

Technical Bulletin GOOD GREEN VITALITY





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DISCLAIMER

The information contained in this document has been prepared independently as a guide to Healthcare Practitioners (HCPs) considering Good Green Vitality as a recommended supplement to clients and/or patients. It draws upon existing scientific research on the human biosystem, on nutritional supplementation in general and on specific forms of vitamins, minerals and other nutrients contained in the product.

This document is not a guide to or an endorsement of Good Green Vitality, or any supplement or individual ingredient, for use as a prevention or cure for any illness or disease.

The opinions and conclusions expressed in this document are those of the authors, reached after analysis of available scientific research papers and personal experience in clinical practice. Health Practitioners should not rely solely on the opinions expressed or information contained in this document but are encouraged to conduct independent research to reach their own conclusions.

It is further emphasised that Good Green Vitality has been formulated as a general food supplement to a normal diet. It has not been formulated for therapeutic purposes and does not claim to prevent or cure any disease. It is simply a comprehensive blend of nutrients designed to help fill the gaps of missing or depleted nutrients as a support formula for general health and wellbeing.

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He is the author of several best-selling books and is a contributor to magazines and media worldwide. Cliff is also a strength athlete holding several world records and is a two time IAWA Weightlifting World Champion.

SCIENTISTS HAVE SUGGESTED THAT LONG-TERM HEALTH IS SUPPORTED BY DAILY SUPPLEMENTATION OF A MULTI-VITAMIN, AND THERE ARE COMPELLING REASONS TO CONSIDER A SUPPLEMENT TO HELP SUPPORT OPTIMAL HEALTH AND PERFORMANCE.

Do we get what we need from diet alone?

Many of us don't get all the essential micronutrients that we need to thrive from diet alone. This is especially true of vitamin A, B1, B6, B12, iron, magnesium, zinc and selenium.^{1,2} Without all of these vital nutrients, we are unable to have robust good health and resilience, or perform at our best.

Insufficient intakes of nutrients rise rapidly from infancy. From the age of 2-4 to 14-18, around 1/3 of males and over 1/4 of females do not consume sufficient vitamin A, around 1 in 10 young women don't sufficiency consume vitamin B1 and folate, 1 in 20 for B12, and 1 in 5 for B6. Inadequacy of essential minerals is even more pronounced, with around 80% inadequate by the age of 18 for calcium, and over 60% inadequate for magnesium. Iodine, iron, and phosphorus intakes are also particularly concerning in young women, while for boys and men, zinc insufficiency consistently rises so that over 2/3 of the male population are consuming a diet insufficient in zinc by older adulthood.²

Why don't we always get what we need from the diet?

We eat more processed food

The major reason for not getting all we need from diet alone is simple; we eat more refined and processed foods. In Australia, around 1/3 or more of our daily energy intake comes from 'discretionary foods' – " foods and drinks not necessary to provide the nutrients the body needs" but which are rich in energy (calories) and yet, often far lower in essential and secondary nutrients beneficial to overall health.² We are also, over time, eating fewer nutrient-rich whole foods (like vegetables and berries). Nowadays less than half of us eat the recommended amounts of vegetables and fruit to optimise health.³

Some foods may be lower in essential nutrients than in the past

US Department of Agriculture data shows that some fresh produce (some vegetables, fruits, and berries) may only provide around half the amounts of some vitamins and minerals than they did in the 1950s.⁴ So, while we have been eating more over time, and taking in more than enough calories and 'fuel', we aren't necessarily getting enough of the 'little guys' - the vitamins, minerals and secondary nutrients that help every system of the body run optimally. Dietary supplements also often provide single, isolated nutrients, vitamins, minerals, or limited combinations in forms that are 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.

Dietary reference intakes may not be optimal

Dietary reference intakes (DRI), Recommended Daily Allowance (RDA) and other measures of dietary sufficiency for micronutrients have been determined to deliver the minimum amounts required to prevent gross deficiencies and related diseases, not the optimum amounts required to thrive. Amounts required to perform and feel at your best are individual and may be greater than the standard, recommended intakes.

There are additional reasons why our diets are becoming more insufficient:

- Increasingly stressful lifestyles which increase our demand for micronutrients
- A longer 'food chain' (i.e. more time in transport and storage and less local, fresh produce) which can reduce the amounts of nutrients (especially fragile, water-soluble vitamins)
- Lack of variety in food choices and fewer people choosing wild foods (like previously popular vegetable choices such as dandelion, sow thistle etc.)

