

SEPT 2015

nuzest®
nutrition for life

GOOD GREEN STUFF

TECHNICAL BULLETIN

COMPLETE NUTRITIONAL SUPPORT IN ONE DAILY SERVE

*A superbblend of essential nutrients in
optimised forms with plant foods, plant
extracts, coQ10, bifido and lacto bacteria.
100% natural and vegan friendly*

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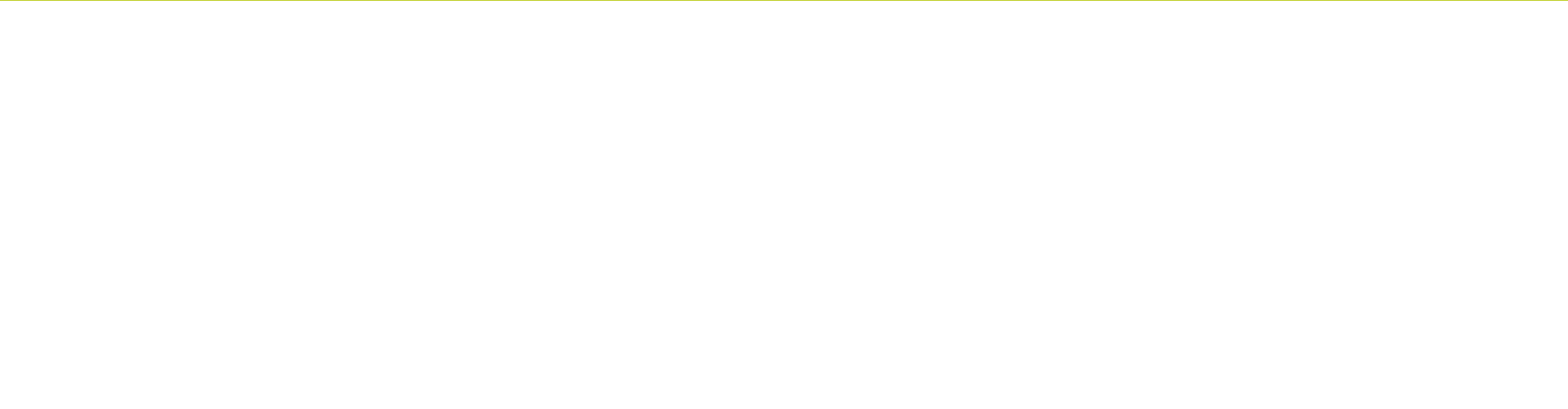
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INTRODUCTION & PRODUCT JUSTIFICATION

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MANY SCIENTISTS HAVE LONG ARGUED THAT LONG-TERM HEALTH CAN BE SUPPORTED BY TAKING A MULTI-VITAMIN ON A DAILY BASIS.^{1,2}

This is because many people struggle to consume a sufficient diversity of foods on a consistent basis to deliver the diversity of nutrients required for optimal health.

Additionally, the trend towards the simplification of diets,³ crop breeding practices that have increasingly bred phytonutrients out of plants over the last 10,000 years,⁴ food processing⁵ and high temperature cooking methods⁶ can all contribute to a loss of nutrients.

Studies have also shown that nutrient requirements may increase according to sustained levels of psycho-emotional stress⁷, prolonged and intense exercise,⁸ and exposure to environmental toxins,⁹ these factors being associated with many contemporary lifestyles.

National nutrition surveys undertaken in the UK have shown that that large minorities are not reaching their dietary targets for Reference Nutrient Intakes (RNIs).^{10,11,12} In the case of the elderly, inadequate intake of vitamin D, magnesium, Vitamin K and copper have been of particular concern.

In a major UK survey of dietary habits of 4 to 18 year-olds,¹³ it has been shown that the most commonly consumed foods are white bread, savoury snacks, chips, biscuits, potatoes and chocolate confectionery. Additionally, it was found that boys eat, by weight, nearly four times as many biscuits than leafy green vegetables, while girls eat, by weight, more than four times as much sweets and chocolate than leafy green vegetables.

