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# A New Approach for Depression

An Interview with Dr. Kelly Brogan, MD

Phospholipids And Your Health

## ADHD in Children

Focusing on Simplicity for Positive Change

## Alzheimer's Disease

Reversing Cognitive Decline

AN EMERSON ECOLOGICS PUBLICATION ISSUE #5 2017

Dr. Kelly Brogan, MD

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## LETTER FROM THE DOCTOR ..........



#### **Jaclyn Chasse, ND** VP of Scientific and Regulatory Affairs

In this issue, Dr. Tina's interview with Dr. Kelly Brogan really hit to the core for me. It's so easy to prescribe a drug and "make the pain go away" for a patient. But Dr. Brogan begins with mindset, which is really where all change happens. For me this was a valuable reminder that it isn't our job to take the pain away but to empower patients to own their journey, to find hope while staying true to their beliefs

and to transform before our eves not at our hands.

I also love the reminder about the role of a doctor to serve as a guide, then as a witness. I am one of those clinicians who loves to spend my time reading studies, wrapping my head around mechanism of action and the newest emerging evidence. But without making a foundational mindset shift, we are only giving our patients not teaching them to fish for themselves (if you'll let me use that cliché).

During this season of change, I encourage you to reflect on how you can support your patients (even better than before) to not need your help anymore. This is how we measure success in medicine!

Jelynthank

Jaclyn Chasse, ND

#### FDA STATEMENT

The information provided in this publication is the opinion of the authors based upon the latest evidence available. We hope that this issue provides health care practitioners with useful information to apply in their clinical practices. As with all scientific information on dietary supplements, the statements made within this issue are not reviewed, verified or approved by the FDA.

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## CONTRIBUTORS



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Lisa is a Licensed Dietitian/Nutritionist and Medical Educator for Emerson Ecologics. Herbalist, nutrition counselor, writer and educator, Lisa's passion is teaching others how to integrate botanicals and nutrition supplements into a healthy diet and lifestyle, for optimal health and healing.



Dr. Meredith Murray is a practicing naturopathic doctor and the newest member of the Medical Education team at Emerson Ecologics. She sees patients in New Hampshire, focusing on digestive disorders.



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Dr. Tina Beaudoin is a licensed naturopathic doctor. She enjoys seeing patients in her private practice in Manchester, NH and has been serving as the President of the New Hampshire Association of Naturopathic Doctors since 2012.



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Kelly Brogan, MD is board certified in psychiatry, psychosomatic medicine and integrative holistic medicine, and specializes in a root-cause resolution approach to psychiatric syndromes and symptoms.



#### Alan Gaby, MD

Dr. Alan Gaby is internationally recognized as an expert in nutritional therapies. He is the author of the textbook Nutritional Medicine.

#### FEATURE ARTICLE

# A New Approach for Depression

## An Interview with Dr. Kelly Brogan, MD

Kelly Brogan, MD, is a Manhattan-based holistic women's health psychiatrist, author of the *New York Times* Best Seller *A Mind of Your Own* and co-editor of the landmark textbook, *Integrative Therapies for Depression*. She completed her psychiatric training and fellowship at NYU Medical Center after graduating from Cornell University Medical College, and has a B.S. from MIT in Systems Neuroscience. She is board certified in psychiatry, psychosomatic medicine and integrative holistic medicine and is specialized in a rootcause resolution approach to psychiatric syndromes and symptoms. She is a certified KRI Kundalini Yoga teacher and a mother of two.

Dr. Beaudoin: How did you start on the path of integrative medicine?

Dr. Brogan: I went to medical school to become a psychiatrist and have always been interested in women's health and became one of the first 300 reproductive psychiatrists in the country, which meant medicating pregnant and breastfeeding women. It was my own health experience that tilled the fertile soil for my radical transformation. I was diagnosed with Hashimoto thyroiditis after my first pregnancy. Very uncharacteristically, I pursued treatment with a naturopathic doctor for the first time in my life. Through lifestyle medicine, I put my autoimmune condition into total remission and my career took a left-hand turn that has persisted for the last 10 years.

Dr. Beaudoin: What do you view as one of your primary roles as a clinician?

Dr. Kelly Brogan, MD

Dr. Brogan: I'm holding a safe space for women to move through their deepest challenges and confront some of their most deeply felt existential fears. And that is really what illness has come to mean for me. It's a portal for you to work with and move through a lot of the ways in which perhaps women are uninitiated into themselves, before being delivered a diagnosis or before confronting the limitations of your lifestyle; whether relationship, job or before developing a consciousness of what a gift this human organism is.

Dr. Beaudoin: How do you frame or view mental illness?

Dr. Brogan: There is a lot of pushback as my position on this is a very controversial concept. People feel very indicted in some ways by the notion that the disabling experiences of mental illness could ever be re-packaged as something valuable. We've only ever been taught that suffering and pain and symptoms are bad, that discomfort is bad and needs to be eradicated. Mastery and dominance over our bodies and life experiences has not led us to a place of vitality and freedom. We are now struggling in ways that are very complex and we are sicker than we have ever been in history. People are flocking to integrative practitioners because something is not working.

Looking at your illness as an invitation or opportunity, it puts you back in control over your own destiny rather than leaving you a dependent victim of your own bodily experiences, of your genes, back luck, etc. Anyone who has recovered from a chronic illness and has put it into total remission would never go back and say; "Oh I wish that didn't happen." It was essential for that to happen for them to become a more authentic version of themselves. Anyone on the other side of a healing process knows that they needed that to happen.

All indigenous and world cultures understand that initiation is a part of growing up and if we continue to run from this then we will remain infantilized adults who have no in-built capacity to meet challenges and who experience life as this scary, dangerous place until they die. That's not acceptable and not a goal I want to support.

Psychiatric medications are a means to say that what you are feeling is scary and wrong and needs to stop. Informed consent is about informing patients, up front, about all that science has to say so they can chose what they believe. All of the research around the placebo effect substantiates the notion that our medical outcomes in allopathic medicine ride the placebo effect more consistently than they do a validated mechanism. So our belief in what we are doing is more relevant than actually what we are doing. You have to identify your belief system before you can know what type of medicine is right for you. How can you connect with a belief system if you don't know it exists? A big part of my activism is video interviews with patients who have completely shed their severe chronic psychiatric illness so that others know



A meta-analysis in *JAMA* found that antidepressant medication benefits may be minimal or nonexistent compared to placebo.<sup>1</sup>

that it is possible. Sometimes knowing it is possible can ignite the process of transformation.

Dr. Beaudoin: What do you do in your initial first office visit?