While a multi is never a substitute for healthy eating, and the focus should always be on working towards a diet mostly based on natural, unrefined foods. Multis can help to 'fill the gaps' in nutrition and are considered a safe and effective way to ensure a healthy intake of essential and beneficial nutrients.⁵

Multi-nutrient formulas improve mortality outcomes for cancer, stroke, heart disease, along

with improvements in all-cause mortality.^{6,7} They can also reduce perceived stress,⁸ improve sleep,⁹ and improve memory and cognition.¹⁰ Overall, multis are a safe and effective way to ensure a healthy intake of essential and beneficial nutrients.⁵ However, not all multis are created equal.

To ensure that you are taking a product that will help and not hinder your health and performance a multi-nutrient formula should:

- Contains all the essential micronutrients—except for added iron because up to 20% or more of people may experience sub-clinical iron overload
- Based on whole-food ingredients and extracts that provide additional 'secondary' nutrients
- Uses the safest and most effective forms of ingredients
- Not contain ingredients simply because they are 'trending' or popular if they don't have evidence or plausibility to support both safety and efficacy



Supporting all 11 body systems, Good Green Vitality is comprehensive foundational nutrition at its absolute best. From energy production, cognitive function, and the immune system to bone and gut health, Nuzest can support all in their quest to optimal health and vitality.

Designed as a daily supplement to help fill key nutritional gaps, Good Green Vitality is nutritional insurance rather than a replacement to a healthy balanced diet. We always encourage food first as the main nutrition source, filling your plate at each meal with colours, fibre, carbohydrates, protein, and fat. For anyone, it is the ultimate nutritional back-up if taken daily, supporting optimal health and performance.

Good Green Vitality is the ideal supplement for health practitioners to prescribe to clients for foundational health to help provide better outcomes for specific treatments. A blend of over 75 ingredients produces a powerful synergistic effect of nutritional benefits. Each ingredient is specifically chosen for the benefits it provides to the 11 bodies systems, overall boosting vitality, immunity and enhanced daily functioning. Built on a foundation of nutrient-rich superfoods including microalgae, mushrooms, vegetables and high polyphenol fruit and berry extracts, Good Green Vitality provides the all-important armoury of phytonutrients, and trace and ultra-trace minerals necessary for proper absorption and utilisation of the vitamins, minerals and other isolated nutrients used to fortify the formula.

Enzymes, soluble fibre and macrobiotics support digestion and the microbiome, immune and inflammatory modulation, while herbs support detoxification and adaptogens for stress-support. Other valuable ingredients such as co-enzyme Q10, beta-glucans, resveratrol, phospholipids, Panax ginseng and more help to support performance, energy production, and cognition.

The levels, forms and ratios of vitamins, minerals and other supportive nutrients have been determined and optimised through a thorough evaluation of available scientific reviews and supporting scientific evidence. Specific forms of vitamins and minerals have been selected based on maximum bioavailability; efficacy being the driving force behind the formulation. No vitamin, mineral or other nutrient has a specific single function. They all work in support of each other in a range of functions within the human ecosystem. Some of those nutrients are produced by the body's own chemistry while others need to be introduced directly through the food chain.

Food provides essential ingredients for the body's laboratory/information system and, like any chemical formula, if an element is missing or out of balance it can have dire consequences. In the case of the human body, it can lead to long term chronic health issues and impairment to optimal function. This indeed is the rationale behind supplementation; provision of missing nutrients and boosting of those that are deficient. We know through clinical evidence that most people are deficient to some degree of the main essential nutrients needed for optimal function. This may be a result of lifestyle demands, poor dietary choices, low-quality food, soil depletion or a person's biological inefficiency due to various genetic, age or health-related reasons. Research for optimal health is ever-evolving and extensive research is always at the forefront of Nuzest development.

The following diagram aims to show which nutrients added to Good Green Vitality support each of the 11 body systems.





Respiratory System



Excretory System



Skeletal muscles

Immune System



Endocrine System





Digestive System



Skeletal System



Integumentary System



Reproductive System



Reproductive System



SYSTEM, FUNCTION AND INGREDIENTS

Body system	Key organs and tissue	Functions	Ingredients in Good Green Vitality that support this system
Circulatory Cardiovascular, heart and circulation	Heart, arteries, veins, arterioles, capillaries, venules	 Delivers oxygen and nutrients to cells throughout the body and takes wastes away Functions as a 'cooling system' for the body by increasing or reducing blood flow to the skin and extremities 	 Vitamin B1, B2, B3, B5, B6, B9, B12, C, E, K Calcium Copper Magnesium Potassium Zinc Protein L-ascorbic acid Bioflavonoid Grapeseed Green tea Cacao Rosemary Beta glucans Co-enzyme Q10 Black pepper Aloe vera Globe artichoke Psyllium husk Milk thistle Hawthorn Fruit and berry blend Vegetable blend Spirulina Probiotics Dietary enzymes
Digestive and excretory Gastrointestinal	Mouth, oesophagus, stomach, small and large intestine	 Absorbs nutrients from the gastrointestinal tract and removes waste (mostly solid) oesophagus, stomach and intestines Eliminates waste from the body 	 Zinc Bioflavonoid Black pepper Aloe vera Psyllium husk Milk thistle Dandelion