The same survey also revealed that 91% of girls aged 4-6 years failed to reach the RNI for zinc (6.5 mg - a key mineral required for the immune system); while 97% of girls aged 15 to 18 years did not reach the RNI for magnesium, 73% did not reach the RNI for zinc, and 53% did not reach the RNI (200 µg) for folic acid, despite recent studies that demonstrate that intakes well over 400 µg are likely to be required to minimise risk of neural tube defects.¹⁴

It should also be recognised that the RNI for a given vitamin or mineral is lower than the Nutrient Reference Value (NRV) (formerly commonly known as the Recommended Daily Allowance [RDA]). These amounts have been determined to deliver to the target population the minimum amounts required to prevent gross deficiencies and related diseases, not the optimum amounts required to take into account biochemical and genetic individuality,¹⁵ as well as variable needs.

Accordingly, estimates such as Suggested Optimum Nutrient Allowances (SONAs) have been proposed,^{16,17} these being considerably greater, and achieved through the diet alone by a much smaller proportion of the population. SONAs, however, do not take into account the diversity of plant-based and other nutrients required for optimal function and chronic disease prevention.¹⁸

Food (dietary) supplements often provide single, isolated nutrients vitamins, minerals or limited combinations, these being provided in forms that are often not typical of those found in a food matrix. There is increasing evidence that nutrients in the precise forms, and even ratios, found in foods as well as with the numerous synergistic cofactors and other components are more beneficial than the isolated or limited combinations of industrially produced analogues.^{19,20}

There are also some studies that have shown that particular synthetic nutrients, specifically synthetic beta-carotene,²¹ synthetic vitamin E²² and synthetic folic acid,²³ may present health concerns if consumed at higher dosages over long periods in some people. None of these synthetic forms are contained in Good Green Stuff (GGS).

GGS is a unique product worldwide, formulated specifically to meet the nutritional requirements typical of modern lifestyles. Accordingly, the product contains 76 functional ingredients (Table 4), the plant foods and extracts (42 ingredients; Table 4) in turn including a vast and diverse array of natural chemistries that help modulate a host of different metabolic processes. Such diversity of plant-based and other nutrients is extremely challenging, if not impossible, to achieve in a normal diet, especially on a consistent basis.

EXCEPTIONAL NUTRIENT DENSITY

The following tables (1-3) list the concentrated ingredients (76 in total; Table 4) and amounts present in a single serving (10 g) of GGS. This diversity and the lack of any fillers in the formulation delivers an exceptionally high nutrient density. Table 4 lists the key ingredients categories and the numbers of ingredients in each.

Table 1. Plant foods and extracts in GGS (per single, 10 g serving)

PLANT/ALGAL/FUNGAL FOODS amounts		PLANT EXTRACTS (concentration) amounts	
Organic spirulina	1000mg	Citrus bioflavonoids	500mg
European pea protein isolate	905mg	Globe artichoke leaf (15:1)	500mg
Lecithin (sunflower)	750mg	Bilberry (100:1)	200mg
Apple pectin	550mg	Blackcurrant (200:1)	200mg
Red marine algae	485mg	Rosehip (4:1)	175mg
Organic Flaxseed	400mg	Grape seed (120:1)	100mg
Organic wheatgrass leaf	340mg	Panax ginseng (4:1)	100mg
Organic chlorella	340mg	Milk thistle seed (70:1)	80mg
Organic barley leaf	340mg	Gotu kola (10:1)	75mg
Acerola fruit	270mg	Green tea (10:1)	75mg
Papaya	250mg	Rosemary leaf (4:1)	75mg
Pineapple juice (9:1)	250mg	Ashwagandha root (5:1)	75mg
Broccoli sprout	250mg	Astragalus root (4:1)	75mg
Beetroot	170mg	Turmeric root (4:1)	70mg
Carrot	90mg	Cocoa polyphenols	70mg
Ginger root	75mg	Rhodiola rosea root (15:1)	50mg
Licorice root	70mg	Goji berry (4:1)	40mg
Spinach	70mg	Dandelion (4:1)	40mg
Whole kelp	60mg	Hawthorn berry (10:1)	35mg
Shiitake mushroom	30mg	Burdock root (10:1)	25mg
Slippery elm bark	25mg	Resveratrol	15mg

EXCEPTIONAL NUTRIENT DENSITY

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Table 2. Bioavailable vitamins and minerals, amounts and Nutrient Reference Values (NRVs) in GGS (per single, 10 g serving)

