

# K16 ADRENACALM™

Balancing cream which modulates the neuroendocrine response to stress.

### BENEFITS OF PRODUCT

- e Provides agents in an optimal form of delivery to support overstimulated adrenals
- Provides support for memory, cognition, and the management of anxiety

# KEY INGREDIENTS RESEARCH COMMENTARY

PHOSPHATIDYLSERINE (PS) is an endogenously produced phospholipid that is embedded in cell membranes and is the major phospholipids in the brain. Its general functions include supporting cellular chemical signal transmissions, activating cell surface receptors, and cellular exchange of nutrients and waste products.

The endogenous production of phosphatidylserine is a very difficult and energy consuming process. It requires the combination of L-serine, glycerphosphate, and two fatty acids, and the aid of methyl donors such as B-12, folic acid, S-adensylmethionine with essential fatty acids. Its arduous chemical synthesis that depends upon commonly deficient nutrients may explain why its exogenous intake has shown such great promise.

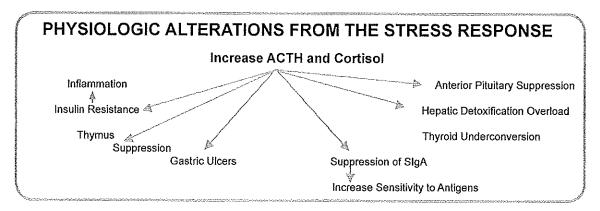
Exogenous supplementation of phosphatidylserine has shown the ability to enhance cellular metabolism and communication, <sup>1</sup> <sup>2</sup> <sup>3</sup> protect cells from oxidative damage, <sup>4</sup> decrease anxiety, improve mood, motivation and depression, <sup>5</sup> <sup>6</sup> <sup>7</sup> <sup>8</sup> enhance memory and cognition, <sup>9</sup> <sup>10</sup> <sup>11</sup> and decrease cortisol. <sup>12</sup> <sup>13</sup> <sup>14</sup> <sup>15</sup>

Perhaps the most clinically significant impact of PS is its ability to lower cortisol. An overactive hypothalamus-pituitary-adrenal axis that induces hypercortisolemia has many adverse impacts on healthy metabolism. Elevated cortisol has been shown to induce insulin insensitivity, decrease TSH and T3 production, <sup>16</sup> <sup>17</sup> increase inactive reverse T3, <sup>18</sup> decrease phase II glucoronidation and sulfation, sup-

press pitultary function, <sup>19</sup> increase the potential for gastric and duodenal ulcers, lower intestinal secretory IgA, <sup>20</sup> <sup>21</sup> delay intestinal mucosal cell generation, <sup>22</sup> suppress immunity, <sup>23</sup> decrease bone density, induce depression, <sup>24</sup> encourage obesity, <sup>25</sup> <sup>26</sup> <sup>27</sup> and increase the risk for cardiovascular and neurodegenerative disorders. <sup>28</sup>

Therefore, the use of PS shows great promise in the management of disorders induced by the elevations of cortisol from chronic stress syndromes. Up until now, the use of PS was limited in clinical practice because very high doses of oral PS (up to 800 mg a day) are required to blunt the physiological stress response. This therapeutic dose of PS is very expensive and requires 8 or more capsules of intake per day which makes it difficult for patient compliance. Many of the best responses of PS in clinical studies also used intravenous forms of delivery. This appeared to be the best form of delivery because it bypassed the gastrointestinal tract and was able to be delivered directly into the blood stream.

The new innovative form of PS delivery in a cream has now allowed clinicians to use the required amounts of PS to modulate the stress response. The PS cream allows hundreds of milligrams of PS to enter directly into the blood stream by bypassing the gastrointestinal tract. Transdermal delivery utilizes lipid spheres, known as liposomes, to transport PS through the skin and into the blood. Once there, the liposome shell around the PS substance degrades and makes PS available for active response in the bloodstream.



Statements in this flyer have not been evaluated by the Food and Drug Administration.
This product is not intended to diagnose, treat, cure or prevent any disease.

Formula Info Page

CREAM FORMULA

#### **ACTIVE INGREDIENTS:**

Phosphatidylserine, Vitamin B1 (thiamine), Vitamin B2 (riboflavin), Valerian root, Lemon Balm, Milk Thistle, Polygala Tenuifolia, Hazel bud extract, Lime tree bud extract, Juniper bud extract, St. Mary's Thistle, CoQ 10, St. John's Wort, Bitter Cucumber, magnesium phosphate, Marking Nut, German Chamomile, Elm, Gorse, Olive, Red chestnut, Vervain, Impatients, Pituitary, Adrenal, Thyroid.

## INDICATIONS OF USE

This product may be used to decrease stress response, decrease anxiety, improve mood, improve depression, and enhance memory and cognition.

#### DIRECTIONS

Apply 1/4 to 1/2 teaspoon to vascular area of skin (behind knees, inside elbow crease, palms, and back of neck) in the morning, afternoon, and night time, or as directed.

#### OTHER PRODUCTS TO CONSIDER

Other products can be used in conjunction with AdrenaCalm™ to support adrenal hyperfunction. Adrenal hyperfunction has been associated with insulin resistance. Glysen® (K01) is a broad spectrum nutritional and herbal product to enhance insulin receptor site sensitivity. OmegaCo3™ (K07) is a broad spectrum essential fatty acid product with cofactors to support insulin resistance and adrenal function.

