Overall Effects

Ginkgo biloba supplementation is recommended for enhancement of the cognitive function and memory in adults. According to scientific publications (see key references), Ginkgo biloba could be used to improve cognition for patients with Alzheimer's disease, vascular or mixed dementia. Our unique formulation and tabletting technology ensure effective and sufficient amounts to help enhancing cognitive function and memory in adults.

Research Information

Traditional used in Chinese Medicine: multiple sclerosis, caudation, tinnitus, blood pressure, reducing altitude sickness, improving ocular disorders, and sexual dysfunction.

Clinical benefits: ischemia, epilepsy, peripheral nerve damage, and dementia.

Clinically improves cognitive functioning and activities.

Clinically reduces tinnitus and dizziness (co-morbidity symptoms).

Clinically improves neuropsychiatric symptoms.

Clinically improves cognitive function (Alzheimer’s disease, vascular or mixed dementia).

Clinically stabilizes or slows decline in cognition, function, behaviour and global change (dementia and cognitive function).

Clinical benefits at a dose of 240 mg/day for treatment of dementia and cognitive impairment with neuropsychiatric symptoms.

PAQUID study (20 years of completed follow-up), lower cognitive decline in non-demented elderly population.

Medicinal Ingredients

Each tablet contains:
Ginkgo Biloba Leaf Extract 50:1 (standardized to 24% flavonoid glycosides, 6% terpene lactones)...................................................60mg

Suggested Use:

Adults: Take 1- 2 tablets 2 times a day with a glass of water. For prolonged duration of use, consult a health care practitioner for use beyond 6 weeks.

Key References:


Caution & Warnings:

Keep out of reach of children. Consult a health care practitioner prior to use if you are taking medications for diabetes, high blood pressure, or seizures. If you are pregnant or breastfeeding, consult a health care practitioner prior to use. Do not use if you are taking health products that affect blood coagulation (blood thinners, clotting factor replacements, acetylsalicylic acid, ibuprofen, fish oils, vitamin E) as this may increase the risk of spontaneous bleeding.

GINKGO BILOBA CLINICAL SIGNIFICANCE IN AGE-RELATED COGNITIVE DECLINE

Age-related cognitive decline is one of the main challenges of mental health research. As no curative treatment for dementia presently exists, an alternative would be to find strategies that could contribute to attenuating cognitive decline in the elderly, which could in turn possibly delay the onset of dementia. A large number of interventional or observational studies have looked at the potential benefits of various pharmacological treatments. In particular, drugs controlling vascular factors such as statins but these studies have yielded contrasting results. As the neurodegenerative process is accompanied by exacerbated oxidative stress, anti-oxidant vitamins (such as vitamin E, beta-carotene and multi-vitamin) have also been considered as good candidates but clinical studies are not conclusive.

A meta-analysis has concluded that antioxidant supplements in elders aged over 65 years have no beneficial effects on cognitive decline. Amieva H et al., reported the effect of ginkgo biloba on long-term cognitive decline within the PAQUID study. The PAQUID study is a large population-based study conducted in France, which has 20 years of completed follow-up. In this study, the rate of cognitive decline of elderly people reporting use of ginkgo biloba extract was compared to that of participants reporting use of piracetam, prescribed for memory impairment in subjects without dementia.

The study sample was 3612 non-demented participants aged 65 and over at baseline. The author concluded that cognitive decline in a non-demented elderly population was lower in subjects who reported using ginkgo biloba than in those who did not. The author suggested the effect may be a specific medication effect of Ginkgo extract, since it was not observed for another nootropic medication, piracetam (Amieva H 2013).