BIOAVAILABLE VITAMINS

Forms, amounts and NRVs

Vitamin A (retinyl palmitate & mixed carotenoids)	600µgRE (75% NRV)
Vitamin D3 (from lichen)	10µg (200% NRV)
Vitamin E (d-alpha & mixed tocopherols)	15mg α-TE (125% NRV)
Vitamin K2 (menaquinone-7)	70µg (93% NRV)
Vitamin C (ascorbic acid and acerola cherry)	360mg (450% NRV)
Vitamin B1 (thiamine HCl)	4mg (364% NRV)
Vitamin B2 (riboflavin)	4mg (286% NRV)
Vitamin B3 (inositol hexanicotinate)	17mg NE (106% NRV)
Pantothenate (pantothenic acid)	10mg (167% NRV)
Vitamin B6 (pyridoxine HCl)	5mg (357% NRV)
Folate (calcium methylfolate)	320µg (160% NRV)
Vitamin B12 (methylcobalamin)	100µg (4000% NRV)
Biotin (d-biotin)	330 mcg (660% NRV)

BIOAVAILABLE MINERALS

Forms, amounts and NRVs

Potassium (phosphate)	300mg (15% NRV)
Calcium (from red marine algae)	165mg (21% NRV)
Magnesium (citrate & glycinate)	100mg (27% NRV)
Zinc (gluconate)	12mg (120% NRV)
Copper (gluconate)	250µg (25% NRV)
Manganese (gluconate)	1.5mg (75% NRV)
Silica (orthosilicic acid & marine algae)	14.5mg
Selenium (L-selenomethionine)	35µg (64% NRV)
Chromium (picolinate)	35µg (88% NRV)
Iodine (kelp & marine algae)	154µg (100% NRV)

EXCEPTIONAL NUTRIENT DENSITY

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Table 3. Other functional ingredients and nutrients in GGS (per single, 10 g serving)

INGREDIENTS

<i>Lactobacillus acidophilus</i>	3 billion cfu
<i>Bifidobacterium bifidum</i>	3 billion cfu
R-/S-alpha lipoic acid	75mg
Bromelain (2000 GDU/g)	65mg
1,3/1,6 beta glucans	18mg
Ubiquinone (CoQ10)	8mg
Ubiquinol (reduced CoQ10)	8mg

Table 4. Ingredient categories and numbers of ingredients in each

CATEGORIES	NO. OF INGREDIENTS
Added bioavailable vitamin forms	16
Added bioavailable mineral forms	11
Plant foods (not certified organic)	15
Organically certified plant foods	5
Plant extracts	21
Microorganisms (for the gut)	2
Forms of coenzyme Q10 (ubiquinone & ubiquinol)	2
Other nutrients	
(R-/S-alpha lipoic acid & 1,3/1,6 beta glucans)	2
Mushroom (shiitake)	1
Plant-derived enzyme (bromelain)	1
Synthetic beta-carotene, vitamin E or folic acid	0
TOTAL	76

THE VITAMIN FORMS IN GGS HAVE BEEN SELECTED CAREFULLY TO DELIVER THE MOST BIOAVAILABLE AND FUNCTIONAL FORMS, TYPICAL OF A FOOD MATRIX. A SELECTED NUMBER ARE DISCUSSED BELOW.

VITAMIN A

Vitamin A, which is a fat-soluble essential vitamin that has a wide range of functions in the body, including providing support for the immune system, mucous membranes, skin, vision, iron metabolism and cell specialisation.

GGS includes both preformed vitamin A as retinyl palmitate and pro-vitamin A in the forms of natural, mixed carotenoids. Preformed vitamin A is present in large amounts in animal foods such as liver, or small amounts in dairy products, while the mixed carotenoid blend includes a full spectrum of carotenes as found in red, orange and yellow pigmented fruits and vegetables. Pro-vitamin carotenoids are precursors to vitamin A, so the body has to convert them into usable vitamin A (retinol).

However, there is evidence of considerable genetic variation in conversion rates and absorption²⁵ with conversion losses of beta-carotene exceeding 20-fold loss from food sources in some.²⁶ The presence of naturally-sourced carotenoids has been shown to be particularly important for long-term health.²⁷

High doses of synthetic beta-carotene, which is specifically not included in GGS, have been shown in some studies to pose increased cancer risk to some susceptible groups such as smokers, former smokers or those who have been exposed to asbestos.²⁸ GGS also contains sunflower lecithin and flaxseed (12% total by weight) as a source of fat (phospholipid and Omega-3 polyunsaturated fat) to aid absorption of fat-soluble vitamins.

