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9. Select one category, under which your abstract will be reviewed:

1. Acute myocardial ischemia/infarction: general
2. Acute myocardial infarction: clinical aspects
3. Acute myocardial infarction: primary angioplasty
4. Acute myocardial infarction: thrombolysis, reperfusion
5. Angina pectoris: stable angina
6. Angina pectoris: unstable angina
7. Arrhythmias and pacing
8. Atherosclerosis
9. Cardiogenic shock
10. Computer applications
11. Cost containment
12. Diagnosis: general
13. Diagnosis: echocardiography
14. Diagnosis: stress testing
15. Diagnosis: nuclear cardiology, MRI and PET
16. Drug therapy: general
17. Drug therapy: calcium antagonists
18. Drug therapy: beta blockers
19. Drug therapy: nitrates
20. Drug therapy: antiplatelet anticoagulants
21. Drug therapy: multicenter trials
22. ECG: general, Holter, signal averaging
23. Electrophysiology
24. Endothelial function, vascular biology
25. Heart transplantation
26. Interventional: general
27. Interventional: atherectomy
28. Interventional: laser angioplasty
29. Interventional: stents
30. Interventional: restenosis
31. Interventional: acute infarction
32. Intracoronary flow, doppler measurements
33. Intravascular ultrasound
34. Lipids and lipoproteins
35. Mechanical support, assist devices
36. Miscellaneous
37. Molecular biology - myocardium
38. Molecular biology - vasculature
39. Molecular and biochemical aspects of atherosclerosis
40. Myocardial viability, hibernation and stunning
41. Myocardial preservation
42. Neurohormonal aspects
43. Pathophysiology of coronary circulation
44. Practice guidelines
45. Preventive aspects
46. Prognostic aspects
47. Progression of coronary artery disease
48. Risk factors
49. Silent ischemia
50. Sudden death
51. Surgical aspects: general
52. Surgical aspects: surgery for LV dysfunction
53. Surgical aspects: valve surgery
54. Surgical aspects: left ventricular reconstruction
55. Surgical aspects: coronary bypass surgery
56. Thrombolysis and reperfusion
57. Ventricular function: systolic and diastolic

CELL PRESERVING AND ANTIINFLAMMATORY PROPERTY OF ROSE-HIP - (HybenVital) - POSSIBLE CLINICAL IMPLICATION?

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During the last decade there has been increasing focus on antioxidants and antiinflammatory drugs and their possible impact on preserving myocardial cells. For such reason the cell preserving and antiinflammatory properties of dried Rose-hip (Rosa Canina) was tested. The cell preserving property was tested in stored blood in a group of fifteen healthy volunteers. Blood samples were collected before and after five and ten days treatment with 45 g dried powder daily. Blood samples from each volunteer were put into glass bottles. The samples were analysed for sodium and potassium after ten days storage at 4° C followed by 24 hours at 22° C. After ten days of Rose-hip therapy samples were taken and stored as previously described. In a parallel in vitro study we examined chemotaxis of granulocytes in a chamber to which was added increasing amounts of Rose-hip powder. The flux of sodium into the red cells significantly declined during therapy (P<0.01). The leack of potassium out of the red cells although not significantly decreased by approximately 35% when comparing ten days of Rose-hip therapy to pretreatment. The in vitro test of chemotaxis showed a nearly 100% inhibition of granulocyte movement with the concentration of Rose-hip 100 µg/ml.

The present data suggest that in humans Rose-hip may preserve cell membranes and act as an antiinflammatory agent.

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