Dr. Brogan: My initial visit is three hours long. During the first two hours we explore their longitudinal narrative. I want to understand the meaning of the presenting illness to the patient. What does it mean that they are having these symptoms and that they are coming in at this point in their trajectory? We start with the in utero experience and march along from there. We explore how they think about health and suffering and symptoms and how much fear are they bringing to the table. Most of my patients have done a lot of work on this already and are not blocked by fear and have a high level of commitment to self-care. I try to assess for what elements of their life experience might be holding them back. Almost always it relates to diet, inadequate relaxation response, toxicant exposures and often also relates to their marital relationships, career, home, etc. These are some of the trappings that are keeping them in a small version of their life. When I'm bold enough, I ask, "What needs to die in your life for you to be reborn?"

Dr. Beaudoin: What labs do you do order?

Dr. Brogan: It's become much more simplistic over the years. I do almost no functional medicine testing now. I spent many, many years doing lots of functional testing (salivary testing, stool analysis, organic acid testing, etc.) and at this point I focus so much on belief level and totally patient-driven self-care. I don't find much of a need for lab work. I am interested in autoimmunity and thyroiditis in chronic psychiatric illnesses, so I will always screen for that.

#### Standard order:

- CBC, Chemistry Panel, ANA
- TSH , Free T3, Free T4, Reverse T3 (especially if on T4 medication) & antibodies

#### Occasionally order:

• CRP, homocysteine & serum B12

For the most part, the labs don't change my initial template because I don't want too much of a situation of where the healing

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"It's a very personalized journey and highly individualized and it is important to frame this process as not something just to get through, but as a shift in consciousness that needs to undergird the physiological adaption to life without meds."

approach is contingent upon my expertise as a provider. I want to set up the ground conditions for them to take control of this process. My online program, *Vital Mind Reset*, is a replica of what I do in clinical practice and the outcomes we get from that program are actually more robust than what I get from my own practice. I'm publishing three case reports that I believe have never been replicated in medical history that are so dramatic and only one of them are from my practice. A big part of that online program is community-based online healing. It is a very active community. There is a deeply empowering and healing element to the groups. We need to resolve this separation that we are suffering from and these communities are a compelling part of rapid and radical healing.

Dr. Beaudoin: Can you tell us more about the coffee enemas you prescribe?

**Dr. Brogan:** I'm passionate about coffees enemas, which I learned about from my mentor Dr. Nicholas Gonzalez. Many patients ask, "Where can I go to get these done?" I reply, "You do this for you as part of your self-care." They are so effective because they up-regulate phase I and II detox in the liver. There are papers from the 1960s in the *New England Journal of Medicine* talking about coffee enemas resolving acute onset psychosis and catatonia in the ICU setting. Coffee enemas have the ability to quickly clean things out.

Dr. Beaudoin: What has been your experience with pharmaceutical interventions for mental health?

**Dr. Brogan:** I read an *Anatomy of an Epidemic* by Robert Whitaker right around the time when I was healing from Hashimoto's and this book totally changed the course of my life and career. It essentially makes an unimpeachable argument that the very medications we are using to treat mental illnesses are actually perpetuating the recidivism and chronicity of those illnesses. It is a controversial claim, but Mr. Whitaker backs it up with non-funded research. It was a big part of why I put my prescription pad down and when I did, I offered all my patients (many of whom who I had put on medications) the opportunity to come off. And that is how I learned about the fact that psychiatric medications are the most habit-forming chemicals on the planet. Others pale in comparison when we are looking at the basics, even just even the neurological profile of the withdrawal phenomenon.

Dr. Beaudoin: What is your approach for patients who are already on pharmacological treatment for depression when their goal is to discontinue medication? What is your tapering schedule?

Dr. Brogan: I'm so glad you asked this question. I learned firsthand that even a relatively slow taper at 25% can be disabling to a person.And if you don't know what you're doing, you'll say; "Oh my, you are relapsing, you better stay on this medication, you need it." When you have more experience and you know the literature that supports this allegation (as mentioned in previous question), then you know this is a complex withdrawal phenomenon and that it can manifest in all manner of strange ways from gastrointestinal bleeding to strange neurologic symptoms to even gait-based phenomenon to flares of autoimmune conditions. And of course it can lead to many different psychiatric symptoms ranging from impulsivity (including homicide and suicide), self-injury, panic attacks and dysautonomia.

Now, I do not touch a medication dosage until my patients have completed my program, Vital Mind Reset, with no exceptions. It is very basic one-month commitment to a nutrition program, daily meditation and coffee enemas. Self-care is a devotional aspect of the entire process.

There is no cheating; with no exceptions and then and only then will we began a taper. Normally, I start with a 10-15% taper test dose decrease where I see how they do for about two weeks. Often there will be some declaration that that is too aggressive or that it is just fine. For example, if they are on 100 mg Zoloft, we will reduce by 12.5 mg. We might proceed at that very same dose decrease and if it goes well, we will do those taper decreases at month intervals. If the 12.5 mg taper wasn't manageable, then we reduce to 6.25 mg taper and if that is not manageable, then we are looking in the compounding realm. It is not frequent that we need this slow of a taper, but it does happen that I need to go down to a 1% taper per month because it is so medically destabilizing.

It's a very personalized journey and highly individualized and it is important to frame this process as not something just to get through, but as a shift in consciousness that needs to undergird the physiological adaption to life without meds. There was a mindset that brought you to meds and you need to be initiated to a mindset of faith and trust that needs to emerge on the other side because otherwise what has changed in your consciousness.

My goal is resolve all of the root causes that led to medication in the first place. Whether that is a B12 deficiency, hypothyroid, toxicant exposure, etc., and to resolve that on the physiologic level and to work on the mindset shift that is necessary to move forward. We create the space for the spiritual awakening that, in my experience, 100% of the time comes with this process.

Dr. Beaudoin: What type of supplements do you use to support your patients?

**Dr. Brogan:** I don't ever start with supplements as we always start with the month-long self-care regimen as described above first. After the first month, I use supplements for taper support, which generally includes combination formulas (amino acid & B vitamins) to support serotonin, dopamine or more generally neurological health or a plain amino acids supplement. I often recommend N-acetyl cysteine\NAC and also occasionally SAMe, but rarely. I use a base of amino acid support as well as fatty acid support. I also use phosphatidylcholine, evening primrose oil and cod liver oil or fish oil (with the full spectrum of fatty acids as my patients are eating a fair amount of saturated fats). Dr. Gonzalez also taught me about digestive enzymes and glandulars (adrenal, thyroid, hypothalamus, pancreas and liver). I often don't start with a probiotic as my patients are eating a bunch of fermented foods; rather, I view probiotics as a strategic intervention in my

In the *Women's Health Study*, antidepressant use lead to a 32% increase risk of all-cause mortality with a 45% increase risk for stroke in postmenopausal women.<sup>2</sup> taper support approach. For calming agents, I might consider an oral lavender extract, L-theanine or GABA and sometimes adaptogens, like rhodiola, ashwagandha or holy basil as needed.