VITAMIN E

Vitamin E is a fat-soluble vitamin found, amongst other foods, in plant/seed oils, wheat germ, green leafy vegetables and meats. It helps to protect cells, DNA, proteins and lipids from oxidative stress.²⁴ It occurs naturally in foods in eight different isomers (alpha-, beta-, gamma-, delta-tocopherol, and alpha-, beta-, gamma-, delta- tocotrienol). Alpha-tocopherol is the predominant form in animal tissues and was for many years regarded as the only form required in supplements owing to its high biological activity, itself based on foetal resorption assays in rodents.²⁹ Gamma-tocopherol is the most abundant form in plant foods and in the diet and has a wide range of beneficial effects that have not been attributed to alpha-tocopherol.³⁰ Excessive intakes of the alpha-tocopherol form can actually inhibit uptake of the gamma-tocopherol form³¹ and an increasing body of research suggests that all forms of vitamin E should be provided to derive maximum benefits.³² Accordingly, GGS contains moderate amounts of alpha-tocopherol succinate, a form found in foods, as well as mixed tocopherols from rice bran, especially rich in gamma-tocopherol.

Absorption of the vitamin E, along with other fat soluble vitamins such as vitamin D3, is enhanced by including sunflower lecithin and flaxseeds in GGS.

FOLATE

Folate is a water-soluble B vitamin that is found naturally in a relatively narrow range of foods including leafy, dark green vegetables, legumes, oranges, organ meat, egg yolks and whole grains. Folic acid is the synthetic, stable and oxidised form of this vitamin and occurs only in very small amounts in nature.

Folate is essential for a wide range of functions, including cell division, maternal tissue growth during pregnancy, amino acid synthesis, blood formation, homocysteine metabolism, psychological function, immune function and reduction of tiredness and fatigue.²⁴ Deficiency may cause a number of serious issues including anaemia, neural tube defects, cognitive and cardiovascular problems, increased cancer risk and fatigue. Low levels of the bioactive form, L-5'-methyltetrahydrofolate (5MTHF), may also contribute to compromised methylation or detoxification capacity.³³ Methylation is a vital process in the body, needed to repair DNA, detoxify and eliminate heavy metals, breakdown used hormones and brain chemicals, and to create and use antioxidants efficiently. The methylation cycle is dependent on folate as well as vitamin B12 as cofactors. Activated folate is a critical cofactor that feeds directly into the DNA methylation cycle.

Folic acid, as used in most supplements and fortified foods, by contrast, has to go through a number of different reducing, enzyme-dependent steps in order to be converted to active folate. There is considerable genetic variation in how well these different steps work,^{34,35} so for some people (up to 50% of some populations) conversion is slow or incomplete.³⁶ Among the most well studied genetic polymorphisms affecting metabolism of folic acid are those affecting reduced folate carrier 1 (RFC1) gene (A80G), methylenetetrahydrofolate reductase (MTHFR) (C677T, A1298C), methionine synthase reductase (MTRR) (A66G) and dihydrofolate reductase (DHFR) (C-1610G/T, C-680A, and A-317G).^{37,38,39,40}

Added to which, unmetabolised synthetic folic acid from supplements and fortified foods can accumulate in the bloodstream in its oxidised form. Unmetabolised folic acid (UMFA) has been found in 40% of Americans over the age of 60; this may be the mechanism that has contributed to some of the negative long-term health effects associated with prolonged high folic acid intakes in some studies, such as cancer.⁴¹

Folic acid is not included in the GGS formulation. Instead folate is included in its reduced, stabilised form bound to calcium, as the calcium salt of L-5'-methyl-tetrahydrofolate, also referred to as calcium methylfolate.

VITAMIN B12

To further enhance methylation in the body and to enhance the synergy with the methylated form of folate, GGS includes only methylcobalamin⁴² as its source of vitamin B12.

