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**File: ■ Korean Red Ginseng (*Panax ginseng*, Araliaceae)
■ HIV-1
■ Immune Support**

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RE: Korean Red Ginseng Provides Immune Support to Patients with HIV-1

Cho Y-K, Kim J-E. Effect of Korean red ginseng intake on the survival duration of human immunodeficiency virus type 1 patients. *J Ginseng Res.* April 2017;41(2):222-226.

Human immunodeficiency virus type 1 (HIV-1) is characterized by increased inflammation and a progressive loss of T-cells. Individuals with untreated HIV-1 have an estimated life expectancy of 11 years or less after diagnosis. HIV-1 is often treated via highly active antiretroviral therapy (HAART), but HAART may have unpleasant side effects. The HIV-1 may develop resistance to HAART treatments over time as well. An alternative approach using Korean red ginseng (KRG; *Panax ginseng*, Araliaceae) may provide protection for T-cells, according to the authors.

This long-term study of patients (n=252) with HIV-1 sought to determine if the use of KRG could support and improve immune function prior to treatment with HAART drugs. Building on over 25 years of research, Cho and Kim found that 5.4 g/day of KRG (taken orally as 6 capsules 3x/day, with 300 mg KRG/capsule; Korea Ginseng Corporation [KGC]; Seoul, Korea) decreases the loss of CD4⁺ T-cells and increases overall longevity in patients with positive HIV-1.

Patients included in the retrospective study were sorted into groups based on the date of their original HIV-1 diagnosis as follows: the first group (n=207) were diagnosed between 1986-1992, the second (n=19) in 1993, and the third (n=26) between 1994 and 2013.

For the purpose of this study, patients were categorized by intake of KRG (0 g/month, ≤30 g/month, or >30 g/month) and also by the amount of time that had passed from the last T-cell follow-up after diagnosis to just before starting HAART treatments (<10 years or >10 years).

While initial T-cell baseline counts were equivalent among all patients, those receiving KRG (n=162) showed a significant decrease in T-cell loss (P<0.001) and an increase in survival (P<0.001 in Table 1; P<0.01 in the abstract) over the control group (n=90). Neither the T-cell rate of decrease nor the survival rate differed significantly between the high KRG (>30 g/month) and lower KRG (≤30 g/month) dosages.

This study corroborates the use of KRG for immune support for patients with HIV-1; however, details of the quality of root used were not included. KGC lists 4 grades of ginseng roots on their website (heaven, earth, good, and cut), potentially with differing percentages of constituents. Also, while this study promotes KRG, other studies have found that compared to KRG, Chinese red ginseng possesses comparable percentages of ginsenosides but has a greater percentage of polysaccharides. Further research on active constituents and other types of red ginseng may help in further evaluating this research.

Funding for this study was provided by a grant from The Korean Society of Ginseng (publisher of the *Journal of Ginseng Research*; Seoul, Korea), which was funded by KGC, supplier of the KRG used in the study.

—*Kathleen Bennett, MS*

Referenced article can be accessed at [http://www.ginsengres.com/article/S1226-8453\(16\)30159-2/fulltext](http://www.ginsengres.com/article/S1226-8453(16)30159-2/fulltext).

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