Dr. Beaudoin: What type of dietary modifications do you prescribe?

Dr. Brogan: The basic protocol is a Paleo-style template with pastured animal foods, eggs, natural fats (olive oil, coconut oil and ghee), nuts and seeds, all vegetables and fruits as well as honey and maple syrup. During the first month, we do eliminate resistant starches (white potatoes and white rice), all grains, dairy, sugar, coffee and alcohol and processed foods. We do reintroduce white rice and white potatoes because I believe these foods are beneficial and most of my female patients don't do well on a low-carb diet. There is personal tailoring and the signal becomes clearer to the patient at the end of the first month. These dietary recommendations were first anointed by my mentor, Dr. Nicholas Gonzalez, based on different metabolic types and the way that foods compliment the autonomic nervous system dominance in patients. We are just publishing a book by Dr. Gonzalez posthumously that we found on his computer called Nutrition and the Autonomic Nervous System. It's an incredible gift.

Dr. Beaudoin: You mentioned toxicant influences as a factor to consider. Do you include aspects of environmental medicine into your practice and program?

**Dr. Brogan**: Yes, I ask my patients to engage in conscious consumerism. We look at all products they purchase. I feel especially passionate about water filtration because finding that I'd been falsely informed that NYC has the best water on the planet when in fact it has 600 disinfectant byproducts, chloride, fluoride and glyphosate. It is such a powerful move to start filtering water properly. I'm very concerned about what we are doing to this planet. Also, on a psycho-spiritual level, what we do to this planet, we do to ourselves. When you're thinking about how to clean up this body, you're also thinking about how to clean up this planet. An intentionality that is necessary to find our way out of this.

#### Afterword

I went into the interview anticipating hearing about things like hormones, neurotransmitters, inflammation, gut-brain connection, toxicant exposures, the microbiome, histamine imbalances, etc., and instead of taking my left brain down this road, Dr. Kelly Brogan knocked on the door of my soul and shared her unique approach. An approach that encourages and empowers patients to learn and grow from their suffering, to reach into themselves for something more, to care deeply for themselves, in a way that brings them toward a physical and spiritual awakening and transformation. Thank you, Dr. Brogan.

<sup>1.</sup> Fournier et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. JAMA. 2010 Jan 6;303(1):47-53.

Smoller JW et al. Antidepressant use and risk of incident cardiovascular morbidity and mortality among postmenopausal women in the Women's Health Initiative study. Arch Intern Med. 2009 Dec 14;169(22):2128-39.

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increased blood flow to the brain for



of EPA/DHA for a child of 50-75 lbs. In 2012, the Cochrane Review published a review of polyunsaturated

fatty acids (PUFAs) for ADHD and while there was not strong evidence of efficacy, some studies showed an improvement with combined omega-3 and omega-6 supplementation.<sup>3</sup>

The most current review on the subject demonstrated that PUFAs had mixed results, but more consistent benefit was observed with administration of zinc, magnesium and iron in lowering symptoms in children with or at high risk of deficiencies in these minerals, suggesting that mineral deficiency may play at least a partial role in the etiology of ADHD in children.<sup>4</sup> Mixed evidence

## **ADHD** in Children Focusing on Simplicity for Positive Change

#### By Jaclyn Chasse, ND

Does this scene sound familiar? A child sitting in their chair, maybe fidgeting or playing with a toy, iPhone or device, when their parent shares with you (under hushed voices) the challenges that have been going on with their child and your patient. From the trouble focusing in school and their behavior to the frustration felt by all, including the child, because they aren't achieving the goals they hoped to when they started medication or counseling.

They've tried everything traditionally recommended: Adderall, Stratera, Concerta, Ritalin and others. And so they are here ... looking for your help today.

Unfortunately, this is a familiar scene. The US Centers for Disease Control reports that in 2011, the percentage of children with an ADHD diagnosis increased to 11.0%, with some states, like Kentucky, posting diagnosis rates of nearly 19%-one in five children!<sup>1</sup>

#### So, What Can We Do?

First, make sure that you are getting a good history and comparing a child's behavior to how children should behave, not to how adults should behave. There is likely an element of over-diagnosis contributing to this rising statistic. Setting expectations of what can be expected of children is important as well as coaching parents to help them with the skills needed to get the best out of children.

Second, look around at the child's environment. The data is fascinating about the role of environmental toxins on children's neuronal development and this starts in utero. What is in this child's environment that may be harming their brain function, and what things can be easily changed? Preservatives, pesticides and additives in food may be contributors to changed behavior.<sup>2</sup> Get the family eating closer to the earth with a focus on whole, unprocessed, organic food!



Lastly, consider what therapeutics can be helpful and start with behaviors before ANY pills (pharmaceutical or natural).

Does the child get enough fresh air and exercise? Consider a prescription of an exercise regime that also offers the chance to enhance the ability to focus, such as martial arts or kids yoga. Meditation,

neurofeedback and other mind-body modalities have shown promise. Consider what daily routines could help a child stay on track.

#### **Regarding Therapeutics**

Think first about what nutrients will help with healthy brain growth and development Also, consider nutrients that will help support



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also exists for carnitine, pycnogenol, SAM-e, tryptophan and Gingko biloba with ginseng. To date, there is no evidence to support the use of St. John's wort, tyrosine or phenynalanine in the treatment of ADHD symptoms in children.

In addition to the evidence-based suggestions above, nutrients known to support healthy cognition include ingredients like L-theanine and GABA (to promote a calm mind) as well as herbs like gotu kola and rhodiola. In addition to the nutrients in a multivitamin, extra B vitamins may also support a healthy, focused mind in kids and can be dosed in an easy-to-use lozenge.

1. https://www.cdc.gov/ncbddd/adhd/data.html

5. Rucklidge JJ, Johnstone J, and Kaplan BJ. Nutrient Supplementation approaches in the treatment of ADHD Expert Rev Neurother 2009 April 9(4):461-76

<sup>2.</sup> Polanska K, Jurewicz J, HankeW. Exposure to environmental and lifestyle factors and attention-deficit/ hyperactivity disorder in children- a review of epidemiological studies. Int J Occup Med Environ Health. 2012 Sen 25(4) 330-55

<sup>3.</sup> Gilles D et al. Polyunsaturated fatty acids (PUFA) for attention deficit hyperactivity hisorder (ADHD) in children and adolescents. Cochrane Database Syst Rev. 2012 Jul 11;(7).

<sup>4.</sup> Lange KW, Hauser J, et al. The Role of Nutritional Supplements in the Treatment of ADHD: What the Evidence Says. Curr Psychiatry Rep. 2017 Feb;19(2):8.

