribution problem of curcumin.

Martin Katz:

The problem with sulforaphane is stabilizing it.

John Gildea:

Yeah. Getting the actual product so that it can be put into a pill is the big problem. You can make it temporarily but it has short half life and that's why there hasn't been a supplement for it. You have to get it stabilized.

David Roberts:

And so the until now that you started off this dialogue about was that's the other broccoli supplements out there do or don't contain sulforaphane?

John Gildea:

Don't. I think that's a general consensus is that even the ones that say that there's a little bit, that that's not stable. And so what is stable is the precursor, glucoraphanin.

Martin Katz:

Also known as sulforaphane glucosinolate. When you go and look at the supplement list, you'll see sulforaphane there but it has that glucosinolate attached to it, which really is glucoraphanin.

John Gildea:

Right. It's the precursor and you have to actually make it and your intestinal flora has some of the enzyme that's able to convert it but it's very variable between people. Some people may have taken broccoli products out there and done really well. And they're probably people that are able to convert it. Many people, especially sick people, likely don't have as much of the conversion enzyme.

Martin Katz:

Which is interesting. I really like curcumin in my practice. I don't see them mutually exclusive. I often almost always prescribe both and part of the reason for that is if somebody goes to the grocery store and gets a curcumin product, they're getting a curcumin product that's going to be working at the gut level and that is so important because most of us know that 80% of our immune system is sitting around the gut. If they're getting a gut benefit, it's going to be quite helpful. But again, if they're getting a product that's not well absorbed and not many of the products actually have curcumin Meriva or Longvida in it so now you need a whole system product and that's where sulforaphane works so beautifully as a system. John, I don't know if you want to maybe say which one works better, NF-kappaB or Nrf2 or I think they both work well.

John Gildea:

Yeah, it's interesting that if you take out the distribution problem, there's still a little bit of a difference between them. Curcumin if presented to a cell, I think at levels in which you can get that compound to a cell, curcumin would be as stronger NF-kappaB inhibitor, probably at similar dosage but also activates Nrf2, another pathway that's really important. And sulforaphane would be probably the other way around. It's a stronger Nrf2 activator and less strong of NF-kappaB inhibitor. But there again, you have that difference there is the distribution difference.

Martin Katz:

And I'll say clinically in my practice, I've seen that. If somebody goes on curcumin alone and they see if it's a really good product, they see effects quicker than they do with sulforaphane with BrocElite and they're coming back to me and saying, "Hey, I'm seeing this." If they start them together, it's obviously much harder to see. I have to be much more patient with my sulforaphane patients and ask them for patience and they go, "Yeah. Oh my gosh, yes." In a week or two, they are definitely seeing incredible sometimes acutely fairly quickly but a lot of times it's a week or two, if not longer that they're seeing the true effects from sulforaphane. Whereas if they're taking curcumin, they'll see it more acutely because again of that NF-kappaB, Nrf2 differential there.

David Roberts:

Yeah. That's interesting. You guys have been in natural products for a long time. You have recommendations, you've recommended lots of things to lots of people. Curcumin, for the record favorite curcumin, John.

John Gildea:

IV.

David Roberts:

IV curcumin. Okay, or from an oral standpoint.

Martin Katz:

I can't get any better than that.

David Roberts:

Yes. Thank you, John. Do you have one you like to take orally?

John Gildea:

Yeah, I think Longvida I think because it has been proven to get to the brain, I think is my favorite right now.

Martin Katz:

I'm waiting on John's product.

David Roberts:

All right.

Martin Katz:

John, please. Come on.

David Roberts:

Yeah. We're all waiting on bated breath. Do you have one that you recommend to your patients?

Martin Katz:

I would say Longvida or Meriva. But again, I feel pretty good about what's happening at the gut level so I try not to confuse people too much with nomenclature and there's just so much out there that's confusing. I'm pretty psyched if they're going to do both curcumin and sulforaphane, the benefits can be quite additive.

David Roberts:

Yes. John, can you discuss briefly before we wrap it up on the synergistic benefits of taking curcumin and sulforaphane together?

John Gildea:

Yeah, for sure. The drawback that I was describing earlier is could actually be the benefit is you're going to get a much bigger dose of anti-inflammatory in your gut lining with a pure curcumin and then everywhere else, once your inflammation is down the sulforaphane that has an anti-inflammatory that goes everywhere in that pathway, that combination would be really awesome. And then the Nrf2 activation by sulforaphane would be everywhere and you really need your liver specifically to get the detox back pathway's going, that's a big target.

Martin Katz:

Huge, yeah.

John Gildea:

Glutathione in the liver but really in everywhere, the Nrf2 could be beneficial. Those two together are really a great combination.

David Roberts:

Great. Well gentlemen, thank you for joining me today. Thanks for your input and there you have it from the experts, sulforaphane versus curcumin. Have a good day. Thanks guys.

Martin Katz:

Thank you.