SYSTEM, FUNCTION AND INGREDIENTS

		 Absorbs nutrients from the gastrointestinal tract and removes waste (mostly solid) oesophagus, stomach and intestines Eliminates waste from the body 	 Ginger Liquorice Barley leaf Wheatgrass Spirulina Probiotics Slippery elm
Endocrine Hormonal	Pineal gland, pituitary gland, pancreas, ovaries, testes, thyroid gland, parathyroid gland, hypothalamus and adrenal glands	Influences the function of other cells and through chemical messengers (hormones)	 Vitamin A, B6, B9, D, E, K Chromium Kelp Magnesium Manganese Selenium Zinc Red marine algae L-ascorbic acid L-selenomethionine Green tea Rosehip Rosemary Turmeric Shiitake mushroom Beta glucans Co-enzyme Q10 Black pepper Aloe vera Psyllium husk Milk thistle Ginger Liquorice Kelp Chlorella Spirulina Probiotics

Body system	Key organs and tissue	Functions	Ingredients in Good Green Vitality that support this system
Cardiovascular, heart and circulation	Heart, arteries, veins, arterioles, capillaries, venules	 Delivers oxygen and nutrients to cells throughout the body and takes wastes away Functions as a 'cooling system' for the body by increasing or reducing blood flow to the skin and extremities 	 Vitamin B1, B2, B3, B5, B6, B9, B12, C, E, K Calcium Copper Magnesium Potassium Zinc Protein L-ascorbic acid Bioflavonoid Grapeseed Green tea Cacao Rosemary leaf extract Beta-glucans Co-enzyme Q10 Black pepper Aloe vera Globe artichoke Psyllium husk Milk thistle Hawthorn Fruit and berry blend Vegetable blend Spirulina Probiotics Dietary enzymes
Renal and urinary	Kidneys, ureters	 Removes waste, excess acids and bases, or liquids via the filtration of the kidneys and excreted in urine 	DandelionBeetroot

Endocrine Hormonal

The pineal gland, pituitary gland, pancreas, ovaries, testes, thyroid gland, parathyroid gland, hypothalamus, and adrenal glands Influences the function of other cells and tissue through chemical messengers (hormones)

•

- Vitamin A, B6, B9, D, E, K
- Chromium
- Kelp

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- Magnesium
- Manganese
- Selenium
- Zinc
- Red marine algae
- L-ascorbic acid
- L-selenomethionine
- Green tea
- Rosehip
- Rosemary leaf extract
- Turmeric
- Shiitake mushroom
- Beta-glucans
- Co-enzyme Q10
- Black pepper
- Aloe vera
- Psyllium husk
- Milk thistle
- Ginger
- Liquorice
- Kelp
- Chlorella
- Spirulina
- Spirulina
- Probiotics

Reproductive Pe

Genital, sexual

Penis, vagina

Production of offspring

- Vitamin B6
- Grapeseed
- Ashwagandha
- Ginger

Body system	Key organs and tissue	Functions	Ingredients in Good Green Vitality that support this system
Immune Lymphatic	White blood cells	 Defends the body against pathogens (like bacteria, viruses, and other microbes that can harm the body) 	 Vitamin A, B2, B7, B9, B12, C, D, E, K Copper Kelp Manganese Selenium Zinc L-ascorbic acid L-selenomethionine Bioflavonoid Green tea Grapeseed Red marine algae Rose hip Rosemary leaf extract Turmeric Ashwagandha Shiitake mushroom Black pepper Globe artichoke Milk thistle Dandelion Ginger Liquorice Hawthorn Fruit and berry blend Kelp Chlorella Barley leaf Wheatgrass Probiotics Dietary enzymes

Respiratory	Nose, nasal cavity and sinuses, pharynx, larynx trachea, lungs: bronchi, bronchioles and the alveoli	 Extracts oxygen from air to take into the body and removes carbon dioxide. Also, an excretory channel to get rid of excess acid 	BioflavonoidFruit and berry blendVegetable blend
Nervous	Brain, spinal cord, central and peripheral nervous system	 Collects, processes, and transmits information from the senses, via nerves and the brain, to the body 	 Vitamin A, B1, B2, B3, B5, B12, E Copper Magnesium Potassium Zinc Bioflavonoid Green tea Gotu kola Rhodiola rosea Red marine algae Ashwagandha Shiitake mushroom Co-enzyme Q10 Fruit and berry blend Vegetable blend
Skeletal Structural	The bones of the skeleton	• Maintains the structure of the body to allow movement and function and protects vital organs like the heart and brain	 Vitamin D, K Calcium Copper Magnesium Potassium Protein Red marine algae