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Dr. Michael Steelman, a weight loss specialist, sees this frequently in his practice. "Patients whose daily diets have undergone drastic change may respond by becoming constipated," he says. "When this happens, some patients dose themselves with over-the-counter laxatives or colon cleansers. Others put off doing anything until their systems are teeming with wastes and toxins. Neither strategy is healthy."

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"The longer wastes remain in your system," Dr, Steelman explains, "the more opportunity there is for toxins to escape into your bloodstream, making you feel lethargic, dull, and out of sorts. But regular laxative use is not the best solution for constipation. The risk of dependency aside, some laxatives are very hard on the system. And fiber supplements can cause uncomfortable bulk and bloating."

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Dr. Michael Steelman

**Bariatric Specialist** Steelman Clinic

Oklahoma City, OK

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something that "just happens," when your colon isn't doing



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HOT TOPICS

## Reversing Cognitive Decline in Alzheimer's

By Tina Beaudoin, ND

If you didn't get a chance to attend this year's annual Institute for Functional Medicine/IFM Conference, you missed hearing about the exciting research and positive clinical outcomes being achieved in the field of Alzheimer's and cognitive decline. Integrative clinicians specializing in this field are reversing cognitive decline in early and moderate Alzheimer's disease by identifying and addressing the underlying physiological imbalances. For many decades, neuronal damage was believed to be irreparable. Dr. Peter Eriksson published the first study that "demonstrated that cell genesis occurs in the human brains and that the human brain retains the potential for selfrenewal throughout life.<sup>1</sup>" Research has expanded since this landmark study and integrative clinicians are working diligently to understand the multitude of factors that contribute to Alzheimer's and most importantly, how to repair the damage.

In searching for solutions, the neurotrophic factor Brain Derived Nerve Growth Factor/BDNF is one of the key proteins in brain plasticity and offers many insights in brain health and cognitive decline. BDNF enhances neurogenesis, neuronal differentiation and synaptogenesis, modulates appetite, enhances telomerase activity, supports development and maintenance of CNS function, enhances long-term potentiation in the hippocampus and inhibits injury related apoptosis. Lower gene expression of BDNF is found in patients with Alzheimer's, Parkinson's, depression and obsessive-compulsive disorder.<sup>2</sup>



There is a wide array of foundational integrative principles that have been found to up-regulate BDNF expression. Physical exercise and increasing caloric expenditure exhibits powerful epigenetic effects on upregulating BDNF expression. The Cardiovascular Health Study found that "higher energy output, from a variety of physical activity types, was associated with larger grey matter volumes in frontal, temporal and parietal lobes, as well as hippocampus, thalamus and basal ganglia. High levels of caloric expenditure moderated neurodegeneration-associated volume loss in the precuneus, posterior cingulate and cerebellar vermis.<sup>3</sup>" Regular physical activity (aerobic, resistance training, walking, etc.) not only leads to a 50% risk reduction of AD, it also benefits those patients with AD who benefitted with increased grey matter volume. Statistics can be a powerful motivator to get your sedentary patients to embrace a regular exercise routine.

It is not surprising with the decades of research on the gut-brain connection that a healthy GI tract is vitally important in brain health. Chronic intestinal inflammation alters hippocampal neurogenesis (impacting learning, memory and mood) and leads to significant behavioral changes, including cognitive

#### Type 1 Inflammatory ("Hot")

- Increase in hsCRP and/or other inflammatory markers (II-6, IL-8, TNFa, etc.)
- Reduction in albumin/globulin ratio
- Increase in M1/M2 macrophage ratio with reduction in MFI
- ApoE4 important risk factor
- Typically amnestic presentation
- Hippocampal atrophy is common
- Identify and address cause/s of inflammation such as leaky gut, AGEs, diet and poor oral hygiene
- Optimizing support may be complicated by receptor response, HRT controversy, trophic factor delivery (intranasal vs. peptides vs. indirect, etc.)

depR mismatch

• ApoE4 is a risk factor

Type 2

deny problem

BDNF)

## **3** Major **Subtypes of** Alzheimer's Disease Categorized by Dr. Dale Bredesen, MD

impairment and depression.<sup>4</sup> Zhang et al found significantly elevated levels of endotoxin LPS/lipopolysaccharides in patients with AD.<sup>5</sup> Healing the digestive tract is essential in almost all chronic conditions and especially important in patients with Alzheimer's and cognitive impairment. Research in animal models has also shown that prebiotics (with FOS) and probiotics positively impact expression of hippocampal BDNF after just five weeks.<sup>6</sup> In patients with AD, Akbari et al found that 12 weeks supplementation with probiotics showed a significant improvement in the MMSE score (P <0.001) and several metabolic markers (hsCRP, insulin resistance, beta cell function and serum trialycerides).7

Dr. Dale Bredesen, MD of the Easton Laboratories for Neurodegenerative Disease Research, UCLA and the Founding President of the Buck Institute is spearheading amazing research and clinical outcomes in AD. He has categorized AD into three major subtypes (and also combinations of these three subtypes) and notes that most patients do not fit into just one subtype but rather may have contributing factors from multiple subtypes. Leading integrative experts in the field postulate that Alzheimer's disease is actually a protective

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response to three types of major insults: inflammation, trophic withdrawal or toxin exposure. Inflammation could result from NFkB activation, from infectious agents or sterile triggers, such as AGE-modified proteins. Trophic withdrawal could be secondary to decreases in nerve growth factor, human growth factor, insulin sensitivity, estradiol, testosterone, vitamin D and so forth. In terms of toxic exposure, the list is expansive and heavy metals and biotoxins are common culprits. Dr. Bredesen reports that most symptomatic individuals have at least 10-25 contributing factors. Dr. Bredesen stressed that clinicians must investigate what is triggering the brain to produce "protective" amyloid plaques and must not attempt to reduce the amyloid until they identify and remove the cause(s).

#### Three Major Subtypes of AD



Reframing of our understanding of AD and gaining a macroscopic view of potential contributing factors is essential to achieving clinical successes with patients. This very brief look into the changing field of AD only modestly touches on the amazing breakthroughs taking place. The therapeutics are diverse and include specialized light therapies, sound therapies, nutrition, targeted exercises to influence specific regions of the brain, supplements, graduated mental exercise programs, genetic support and so forth. If you'd like to further explore specializing in this field, I highly recommend purchasing the recordings of the 2017 IFM Annual Conference and attending their Reversing Cognitive Decline Advanced Clinical Training Module and register for Dr. Bredesen's intensive training programs. With the growing incidence of AD and neurodegenerative disease, the demand for integrative clinicians specializing in this field will only continue to soar.