OTHER VITAMINS

Two vitamin C forms are included, L-ascorbic acid acerola cherry (360 mg total per 10 g serving), which are in turn activated further, along with any vitamin C in foods consumed concomitantly, by the inclusion of citrus bioflavonoids (500 mg per 10 g serving). The vitamin K form is the heavily researched vitamin K2 form, menaquinone-7, which is very well absorbed and strongly associated with supporting bone health.⁴³

Key to the selection of mineral forms in the GGS formulation is their water solubility and bioavailability. The former is important to ensure that significant minerals are not left behind in the mixing vessel used to prepare the product. The latter is important to ensure the mineral is absorbed optimally, rather than being excreted. This accounts for the presence of gluconate and glycinate forms.

For a multi-nutrient formulation, the inclusion level of magnesium is exceptionally high (100 mg per 10 g serving) to help compensate for common inadequacies in Western diets and its low status in stressed individuals.⁴⁴ Additionally, it complements the additional marine alga-sourced calcium, silica and iodine from *Lithothamnium calcareum*, vitamin D3 (lichen sourced), vitamin K2 and orthosilicic acid,⁴⁵ to help support bone health.

Potassium is added in larger quantities than in most multi-nutrient formulas, to help offset sodium, excessive levels of which are linked to hypertension and other cardiovascular health issues.⁴⁶

Among the diversity of plant and algal foods in the GGS formulation are edible microalgae, seaweeds and cyanobacteria (sometimes misnamed blue-green algae) including kelp, broken-cell chlorella and spirulina (*Arthrospira*). These have long been used as a food source given their provision of protein, phytochemicals and lipids, while they also have a long history of use in supporting biotransformation (detoxification) processes in the body as well as helping to balance any excess acidity. Barley leaf further contributes to alkalising the formula.

The red marine alga, *Lithothamnion calcareum*, is provided as the sole source of calcium and a contributing source of silica and iodine.

Dried broccoli sprouts (250 mg per 10 g serving) provide a rich source of sulforaphane, which is strongly linked to the pronounced biotransformational support provided by cruciferous vegetables. The amount included is not uncommon in a stand-alone product.

Ginger root, slippery elm bark and liquorice are among the plant foods added to help support the gastrointestinal tract, while apple pectin provides an important source of polysaccharides (soluble fibre) to facilitate the gut microbiota.

PLANT EXTRACTS

The plant extracts in GGS deliver more phytonutrients on their own than most botanical food/dietary supplements. The total amount of plant extracts in each 10 g serving amounts to 2.5 g by weight (i.e. 25% of the formulation) which provides a very considerable phytonutrient intake compared with a normal diet, or even one supplemented with concentrated botanicals.

Panax (red, Korean) ginseng, ashwagandha (*Withania somnifera*), *Rhodiola rosea* root have long usage as adaptogens,⁴⁸ helping to moderate the effects of stress.

Dandelion and burdock root extracts are added to support intestinal function.

Potent multi-target, phenolic-rich botanicals that have been shown to have diverse antioxidant and anti-inflammatory effects are present in the GGS formulation, including curcuminoids in turmeric, resveratrol, cocoa polyphenols, bilberry and green tea. Liver and kidney support is facilitated by milk thistle, while globe artichoke leaf and hawthorn provide rich sources of phenolics to help support healthy circulation.

OTHER FUNCTIONAL INGREDIENTS

Each 10 g serving of GGS provides 6 billion colony forming units of probiotic bacteria, *Lactobacillus acidophilus* and *Bifidobacterium bifidum*,⁵¹ again more than in many stand-alone probiotic products.

Coenzyme Q10 (16 mg) is provided in a 50:50 ratio of the ubiquinone and ubiquinol (reduced) forms, as a ubiquitous and endogenous lipid-soluble antioxidant.⁵² Both forms are used as cofactors in the electron transport chain in mitochondria to generate adenosine triphosphate (ATP), the body's primary fuel.⁵³

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USAGE

Each 10 g serving of GGS should be mixed with the required amount (often in the range 150-300 mL) of mineral water or filtered water, or other appropriate drink, and consumed, preferably with meals. It may also be added to NuZest's Clean Lean Protein (CLP), to combine a powerful range of nutrients with the CLP's high protein content.

CLEAN FORMULATION

The product is free from gluten, dairy, eggs, nuts, soy and corn (maize). No additives, preservatives, artificial flavours or GMOs are added or used in the product's manufacture.