# REFERENCE INFO

- <sup>1</sup> Crook TH, Petrie W, Wells C, Massari DC, Effects of phosphatidylserine in Alzheimer's Disease. *Psychopharmacol Bull* 1992;28:61-66.
- <sup>2</sup> Ameducci L, Crook TH, Lippi A, et al. Use of phosphatidylserine in Alzheimer's Disease. *Ann Ny Acad Sci* 1991;640:245-249.
- <sup>3</sup> Cenacchi T, Bertoldin T, Farina C, et al. Cognitive decline in the elderly: A double-blind, placebo controlled multicenter study on efficacy of phosphatidylserine administration. *Aging Clin Ecp Res* 1993;5:123-133.
- <sup>4</sup> Latorraca S, Piersanti P, Tesco G, et al. Effects of phosphatidylserine on free radical susceptibility in human diploid fibroblasts. *Neurol Transm Park Dis Dement Sect* 1993;6:73-77.
- <sup>5</sup> Maggioni M, Picotti GB, Bondiolotti GP, et al. Effects of phosphatidylserine therapy in geriatric patients with depressive disorders. *Acta Psychiatr Scand* 1990;81:265-270.
- <sup>6</sup> Brambilli F, Magioni M. Blood levels of cytokines in elderly patients with major depressive disorder. *Acta Psychiatr Scand* 1998;97: 309-313.
- <sup>7</sup> Brambilla F, Maggioni M, Panerai AE, et al. Beta-endorphin concentration in peripheral blood mononuclear cells of elderly depressed patients effects on phosphatidylserine therapy. *Neuropsychobiology* 1996;34:18-21.
- <sup>8</sup> Palmieri G. Double-blind controlled trial of phosphatidylserine in patients with senile mental deterioration. *Clin Trials J* 1987;24:73-83.
- <sup>9</sup> Kidd PM, Phosphatidylserine; membrane nutrient for memory. A clinical and mechanistic assessment. *Altern Med Rev* 1996;1:70-84.
- <sup>10</sup> Cenacchi T, Betoldin R, Farina C, et al. Cognitive decline in the elderly. A double blind, placebo-controlled multicenter study on efficacy of phosphatidylserine administration. *Aging* 1993;5:123-133.
- <sup>11</sup> Crook TH, Tinklenberg J, Yesavage J, et al. Effects of phosphatidylserine in age-associated memory impairment. *Neurology* 1991;41:644-649.
- <sup>12</sup> Monteleone P, Mag M, Beinat, et al. Blunting of chronic phosphatidylserine administration of the stress-induced activation of the hypothalamic-pituitary-adrenal axis in healthy men. *Eur J Clin Pharmacol* 1992;41:385-388.
- <sup>13</sup> Monteleone P, Beintat L, Tanzillo C, et al. Effects of phosphatidylserine on the neuroendocrine response to physical stress in humans. *Neuroendocrinology* 1990;52:243-248.

<sup>14</sup> Nerozzi D, Aceti F, Melia E, et al. Early cortisol escape phenomenon reversed by phosphatidylserine in elderly normal subjects. *Clinical Trial J* 1989;26:33-38.

- <sup>15</sup> Fahey TD, Pearl MS. The hormonal and perceptive effects of phosphatidylserine administration during two weeks of resistive exercise-induced overtraining. *Biol Sport* 1998;15:135-144.
- <sup>16</sup> LoPresti, JS and Nicoloff, JT. Thyroid response to critical illness. Endocrinology of Critical Disease. Human Press. Totowa. NJ. 1997. pp 157-173.
- <sup>17</sup> Strakis, CA and Chrousos, GP. Neuroendocrinology and Pathophysiology of the Stress System, *Ann Ny Acad Sci*, Vol. 771, pp. 1-18,1995.
- <sup>18</sup> Stockigt, JR. Update on the Sick Euthyroid Syndrome, in Baverman, LE ed., Diseases of the Thyroid, Humana Press, Totowa, NJ, 1997, pp. 49-68.
- <sup>19</sup> Van Der Pomp G., et al. Elevated basal cortisol levels and attenuated ACTH and cortisol resposes to a behavioral challenge in women with metastatic breast cancer. *Psychoneuroendocrinology*, 21(4), 361-374,1996.
- <sup>20</sup> Guhad, FA, et al. Salivary IgA as a marker of social stress in rats. *Neurosci Lett*, 216(2). 137-140,1996.
- <sup>21</sup> Cunningham-Rundies, C., et al. *Proc. Nat Acada. Sci USA.* 75:3387,1978.
- <sup>22</sup> Scott, H., et al. Scan. J. Gastroenterol. 15:81, 1980.
- <sup>23</sup> Daynes, R., et al. *Eur J Immunol*. 20:793,1990.
- <sup>24</sup> Maggioni M, Picotti GM, Bondiolotti GP, et al. Effects of phosphatidylserine therapy in geriatric patients with depressive disorders. *Acta Psychiatr Scan* 1990;81:265-270.
- <sup>25</sup> Havel PJ. Leptin production and action: relevance to energy balance in humans. *Am J Clin Nutr.* 1998;67(3):355-358.
- <sup>26</sup> Freidman JM. Leptin, leptin receptors, and the control of body weight. *Nutr Rev.* 1998;56(2):S38-S46.
- <sup>27</sup> Brindly DN. Role of glucocorticoids and fatty acids in the impairment of lipid metabolism observed in metabolic syndrome. *Int J Obes Relat Metab Disord* 1995;19(Suppl 1):S69-75.
- <sup>28</sup> Bergh, F.T., et al. Dysregulation of the hypothalamo-pituitary-adrenal axis is related to the clinical course of MS. *Neurology* 53; 772-777,1999.