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## **EVERYDAY** PRACTICE

## Improving Sleep for Healthier Patients

#### By Meredith Murray, ND

In today's society where "being connected" and always "doing" is encouraged, getting inadequate sleep can sometimes be worn as a badge of honor. One-third of Americans report getting an insufficient amount of sleep.<sup>1</sup> When I started to prioritize sleep in my own life, I was surprised at how other aspects of my life drastically improved—physically, mentally and emotionally. When I shifted my clinical practice to really focusing on sleep as a crucial and non-negotiable first step that needs to be improved for my patients, I saw similar outcomes for them. After implementing simple interventions to improve sleep, issues previously difficult to treat seemed to lessen or resolve.

Although it is known that sleep is as necessary as food, water and oxygen, the intricacies behind it are still mostly unknown. Sleep can be broken down into two systems: sleep-wake homeostasis and the circadian rhythm (or cycle). Sleep-wake homeostasis is the accumulation of sleep-inducing substances in the brain which alert the body that sleep is necessary after a period of time since the last period of sufficient sleep.<sup>2</sup> The body's circadian cycle is governed by the circadian clock, which is regulated by the suprachiasmatic nucleus in the hypothalamus and reacts to the body's exposure to light and dark. While one is sleeping, there are different cycles and stages: REM and Non-REM (NREM). NREM sleep makes up a majority of the portion of times sleeping and is mainly parasympathetic activity resulting in lowered heart rate, blood pressure, temperature, etc. REM sleep is often thought of as the "dream period"; however, a study released in 2017 showed that dreams can occur in NREM sleep as well.<sup>3</sup> An author of a study that came out of University of Rochester in 2013 likened sleeping to a dishwasher cycle for the brain where it cleans itself of toxic metabolic byproducts.<sup>4</sup> That alone should be a reason to encourage your patients to obtain the best sleep possible.

In daily practice, many of us face patients dealing with chronic diseases. The connection between chronic diseases and sleep health is astounding. The associated health consequences of sleep deprivation include: hypertension, obesity, type 2 diabetes, depression and anxiety. It is now known that lack of adequate sleep is a risk factor for Type 2 diabetes, with length of sleep acting as a predictor of HbA1c. Sleep apnea, a common



but often poorly diagnosed condition, has been associated with increased risk of cardiovascular disease. To screen for sleep apnea, it is important to ask patients about snoring and refer them to a sleep study if they have multiple risk factors. Obesity has been linked to sleep apnea as well as short sleep duration.

The other health consequence of sleep deprivation that needs to be discussed more regularly is drowsy driving. The effect of driving after 18 hours of wakefulness is equivalent to a blood alcohol content (BAC) of 0.05% and after 24 hours: a 0.10% BAC (0.08% is considered legally drunk<sup>5</sup>).

Sleep deprivation can also affect a person on a genetic level. Gene expression is altered with insufficient sleep and influences inflammation, brain function and neural plasticity. It also changes gene transcription responsible for regulating the circadian rhythm thus compounding the effects of sleep deprivation.<sup>6,7</sup>

Sleep is something our body should do naturally, yet 50-70 million Americans suffer from some form of sleep disorder, resulting in the pharmaceutical industry for sleep aids being a multi-billion dollar industry.<sup>8</sup> The use of sleep aids is 1 in 8 adults with reported 'trouble sleeping' and 1 in 6 with a diagnosed sleep disorder.<sup>9</sup> These medications, such as the popular Ambien, are not without serious side effects. There are very effective and simple ways you can work with patients every day to improve their sleep and avoid taking these medications (or help them resolve the need for them).

#### Discuss Sleep Hygiene

At this point in time, it's safe to say that a majority of the people seen in clinical practice are looking at some sort of screen the majority of the day. They are also likely working long hours and neglecting sleep in order to take care of other life responsibilities.

It is so incredibly important to discuss sleep hygiene patterns with patients. Most people will agree these are things they should do, but it is the responsibility of the practitioner to encourage these as if they were a prescription. These habits can positively affect the sleep-wake cycle and return patients to a normalized sleep pattern, resulting in adequate amounts of sleep. It is also important to counsel patients and their families on regularly reaching the recommend amount of sleep for optimal health (see table on page 24).

#### Nutrients and Herbs to Support Sleep

While trying to implement these sleep hygiene habits, herbs, nutrients and nutritional supplements can offer support. Below are a few of the most common and popular ingredients in sleep products. They are often combined to work synergistically.

## Positive Habits for Healthy Sleep



Go to bed and wake up at the same time each day

Have a relaxing nighttime routine that does not involve screens



Do not eat or drink within 2 hours of going to bed

Stop screens (phones, laptops, television) for 1-2 hours before bed



Keep bed for sleeping and sex only. Encourage patients to leave their bedroom if having delayed sleep latency

Try to avoid alcohol or smoking or using stimulants in the evening





Get regular exercise and have regular exposure to natural light

continued on page 24

"An author of a study that came out of University of Rochester in 2013 likened sleeping to a dishwasher cycle for the brain where it cleans itself of toxic metabolic byproducts.<sup>4</sup> That alone should be a reason to encourage your patients to obtain the best sleep possible."

#### NEUROTRANSMITTERS & HORMONES

#### Melatonin

This is one of the most widely used natural sleep aids. Melatonin is a hormone of the serotonin cascade and naturally increases during nighttime/darkness

when it is secreted by the pineal gland. Supplemental melatonin for sleep is non-addictive, has a short half-life and helps people fall asleep. It is beneficial because it does not have a negative feedback to the natural production of endogenous melatonin. It is recommended to start with a small dose similar to what is naturally produced, 1-3 mg, and dose this 30-60 minutes before bed.<sup>10</sup>

#### Tryptophan (and 5-HTP)

Tryptophan has shown to help improve sleepiness and decrease wakefulness. It has also been demonstrated that acute tryptophan depletion inhibits REM and prolonged REM sleep. Supplementing with tryptophan can modify serotonin levels, with serotonin being a precursor to melatonin.<sup>11</sup> The average dose of tryptophan is 500 mg. Similarly, 5-HTP is used because it is the derivative of tryptophan and the direct precursor to serotonin and subsequently melatonin. 5-HTP is generally dose at 50-100 mg.

#### L-theanine

This is a naturally occurring amino acid and has been shown to counteract the effects of caffeine, reduce stress response and promote relaxation at a dose of 250 mg. $^{12}$ 



HERBS

#### Magnolia

Traditionally used to treat anxiety and depression, it affects the GABAA receptors. The compounds honokiol and magnolol have both been used successfully for insomnia. Honokiol can shorten sleep latency to NREM sleep. Magnolol can also have similar effects and has shown to increase the number of REM and NREM sleep cycles.  $^{\rm 13}$ 

#### Valerian

This is a very familiar herb used as a sedative and relaxant. It also binds to GABAA receptors and has a similar mechanism to benzodiazepines, though weaker. The volatile oils can also inhibit degradation of GABA. It is indicated for nervous excitement to improve quality of sleep and also has been shown to be successful in women with menopausal insomnia.<sup>14</sup> It can be used throughout the day for anxiety as well as in a higher dose (300-500 mg dried root capsules) before bed. This may make people groggy upon waking, so use caution.

