

Curcumin that is Absorbable and Curcumin that is Not

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IF YOU FOLLOW ADVERTISEMENTS FROM SUPPLEMENT COMPANIES, YOU MAY HAVE NOTICED THAT IN RECENT YEARS, A NEW TYPE OF ABSORBABLE CURCUMIN HAS BEEN MARKETED AS BEING SUPERIOR TO REGULAR CURCUMIN THAT IS LESS ABSORBABLE. THIS DIFFERENCE DOES NOT MEAN THAT ONE IS NECESSARILY SUPERIOR TO THE OTHER.

Poorly absorbed curcumin

Consider the drugs sulfasalazine and mesalamine. They are both aspirin derivatives designed to be less absorbable, which means they exert their anti-inflammatory in the gut. They are used to treat ulcerative colitis. However, they are also used to treat rheumatoid arthritis, which means that reducing gut inflammation also leads to less systemic inflammation. Similarly to these meds, up until recent years, the standard curcumin supplement exerted most of its anti-inflammatory activity in the gut, which would indirectly lead to peripheral inflammation reduction. Doses of up to 12 g of traditional curcumin per day for three months have been shown to be safe (1).

My view is to use regular curcumin if the goal is to primarily “deflate” the gut. This is especially relevant to about 20% of the adult population, which are mostly females who suffer from irritable bowel syndrome (IBS). Supplementation with standard, less absorbable, turmeric appears to be beneficial for IBS patients (2). These women suffer from gut pain, gut motility issues, and also back pain, widespread pain, and constitutional symptoms such as malaise, fatigue, depression, anxiety, and impaired cognition (3,4).

Highly absorbed curcumin

To reduce peripheral inflammation directly, a more absorbable curcumin is emerging as the best choice. In the last decade, studies have demonstrated improved curcumin absorption when it is associated with a lipophilic or phospholipid matrix, called a liposome or phytosome (5). Meriva is the most studied supplemental curcumin utilizing phytosome technology.

“At a dose of 2 g (corresponding to 400 mg of curcumin), Meriva showed clear analgesic activity, comparable with that of a standard dose (1 g) of acetaminophen,” in patients with osteoarthritis, back pain, headaches, and muscular pain (6). Meriva has been demonstrated to be clinically beneficial for patients with osteoarthritis (7,8), and recommended to consider for the long-term complementary management of osteoarthritis (8). Meriva also has been studied in the context of exercise-induced delayed-onset muscle soreness. Subjects in the curcumin group had MRI evidence of muscle injury in the posterior or medial compartment of both thighs and increases in markers of muscle damage, and inflammation tended to be lower in the curcumin group (9).

While chiropractors mostly primarily treat musculoskeletal conditions, many patients simultaneously suffer from various conditions for which highly absorbable curcumin may be beneficial. For example, Meriva supplementation provided therapeutic value in the management of diabetic microangiopathy and retinopathy (10).

Benign prostatic hypertrophy is a condition that most men get, so it is likely to present in a chiropractic office on a regular basis. When Meriva supplementation was included with the standard medical treatment, there was an additional reduction of signs and symptoms of the disease without causing any significant additional side effect (11). While yet to be studied, it is reasonable to consider using Meriva as a preventive measure.

Anterior uveitis has also been studied. In just a few weeks, Meriva supplementation reduced eye discomfort in more than 80% of 106 subjects. The authors suggest that curcumin may be beneficial for other inflammation-promoted eye conditions, such as dry eye, maculopathy, glaucoma, and diabetic retinopathy (12).

Summary

Each variety of curcumin is beneficial. One exerts most of its anti-inflammatory activity in the gut, while the other is more active systemically. The key is to determine whether reducing inflammation in the gut or peripherally is the needed goal. Since