Coenzyme Q Effects the Endurance of the Runner Performance: A Case Report

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COENZYME Q10 EFFECTS ENDURANCE RUNNING PERFORMANCE
Abstract

Manufacturers of Coenzyme Q10 present different reports in marketing Ubiquinol or Ubiquinone. Each one suggests that their product is more favorable for resolving compromised health issues or poor energy metabolism associated with aging. This case study reports the running performance of a 71-year male runner while taking Ubiquinol, or Ubiquinone, each for 90-days, or taking neither supplement following a 14-day washout period. The subject's best performance time on the same course while taking Ubiquinone was 2.28% faster than his time on the same course after a 14-day washout period without supplement dose. The subject's best performance time on the same course while taking Ubiquinol was −1.16% slower than his time on the same course after a 14-day washout period without supplement dose. The results from a single male subject are definitively inconclusive, but call for more research by collecting dose-aided and dose-fasted timed performances from a larger contingent of male and female runners of all ages.

Introduction

Coenzyme Q-10 (Ubiquinol or Ubiquinone) may enhance health quality and improve energy production with benefits for endurance and exercise performance. Supplement forms of CoQ10 are manufactured as Ubiquinol and Ubiquinone. Manufacturers present differing views to consumers for taking Ubiquinol or Ubiquinone:

UBIQUINOL
1. Ubiquinol is more absorbable (delivered by oil suspension) than conventional Ubiquinone in every clinical trial to date.
2. Ubiquinol conversion decreases with age or compromised health.
3. Ubiquinol is the predominant form (over 90%) of CoQ10 in healthy humans.

UBIQUINONE
1. Ubiquinone is absorbed at the same rate as ubiquinol (over-double powdered ubiquinone in capsules).
2. Ubiquinone is stable exposed to air with no oxidation.
3. Ubiquinone is dispersible in water, beverages, or gels.

Ubiquinone is the oxidized form of Coenzyme Q10, while Ubiquinol is the reduced form of CoQ10. Following the absorption of the oral dose, Ubiquinone is enzyme-converted back to Ubiquinol, and, Ubiquinol is enzyme-converted back to Ubiquinone, recycled according to the body's cellular energy demand or to the reduction of oxidative cell damages. Ubiquinone and/or Ubiquinol play an important role in regenerating two internal antioxidants, vitamin E and vitamin C. Within the electron transport chain, the antioxidant ratio of Ubiquinol:Ubiquinone produces ATP for energy metabolism (exercise) upon demand. Some scientists argue that Ubiquinol is best absorbed, while others argue that their proprietary form of Ubiquinone is absorbed as well as Ubiquinol. Since both forms of exogenous Coenzyme Q10 are proposed to raise serum levels higher than the other, the question that case study examined is which form produces the most energy (if any) for endurance and performance? Coenzyme Q-10 is made inside the human body in the form of two alternating endogenous substances, (Ubiquinone ? Ubiquinol); the amounts available may effect energy production and/or health status. Acute deficiency of Coenzyme Q-10 has been associated with fatigue and exercise intolerance, while chronic deficiency has been associated with more serious health issues such as cerebellar ataxia, obesity, cardiovascular heart disease, hypertension, Muscular Dystrophy, HIV, AIDS, Parkinson's, and Periodontal Disease (Dhanasekaran & Ren 2005, Gaby 1999).

With aging, the body makes by the mitochondria cells less Coenzyme Q10 that significantly lowers energy metabolism and compromising health (Lenaz, G., et al.1998). Mitochondria, located inside all living cells, produces Coenzyme Q-10 (Ubiquinone and Ubiquinol) for energy production and healthy cell function. Half of the body's total Coenzyme Q10 originates in mitochondrion where it performs three vital functions (Barbiroli, B., et al 1997; Papucci, L., et al. 2003):

1. Assists enzymes in the mitochondria to convert dietary nutrients into adenosine triphosphate
2. Exerts antioxidant effects against free radicals generated during the energy-producing process
3. Protects the structural integrity of the mitochondrial membrane

**Problem what prevents deficiency?**

Meats from livestock-fish-poultry [3.0-3.5-ounces] that contain the most Coenzyme Q10 are also higher in fat. When consumed in amounts high enough to increase Coenzyme Q10, unwanted unhealthy blood lipids may increase more than what is regarded healthy:

**Not-Healthy (high-fat) Foods CoQ-10 content [3.0-3.5-ounces]:**
- Beef 2.60mg
- Herring 2.30mg
- Chicken 1.40mg

**Healthy (low-fat) Foods CoQ-10 content is small [3.0-3.5-ounces]:**
- Spinach 1.00mg
- Broccoli 0.86mg
- Rice Bran 0.54mg
- Sweet Potato 0.36mg
- Wheat Germ 0.35mg
- Soybeans 0.29mg
- Garlic 0.27mg
- Carrot 0.22mg
- Eggplant 0.21mg

**Methods**

Running performance slows down with age in years, months, and days. Loss of performance deteriorates approximately 0.6-1.0% per year. Because this case study required 180-days taking supplements and 14-days without taking supplements, the World Masters Athletics (WMA) WAVA-Age-grading calculator was selected to fairly compare all 21-timed runs of a 71-year age male subject on a same 15K trail course. The timed performances were age-graded by percentage of the world record 15K road race for precise runner-age in years and days as listed in Table I.