#### Passionflower

A wonderful gentle herb for sleep issues, though best used as a synergist. It is another herb that binds to GABAA receptors. It is indicated for people feeling overwhelmed with responsibilities that are affecting their ability to sleep. It also has an antispasmodic effect, which can be helpful for people who have

#### Recommended amount of sleep per age group<sup>15</sup>

Age Group	Sleep (Hours)
4-12 Months	12-16
1-2 Years	11-14
3-5 Years	10-13
6-12 Years	9-12
13-18 Years	8-10
18+ Years	7+

muscle spasm as a result of anxiety. Dose of 200-500 mg; crude herb extract nightly.

#### ADAPTOGEN/STRESS SUPPORT



Utilizing herbs that are commonly known as adaptogens (such as Ashwagandha, Reishi and cordyceps) can be beneficial for addressing the HPA-Axis and subsequently sleep.

Overall, in addition to considering someone's diet, activity level and mental health, one should also always focus on ways

to improve sleep. Sleep, often overlooked, is one of the pillars of health and well-being.

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## PRACTICE SUCCESS



An Interview with Dr. Kristen O'Dell, ND

Some practitioners may still be unclear about the value of having an online dispensary like wellevate<sup>sm</sup>. So we asked one of our top wellevate<sup>sm</sup> customers, Dr. Kristen O'Dell, if she would be willing to share her experience with wellevate<sup>sm</sup> and talk about benefits and insights she has gained in using our online dispensary. Dr. O'Dell is a Naturopathic Doctor running a busy private practice in Bedford, New Hampshire, One of our Medical Educators, Lisa Murray, RDN, LD sat down with Dr. O'Dell for an interview.

L. Murray: Dr. O'Dell, has using an online dispensary helped your practice?

Dr. O'Dell: Yes it has. I have both in office and online dispensaries and find there are different benefits for the patient. I think having product on site is very important so that people leave the office visit with the right products in hand and can begin using them and seeing the health benefits right away. But when people run out of product, do they stay with that treatment plan and do they maintain, or do they fall off because they don't take time to come into the office for product? Having a dispensary available online has been very helpful in the sense that they can purchase for themselves whenever necessary.

The fact that they can order their products whenever they need or want them, when it's convenient for them, be it any time of the day or night, and have it shipped directly to their home, is much different than having to call me. When they call me I have to order it, wait for the shipment, let them know it's here and then they have to come pick it up when I am open.

With wellevate<sup>sm</sup>, they have control and they don't have to wait for me. Also, it's helpful when I'm on vacation. I close the office for holiday breaks and with wellevate<sup>sm</sup>, there is no lapse in coverage. People can still order and get their products guickly and that's really important.

L. Murray: Do you have a customized dispensary or do you leave it open?

Dr. O'Dell: I leave it open because I always like people to self-advocate, to explore what's available that they might be interested in. If we are just focusing on one or two health issues and we haven't had time to talk about sunscreen, skin care or functional foods, they can explore on their own and try some things that we can talk about at our next visit. As a practitioner, it is impossible to cover everything in a single visit. wellevate<sup>sm</sup>

gives people exposure, a cross section, products they might find interesting-plus it encourages questions.

I like being able to see what my patients order, too. I look at my patients' order histories frequently to see if someone is ordering something that might not be helpful for them or if someone I haven't seen in a while is re-ordering because it's another point of contact. I can send an email that says, "Hi Lisa, I see you've ordered your adrenal support again. I haven't seen you in a year, is everything going ok?" Or, if someone orders something that might not be the right thing, I can call or email them and say, "I see you ordered this product that might not work well with your current treatment plan right now" or something along those lines. It keeps me in contact with my patients, knowing what they are doing and what's going on.

L. Murray: What feedback have you received from patients who use wellevate<sup>sm</sup>?

Dr. O'Dell: It's much more convenient for them and has made things easier. For example, when patients go on vacation

## *c*emersonwellevate<sup>\*</sup>



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and need product sooner than expected or if patients have to cancel or miss an appointment, it takes time to book a new appointment. Meanwhile, they could run out of product and not be able to come pick it up. With wellevate<sup>sm</sup>, they order anytime and have it shipped right to them. I don't have to scramble last minute to try to somehow get product to them.

The other thing that has been a big success is the lower shipping rate or free shipping over \$49. That is a huge benefit; shipping is one of the reasons people would go to Amazon Prime. Because in the past, someone may need more vitamin D and it's \$18, but it costs \$9 to ship it. They might go somewhere else for their vitamin D. But now shipping isn't such a deterrent. Also, if someone orders say \$38 worth of product, and they know they'll get free shipping if they order one more, then they might refill something early or look for additional products they want to try-maybe personal care items. This is what keeps things revolving.

L. Murray: Did you find that people were shopping on Amazon or other websites for their products?

Dr. O'Dell: Yes, a certain percentage. I make it a point to explain to people why I want them to take the products I recommend, including the importance of guality, independent testing and the difference between milligrams of herb in one product vs another. I educate them on window dressing and how dosage makes a big difference from a biochemistry standpoint. I also explain that there are "knock-off" products out there and they may not be getting the real product or that they might even get an impure product. If people do purchase from Amazon, I educate them and try to steer them towards products that are independently tested.

There can be frustration on both sides when patients are not getting better and I tell them to come back in and bring their products, only to realize they've swapped out products to a similar but less effective version.

L. Murray: What is the thing you like most about wellevate<sup>sm</sup>?

Dr. O'Dell: Convenience, for both me and for my patients. Although I do want patients to leave with products they need right away, if it's something I don't have in stock, I used to have to order it for them and they would need to come back to pick it up. Now I show them how to use wellevate<sup>sm</sup> during their visit. We order it together on the spot, it will be shipped right away to their home and they will have it in a few days. In any case, nobody leaves here unclear about how they are going to get that product. It's also an opportunity to show them how wellevate<sup>sm</sup> works and how to order appropriate products.

It is also nice to set the discount percentage by patient. I have some patients that order monthly and are on 3-5 supplements. It's nice to be able to offer a discount to these patients. It creates loyalty when people know that you are willing to offer a discount for them so they can get what they need, save money and it's convenient.