- ¹ Fairfield KM, Fletcher RH. Vitamins for chronic disease prevention in adults: scientific review. *JAMA*. 2002; 287 (23): 3116-26.
- ² Ames BN. Low micronutrient intake may accelerate the degenerative diseases of aging through allocation of scarce micronutrients by triage. *Proc Natl Acad Sci U S A*. 2006; 103(47): 17589-94.
- ³ Johns T, Eyzaguirre PB. Linking biodiversity, diet and health in policy and practice. *Proc Nutr Soc*. 2006; 65(2): 182-9. Review.
- ⁴ Robinson, J. "Eating on the Wild Side: The Missing Link to Optimum Health". 2013. Little, Brown and Company. 416 pp.
- ⁵ Bilton R. Averting comfortable lifestyle crises. *Sci Prog*. 2013;96(Pt 4):319-68. Review.
- ⁶ Surh J, Koh E. Effects of four different cooking methods on anthocyanins, total phenolics and antioxidant activity of black rice. *J Sci Food Agric*. 2014; 94(15): 3296-3304.
- ⁷ Aubuchon-Endsley NL, Kennedy TS, Gilchrist M, Thomas DG, Grant S. Relationships among socioeconomic status, dietary intake, and stress in breastfeeding women. *J Acad Nutr Diet*. 2015 Feb 13. pii: S2212-2672(14)01879-6.
- ⁸ Gleeson M. Nutritional support to maintain proper immune status during intense training. *Nestle Nutr Inst Workshop Ser*. 2013; 75:85-97.
- ⁹ Testai E. The relevance of xenobiotic metabolism in the interindividual susceptibility to chemicals. *Folia Histochem Cytobiol*. 2001; 39(Suppl 2):48-49.
- ¹⁰ Gregory J, Foster K, Tyler H, Wiseman M. *The Dietary and Nutritional Survey of British Adults*. 1990. HMSO, London.
- ¹¹ Bates CJ, Prentice A, Cole TJ, van der Pols JC, Doyle W, Finch S, Smithers G, Clarke PC. Micronutrients: highlights and research challenges from the 1994-5 National Diet and Nutrition Survey of people aged 65 years and over. *Br J Nutr*. 1999; 82 (1): 7-15.
- ¹² Finch S, Doyle W, Lowe C, Bates CJ, Prentice A, Smithers G, Clarke PC. *National Diet and Nutrition Survey: people aged 65 years and over. Volume 1: Report of the diet and nutrition survey*. 1998. TSO, London.
- ¹³ Gregory JR, Lowe S, Bates CJ, Prentice A, Jackson LV, Smithers G, Wenlock R, Farron M. *National Diet and Nutrition Survey: young people aged 4 to 18 years. Volume 1: Report of the diet and nutrition survey*. 2000. TSO, London.
- ¹⁴ Wald MJ, Law MR, Morris JK, Wald GS. Quantifying the effect of folic acid. *Lancet*. 2001; 358: 2069-2073.
- ¹⁵ Vel Szic KS, Declerck K, Vidaković M, Vanden Berghe W. From inflammaging to healthy aging by dietary lifestyle choices: is epigenetics the key to personalized nutrition? *Clin Epigenetics*. 2015; 7(1):33.
- ¹⁶ Cheraskin E. *Diet & Supplementation: Keys to Optimal Health*. Independence, MO: International Academy of Science. 10 pp.
- ¹⁷ Schauss AG. Suggested Optimum Nutrient Intake of Vitamins, Minerals and Trace Elements. In J. Pizzorno, Murray, MT. (Ed.), *Textbook of Natural Medicine* 3rd Ed. (Vol. 2, pp. 1275-1320). St. Louis, MO: Churchill Livingstone / Elsevier.