**Results**

Twenty-one (21) timed 15K trail runs recorded in 194-days. The best-timed runs during each dose or no dose period occurred at age 71.20 during the Ubiquinol-dose period, at age 71.47 during the Ubiquinone-dose period, and at age 71.62 immediately following a 14-day no-supplement washout period. The best-timed run was determined according to the percentage of the age-graded world record 15K road race for precise runner-age in years and days as listed in Table I.

**Discussion**

The average Coenzyme Q10 turnover every 4-days in a healthy person is 500 milligrams depending upon endogenous cellular production or exogenous dietary dose (Ernster 1995). A healthy young person (age 20) stores a range estimate of 1400-2000 milligrams inside the cells. Specific foods either supply Coenzyme Q10 or the substances that the cells convert inside for cell stores. In the absence of exogenous sources (Example: 7-day fast), Coenzyme Q10 levels may decrease by -50%. Exercise also decreases circulating Q-10 plasma levels observed in runners immediately following exercise (Bargossi, A. M., et al. 1993). Supplemental Coenzyme Q-10 dose increases plasma levels, reduces muscle cell oxidant damages, and increases energy metabolism rebound for future exercise-demand (Gökbel et al., 2010; Bonetti A, et al., 2000; Cooke M, et al., 2008). Individual needs vary remarkably, from as little as 30 milligrams to as much as 500 milligrams/day, depending upon endogenous synthesis rate and exogenous dietary or supplement donors. Researchers reported endurance of athletes supplementing CoQ10 who have higher muscle concentrations, and lower serum oxidative stress after exercise, resulting in increased exercise time to exhaustion (Cooke M, et al., 2008). When CoQ10
saturates tissues, health and energy metabolism appear to be optimal. Coenzyme Q-10 supplements prevent and resolve deficiencies immediately increase circulating plasma levels without elevating blood lipids (Quinzii et al., 2006). Exogenous Coenzyme Q-10’s half-life ranges between 33-72 hours, with blood serum concentrations peaking between 5-10 hours (6-hours average). Normal serum concentrations are 0.7-1.0 µg/mL. The therapeutic oral dose for maintaining healthy concentrations is 50-150 mg of Coenzyme Q10 per day (2 mg CoQ10 per kg of bodyweight/day). However, when a deficiency occurs, a higher oral dose is required to resolve. Aged individuals (over 70) have low Coenzyme Q-10 stores. Because since aging and exercise create a deficiency state, a daily oral dose of 400 mg CoQ10 daily has been proposed to improve cardiovascular senescent tolerance to aerobic exercise stress (Rosenfeldt et al., 1999). Peak performances recorded from this runner were 90-day training periods to attain peak performance at 15K trail run distance. This case reports a single subject 15K trail-run timed performances based on age-grading standards for 71.20-71.62-years was 2.28% faster while consuming 400 mg/day Ubiquinone than the same daily dose of Ubiquinol. This report begs the question whether a similar Ubiquinone loading protocol would benefit larger populations of other male and female runners of all ages. It must be emphasized that what occurred with this single male runner is a single case report, not a conclusive finding applicable to all populations.

Conclusions

This case report collected 21-timed 15K trail running performances from a fit 71-y male runner over an extended 194-day period, 180-days taking supplemental Ubiquinol or Ubiquinone, and a 14-day washout period taking no supplements. This subject ran +2.28% faster while taking Ubiquinone, than taking no supplements [post-14-day washout]. However, while taking Ubiquinol, this subject ran -1.16% slower than without taking no supplements. To determine whether or not performance is associated with exogenous Ubiquinone or Ubiquinol, more research is required by examining exogenous Ubiquinone and Ubiquinol-dose effects in larger contingents of male and female runners of all age ranges.

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References

11. Gökbel H, Gül I, Belviranlı M, Okudan N. The effects of coenzyme Q10 supplementation on
Illustrations

Illustration 1

Table I. Coenzyme Q10 and Timed Runner's Performances

<table>
<thead>
<tr>
<th>COQ-10 FORM</th>
<th>SUBJECT AGE</th>
<th>WMA %</th>
<th>WAVA AGE-GRADED WORLD RECORD</th>
<th>TIMED RUN USA NATIONAL CHAMPIONSHIP 15K TRAIL COURSE DATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBIQUINOL</td>
<td>71.20 yrs</td>
<td>64.71%</td>
<td></td>
<td>1:28:03 5-4-11</td>
</tr>
<tr>
<td>UBIQUINONE</td>
<td>71.47 yrs</td>
<td>68.15%</td>
<td></td>
<td>1:23:53 8-13-11</td>
</tr>
<tr>
<td>BASE: NO DOSE 14 DAY WASHOUT</td>
<td>71.625 yrs</td>
<td>65.87%</td>
<td></td>
<td>1:26:58 10-8-11</td>
</tr>
</tbody>
</table>
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