L. Murray: What advice or tips do you have for other practitioners about using an online dispensary?

Dr. O'Dell: I think as professionals we sometimes feel uncomfortable making a profit on our products, but I don't feel uncomfortable with that and I feel I am fair. There is a lot of work we do outside of the patient visit that we are not paid for. Email correspondence, phone calls between visits, ordering additional lab work, reviewing test results, ordering supplements, managing supplement/Rx reactions or side effects where they need a different replacement product, etc. These are things I do that take up time that I do not bill for. I'm comfortable generating income from supplement sales because it compensates me not only for my knowledge but also my time, which has value.

L. Murray: Why would you encourage practitioners to try an online dispensary?

Dr. O'Dell: The biggest mistake new practitioners often make is that patients leave without making a follow-up appointment or they leave without a clear understanding of how they're getting products. That's just not going to grow your business. You shouldn't let a patient walk out of your office without a very clear plan of action because they really do want to get better. And if you don't do everything you can to ensure their success, then that's going to translate as "That doctor didn't help me get better".

#### Afterword

Dr. O'Dell's medical practice, Bedford Natural Medicine, provides naturopathic care for the whole family and serves Southern New Hampshire and Northern Massachusetts. To learn more about Dr. O'Dell and Bedford Natural Medicine, visit her website at **bedfordnaturalmedicine.com** 





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## **RESEARCH** UPDATE

## Improving Cognitive Function with DHA

#### Reviewed by: Alan Gaby, MD

#### Author: Zhang YP, et al

**Reference:** Effects of DHA supplementation on hippocampal volume and cognitive function in older adults with mild cognitive impairment: a 12-month randomized, double-blind, placebo-controlled trial. J Alzheimers Dis 2017;55:497-507.

Design: Randomized, double-blind, placebo-controlled trial.

Participants: Two hundred forty Chinese individuals (mean age, 74.5 years) with mild cognitive impairment.

Study Medication and Dosage: Docosahexaenoic acid (DHA; 2 g per day) or placebo (corn oil) for 12 months.

**Primary Outcome Measure**: Various measures of cognitive function and loss of volume of the hippocampus (a region of the brain involved in memory function) as determined by MRI.

**Key Findings:** Compared with placebo, DHA significantly improved scores in the Full-Scale Intelligence Quotient, Digit Span and other measures of cognitive function and significantly decreased the loss of hippocampal volume.

Practice Implications: Omega-3 fatty acids (i.e., eicosapentaenoic acid [EPA] and DHA) play a role in normal brain function. In the present study, supplementation with DHA prevented the deterioration of cognitive function and slowed the progression of hippocampal atrophy in elderly Chinese individuals with mild cognitive impairment. Some previous studies using DHA or the combination of DHA and EPA found results similar to those of the current study. In other research, however, these omega-3 fatty acids did not slow the progression of age-related cognitive decline. In at least one of the negative studies, habitual fish consumption was low, which suggests that the response to DHA cannot necessarily be predicted by habitual consumption of this fatty acid. Further research is needed to determine which patients are most likely to benefit from DHA or fish oil. However, considering the other reported benefits of DHA/EPA (e.g., antiinflammatory and cardioprotective effects), it would be reasonable to include these fatty acids as part of a comprehensive treatment plan for patients with mild cognitive impairment.





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Code- XMDN816 \*T-Relief comes with an empty tube/bottle guarantee. Patients can use T-Relief and if they aren't satisfied, return the empty tube/bottle and original receipt for a full refund. (visit www.T-Relief.com for details) These statements have not been reviewed by the Food and Drug Administration. They are supported by traditional homeopathic principles.

\*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

## Traumeel®-Inspired OUR Pain Relief with 3 Organic Oils & Organic Shea Butter!





#### By Lisa Murray, RDN, LD

Lecithin is a generic term to designate any group of yellowbrownish fatty substances occurring in animal and plant tissues, which are amphiphilic-they attract both water and fatty substances (and so are both hydrophilic and lipophilic). Dietary sources for lecithin will be in the fat containing part of foods and include egg yolks (an important source of phosphatidylcholine), milk, meats, poultry, fish, legumes, seeds and nuts and some whole grains, like rice. Lecithin is a "glycerophospholipid", a mixture of several phospholipids, very roughly about 15% phosphatidylcholine, 10% phosphatidylinositol, 15% phosphatidylethanolamine and a remainder of other phosphatides (including phosphatidylserine), all in a liquid base of about 30% fat, a mixture of a variety of fatty acids. Granular de-oiled lecithin has a higher concentration of phospholipids. Phospholipids are essential nutrients because although humans can synthesize some, we cannot meet all our needs this way and additional amounts are required from the diet.

Glycerophospholipids like lecithin are highly absorbable with greater than 90% absorption. They are hydrolyzed by pancreatic phospholipase and the body then uses the components (such as choline or inositol) in various ways or they are reesterified. However, of interest, is that almost 20% may be absorbed passively, without hydrolyzation, and incorporated directly into high density lipoproteins (HDL). From HDL, they can be transferred into cell membranes. Phospholipids are a key component of cellular structure, maintaining structural integrity while ensuring cell walls remain fluid so they can effectively regulate nutrients coming in and waste going out.



#### Cardiac Health

The use of lecithin or supplemental phospholipids and their effects on cardiac health have been extensively studied, showing highly beneficial effects on blood lipid profiles by significantly lowering LDL and raising HDL.<sup>1</sup>

#### Brain Health



Phospholipids are especially crucial to the health of brain cell membranes and neurotransmitters.Phosphatidylcholine, p h o s p h a t i d y l e t h a n o l a m i n e , phosphatidylserine, phosphatidylinositol and sphingomyelin represent the five most abundant

phospholipids of brain cell membranes, and they are all present in lecithin. The terms "lecithin" and "phosphatidylcholine" are often used interchangeably because phosphatidylcholine is usually the most abundant phospholipid that lecithin contains. Phosphatidylcholine (PC) is the main phospholipid molecule in cell membranes and necessary for continuing growth, maintenance and repair of each cell.

Dietary PC is our main source of choline, another essential nutrient we need every day. Among other things, choline is the precursor molecule for the neurotransmitter acetylcholine, one of the most abundant neurotransmitters in the human body and involved in many brain functions, including cognition, memory and muscle control. Dietary intake of choline ranges from 300 to 900 mg a day, but our actual daily intake needs are still unknown. In addition to PC, lecithin contains phosphatidylserine (PS), which has specialized importance in the function of brain and neural cells. PS is able to revitalize memory, learning, concentration and even vocabulary skills—all those functions which can decrease with age.<sup>1</sup>

#### Gastrointestinal Tract Protection



Phosphatidylcholine being the major lipid in the protective mucus layer of the gastrointestinal tract has been shown to exert an anti-inflammatory effect.<sup>2</sup> Studies have shown that PC has an intrinsic anti-inflammatory

property with beneficial effects for ulcerative colitis as well as providing protection against drugs like NSAIDS, which are harmful to the entire GI tract.