- ¹⁸ Wang Z, Dabrosin C, Yin X, et al. Broad targeting of angiogenesis for cancer prevention and therapy. *Semin Cancer Biol*. 2015. pii: S1044-579X(15)00002-4. Review.
- ¹⁹ Traber MG, Elsner A, Brigelius-Flohe R. Synthetic as compared with natural vitamin E is preferentially excreted as alpha-CEHC in human urine: studies using deuterated alpha-tocopherol acetates. *FEBS Letters*. 1998;437:145-148
- ²⁰ Thiel R. Natural vitamins may be superior to synthetic ones. *Med Hypo*. 2000; 55(6): 461-469.
- ²¹ Omenn GS, Goodman G, Thornquist M, et al. The beta-carotene and retinol efficacy trial (CARET) for chemoprevention of lung cancer in high risk populations: smokers and asbestos-exposed workers. *Cancer Res*. 1994; 54(7 Suppl): 2038s-2043s.
- ²² Miller ER 3rd, Pastor-Barriuso R, Dalal D, Riemersma RA, Appel LJ, Guallar E. Meta-analysis: high-dosage vitamin E supplementation may increase all-cause mortality. *Ann Intern Med*. 2005; 142(1):37-46.
- ²³ Bailey RL, Mills JL, Yetley EA, Gahche JJ, Pfeiffer CM, Dwyer JT, Dodd KW, Semplos CT, Betz JM, Picciano MF. Unmetabolized serum folic acid and its relation to folic acid intake from diet and supplements in a nationally representative sample of adults aged > or =60 y in the United States. *Am J Clin Nutr*. 2010; 92(2): 383-9.
- ²⁴ EU Register on nutrition and health claims [<http://ec.europa.eu/nuhclaims>], based on health claims positively evaluated by the European Food Safety Authority (EFSA).
- ²⁵ Ferrucci L, Perry JR, Matteini A, et al., (2009). Common variation in the beta-carotene 15,15'-monooxygenase 1 gene affects circulating levels of carotenoids: a genome-wide association study. *Am J Hum Genet*. 84(2); 123-33.
- ²⁶ Haskell MJ. The challenge to reach nutritional adequacy for vitamin A: β -carotene bioavailability and conversion--evidence in humans. *Am J Clin Nutr*. 2012; 96(5): 1193S-203S.
- ²⁷ van Poppel G. Epidemiological evidence for beta-carotene in prevention of cancer and cardiovascular disease. *Eur J Clin Nutr*. 1996; 50 Suppl 3: S57-61.
- ²⁸ Bowen DJ, Thornquist M, Anderson K, Barnett M, Powell C, Goodman G, Omenn G; Carotene and Retinol Efficacy Trial. Stopping the active intervention: CARET. *Control Clin Trials*. 2003 Feb;24(1):39-50.
- ²⁹ Jiang Q, Christen S, Shigenaga MK, Ames BN. Gamma-tocopherol, the major form of vitamin E in the US diet, deserves more attention. *Am J Clin Nutr*. 2001; 74(6): 714-22.
- ³⁰ Jiang Q, Ames BN. Gamma-tocopherol, but not alpha-tocopherol, decreases proinflammatory eicosanoids and inflammation damage in rats. *FASEB J*. 2003; 17(8): 816-22.
- ³¹ Wolf G. How an increased intake of alpha-tocopherol can suppress the bioavailability of gamma-tocopherol. *Nutr Rev*. 2006; 64(6): 295-9. Review.
- ³² Usoro OB, Mousa SA. Vitamin E forms in Alzheimer's disease: a review of controversial and clinical experiences. *Crit Rev Food Sci Nutr*. 2010; 50(5): 414-9.