#### Liver Protection



PC is also vital for normal liver function. Research indicates one of PC's most beneficial roles is in the prevention and treatment of various forms of liver disease and toxicity, protecting liver cells from viral



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damage, reducing fibrosis and preventing cell death from drugs, alcohol and other chemical toxins.<sup>3,4</sup> We also know that choline deficiency can result in the development of hepatic steatosis or non-alcoholic fatty liver disease and that choline supplementation reverses this condition.<sup>5</sup>

Currently, standard soy, non-GMO soy and sunflower lecithins are all readily available as sources for dietary phospholipid supplements. Ensuring a steady supply of phospholipids through diet and/or supplementation has been shown to be beneficial in preventing and improving many health conditions as it helps to maintain a vast array of normal physiological processes.

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Meets Emerson Quality Program Gold Partner Standards.



## **PRODUCT SHOWCASE**

#### PERQUE Life Guard<sup>™</sup> Super Multis By: PERQUE®

Advanced multivitamin/mineral formulations with energizing cofactors and transportersto ensure optimal nutrient uptake for maximum protection of heart, body, and brain.

- 7.5 billion peak-harvested 10-strain microorganisms per capsule.
- Protects the digestive tract even when under assault.

Product codes: Life Guard PERQE (60 tabs), PERQ2 (180 tabs), Life Guard Cherry/Raspberry PERKI (90 chews), Life Guard Mini PER189 (180 tabs), PER188 (60 tabs)

#### **DIM Enhanced**

By: Douglas Laboratories®

DIM<sup>®</sup> Enhanced is a microencapsulated form of diindolylmethane, with curcumin, green tea, and wasabia

designed to support healthy estrogen hormone balance and immune health.Microencapsulated DIM by BioResponse<sup>®</sup> is a patented, absorptionenhancing formulation to ensure proper assimilation by the body. Maintaining healthy and appropriately balanced hormones supports healthy aging and quality of life, and helps make an active lifestyle easier to maintain.

#### Product codes:D20860 (60 vcaps), D20830 (30 vcaps)

Coqumin SLCP<sup>™</sup> (Longvida® Optimized Curcumin) By: Protocol for Life Balance®

- Cognitive Support
- Circulating Free Curcumin

Cogumin SLCP<sup>™</sup> features Longvida<sup>®</sup> Optimized Curcumin, which utilizes Solid Lipid Curcumin Particle (SLCP<sup>™</sup>) Technology. SLCP<sup>™</sup> allows free Curcumin to penetrate the blood-brain barrier. where it helps to protect brain tissue from free radical attack and supports normal cognitive function.

Product code: P23953



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#### Quercetin with Bromelain Veg Capsules By: NOW®

Quercetin is a naturally occurring free radical scavenger that supports healthy seasonal immune system function. Laboratory studies have demonstrated that Quercetin can help to promote normal respiratory function. Bromelain supports a balanced immune system and may also help to maintain healthy sinus tissues. This complementary combination may thus promote year-round respiratory health and support overall seasonal comfort.

Product code: N3070

#### MagMind®

By: Jarrow

MagMind<sup>®</sup> is formulated with magnesium L-threonate, a highly bioavailable magnesium that has been shown to increase magnesium levels in the brain more effectively than other forms of magnesium. Magnesium L-Threonate is the only form of magnesium that has been shown by promising research to readily cross the blood-brain barrier and provide significant positive effects on cognition, memory and brain health.

Product code: J90629

## Bio-Kult Infantis<sup>®</sup>

By: Bio-Kult (Protexin)

The stress of a new school year could upset the delicate balance of a child's gut microflora, depleting their immune system and increasing their susceptibility to upset stomachs, colds and flu. Multi-strain live bacteria supplements have been shown to support a healthy immune response in school-aged children. Bio-Kult Infantis with 7 strains of probiotics does not contain artificial colors, flavors or preservatives and does not need to be refrigerated.

Product code: B04470







**Bio-Kult** 



#### nanopro vegan

By: BioPharma Scientific

nanopro vegan is made from non-GMO American yellow pea, brown rice and chia seed, giving you the amino acid profile comparable to whey and all wrapped up in a creamy vanilla toffee flavor! nanopro vegan rice protein powder is rich in all essential amino acids and especially high in lysine. We also added Wellbody365, ProHydrolase, vegan D3 to give you additional support for recovery, immunity and stress.



Product code: B03112

#### Allimax PRO

By: Allimax

- Allimax offers immune support and overall wellbeing in just one capsule per day
- Suitable for long-term use
- Seasonal allergy support
- Real certified bioactive, stabilized allicin for true immune supporting benefits
- Broad spectrum
- No smell or aftertaste

Product code: A00277

## **NEW** PureGenomics<sup>®</sup> B-Complex

By: Pure Encapsulations

This new product contains highly researched and activated B vitamins, including pyridoxal-5-phosphate, riboflavin-5-phosphate, enhanced-retention thiamin derivative benfotiamine, and 800 mcg of Metafolin® L-5-methyltetrahydrofolate (L-5-MTHF), the naturally occurring, universally metabolized form of folate. It is designed to address the nutrient requirements of common genetic variations in the methylation.



Product code: P78218



## PRODUCT SHOWCASE

#### BRM4<sup>®</sup>

By: Daiwa Health Development

BRM4<sup>®</sup> is a dietary supplement derived from rice bran modified by Shiitake enzyme produced by Daiwa Health Development, shown to enhance and to modulate the immune system by increasing the activity of the Natural Killer (NK) cells, the T and B lymphocytes, strengthen and increase the macrophages and cytokines.

#### Product code: BR250



#### a-Drenal

By: RLC Labs

a-Drenal is designed to combat the side effects of adrenal fatigue, while promoting the healthy function of the adrenal glands.

- Comprehensive formulation of organic adrenal tissue and adaptogenic herbs
- Doctor approved
- Provides effective support from stress induced symptoms

#### Product code: RL5554





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Pair it with Ultra-Vitamin, our ultimate multi-vitamin blend. This liquid multi-vitamin is lipid-encapsulated in nano-sized vesicles for faster absorption and greater bioavailability.



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- symptoms during PMS\*

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Liposomal Zen is an advanced delivery version of 200 mg of Zen.\* Its liposomal delivery system uses pure soy-free essential phospholipids from Non-GMO sunflower lecithin, for increased direct absorption.\* The unilamellar (single bilayer) liposomes encapsulate the ingredients inside a spherical phospholipid bilayer membrane, which allows increased direct absorption in the upper intestine.\*

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• Supports a feeling of general relaxation

• GABA and pure Suntheanine<sup>®</sup> L-theanine

• May promote a normal, healthy attitude and normal

May be helpful during daytime or nighttime\*









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