REFERENCES

- ³³ Kim YI. Folate and DNA methylation: a mechanistic link between folate deficiency and colorectal cancer? *Cancer Epidemiol Biomarkers Prev.* 2004; 13(4): 511-9.
- ³⁴ Singh PR, Lele SS. Folate gene polymorphisms MTR A2756G, MTRR A66G, and BHMT G742A and risk for coronary artery disease: a meta-analysis. *Genet Test Mol Biomarkers* 2012; 16(6):471-5
- ³⁵ Weiner AS, Bovarskikh UA, Voronina EN, et al. Polymorphisms in the folate-metabolizing genes MTR, MTRR, and CBS and breast cancer risk. *Cancer Epidemiol.* 2012; 36(2): e95-e100.
- ³⁶ Malinow MR, Nieto FJ, Kruger WD, et al. The effects of folic acid supplementation on plasma total homocysteine are modulated by multivitamin use and methylenetetrahydrofolate reductase genotypes. *Arterioscler Thromb Vasc Biol.* 1997; 17(6): 1157-62.
- ³⁷ Liang S, Zhou Y, Wang H, Qian Y, Ma D, Tian W, Persaud-Sharma V, Yu C, Ren Y, Zhou S, Li X. The effect of multiple single nucleotide polymorphisms in the folic acid pathway genes on homocysteine metabolism. *Biomed Res Int.* 2014; 2014:560183. doi: 10.1155/2014/560183.
- ³⁸ Barnabé A, Aléssio AC, Bittar LF, de Moraes Mazetto B, Bicudo AM, de Paula EV, Höehr NF, Annichino-Bizzacchi JM. Folate, Vitamin B12 and Homocysteine status in the post-folic acid fortification era in different subgroups of the Brazilian population attended to at a public health care center. *Nutr J.* 2015; 14(1): 19.
- ³⁹ Dulucq S, St-Onge G, Gagné V, Ansari M, Sinnott D, Labuda D, Moghrabi A, Krajcinovic M. DNA variants in the dihydrofolate reductase gene and outcome in childhood ALL. *Blood.* 2008; 111(7): 3692-700.
- ⁴⁰ Askari BS, Krajcinovic M. Dihydrofolate reductase gene variations in susceptibility to disease and treatment outcomes. *Curr Genomics.* 2010; 11(8): 578-83.
- ⁴¹ Kalmbach RD, Choumenkovitch SF, Troen AP, et al. A 19-base pair deletion polymorphism in dihydrofolate reductase is associated with increased unmetabolized folic acid in plasma and decreased red blood cell folate. *J Nutr.* 2008; 138(12): 2323-7.
- ⁴² Wuerfel O, Greule M, Keppler F, Jochmann MA, Schmidt TC. Position-specific isotope analysis of the methyl group carbon in methylcobalamin for the investigation of biomethylation processes. *Anal Bioanal Chem.* 2013; 405(9): 2833-41.
- ⁴³ Sato T, Schurgers LJ, Uenishi K. Comparison of menaquinone-4 and menaquinone-7 bioavailability in healthy women. *Nutr J.* 2012; 11:93.
- ⁴⁴ Rayssiguier Y, Libako P, Nowacki W, Rock E. Magnesium deficiency and metabolic syndrome: stress and inflammation may reflect calcium activation. *Magnes Res.* 2010; 23(2): 73-80.
- ⁴⁵ Jugdaohsingh R. Silicon and bone health. *J Nutr Health Aging.* 2007; 11(2): 99-110.
- ⁴⁶ Yang Q, Liu T, Kuklina EV, Flanders WD, Hong Y, Gillespie C, Chang MH, Gwinn M, Dowling N, Khoury MJ, Hu FB. Sodium and potassium intake and mortality among US adults: prospective data from the Third National Health and Nutrition Examination Survey. *Arch Intern Med.* 2011; 171(13): 1183-91.
- ⁴⁷ Buono S, Langellotti AL, Martello A, Rinna F, Fogliano V. Functional ingredients from microalgae. *Food Funct.* 2014; 5(8): 1669-85.
- ⁴⁸ Rege NN, Thatte UM, Dahanukar SA. Adaptogenic properties of six rasayana herbs used in Ayurvedic medicine. *Phytother Res.* 1999; 13(4): 275-91.
- ⁴⁹ Kidd PM. Bioavailability and activity of phytosome complexes from botanical polyphenols: the silymarin, curcumin, green tea, and grape seed extracts. *Altern Med Rev.* 2009; 14(3): 226-46.
- ⁵⁰ Post-White J, Ladas EJ, Kelly KM. Advances in the use of milk thistle (*Silybum marianum*). *Integr Cancer Ther.* 2007; 6(2): 104-9. Review.
- ⁵¹ Shiby VK, Mishra HN. Fermented milks and milk products as functional foods--a review. *Crit Rev Food Sci Nutr.* 2013; 53(5): 482-96.
- ⁵² Dhanasekaran M, Ren J. The emerging role of coenzyme Q-10 in aging, neurodegeneration, cardiovascular disease, cancer and diabetes mellitus. *Curr Neurovasc Res.* 2005; 2(5): 447-59. Review.
- ⁵³ Berg JM, Tymoczko JL, Stryer L. *Biochemistry*, 5th edition. 2002. W H Freeman, New York. 1100 pp.



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