Body system	Key organs and tissue	Functions	Ingredients in Good Green Vitality that support this system
Muscular	Muscles	• Moves the body	 Vitamin B1, D Magnesium Potassium Zinc Protein Green tea Shiitake mushroom
Integumentary Exocrine	Skin, hair, nails, sweat and other exocrine glands	 A physical barrier to help prevent infection, allow an appropriate internal environment and includes connective tissue to stabilise and protect the body 	 Vitamin B7, C, D Protein L-ascorbic acid Rosehip Gotu kola Beta-glucans Slippery elm Dietary enzymes
Digestive and excretory Gastrointestinal	Mouth, oesophagus, stomach, small and large intestine	 Absorbs nutrients from the gastrointestinal tract and removes waste (mostly solid) oesophagus, stomach and intestines Eliminates waste from the body 	 Zinc Bioflavonoid Black pepper Aloe vera Psyllium husk Milk thistle Dandelion Ginger Liquorice Barley leaf Wheatgrass Spirulina Probiotics Slippery elm



NUTRITION INFORMATION	PER 10G	PER 100ML
Energy	137kJ	55kJ
	33Cal	13Cal
Protein	2.2g	0.9g
-gluten	Og	Og
Fat, total	0.8g	0.3g
-saturated	0.2g	0.1g
Carbohydrates	3.2g	1.3g
-sugars	1.2g	0.5g
Dietary fibre	1.8g	0.7g
Sodium	40mg	16mg
VITAMINS & MINERALS	PER 10G	%RDI^
Vitamin A Retinyl palmitate & mixed natural carotenoids	800mcg RE	100%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride	800mcg RE 4mg	100% 348%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin	800mcg RE 4mg 4mg	100% 348% 333%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid	800mcg RE 4mg 4mg 20mg	100% 348% 333% 133%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate	800mcg RE 4mg 4mg 20mg 10mg	100% 348% 333% 133% 200%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate Vitamin B6 Pyridoxine hydrohloride	800mcg RE 4mg 4mg 20mg 10mg 8mg	100% 348% 333% 133% 200% 571%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate Vitamin B6 Pyridoxine hydrohloride Vitamin B9 Calcium L-5-methyltetrahydrofolate	800mcg RE 4mg 4mg 20mg 10mg 8mg 400mcg	100% 348% 333% 133% 200% 571% 100%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate Vitamin B6 Pyridoxine hydrohloride Vitamin B9 Calcium L-5-methyltetrahydrofolate Vitamin B12 Methylcobalamin	800mcg RE 4mg 4mg 20mg 10mg 8mg 400mcg 100mcg	100% 348% 333% 133% 200% 571% 100% 4167%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate Vitamin B6 Pyridoxine hydrohloride Vitamin B9 Calcium L-5-methyltetrahydrofolate Vitamin B12 Methylcobalamin Vitamin C L-ascorbic acid	800mcg RE 4mg 4mg 20mg 10mg 8mg 400mcg 100mcg 300mg	100% 348% 333% 133% 200% 571% 100% 4167% 667%
Vitamin A Retinyl palmitate & mixed natural carotenoids Vitamin B1 Thiamine hydrochloride Vitamin B2 Riboflavin Vitamin B3 Nicotinamide & nicotinic acid Vitamin B5 Calcium d-pantothenate Vitamin B6 Pyridoxine hydrohloride Vitamin B9 Calcium L-5-methyltetrahydrofolate Vitamin B12 Methylcobalamin Vitamin C L-ascorbic acid Vitamin D3 Cholecalciferol (from Lichen)	800mcg RE 4mg 4mg 20mg 10mg 8mg 400mcg 100mcg 300mg 20mcg	100% 348% 333% 133% 200% 571% 100% 4167% 667% 300%

Vitamin K (1 & 2) Phylloquinone & Menaquinone-7	80mcg	123%
Biotin Biotin	300mcg	1091%
Calcium Red marine algae	165mg	16%
Chromium Chromium picolinate	40mcg	133%
Copper Copper gluconate	600mcg	41%
lodine Kelp	150mcg	100%
Iron Pea protein isolate	1mg	9%
Magnesium Magnesium citrate & magnesium glycinate	100mg	27%
Manganese Manganese gluconate	2mg	38%
Phosphorus Potassium phosphate dibasic	120mg	12%
Potassium Potassium phosphate dibasic	320mg	10%
Selenium L-selenomethionine	70mcg	108%
Zinc Zinc citrate	12mg	109%
Silica Red marine algae	12mg	ł
NEURAL BLEND		PER 10G
Flaxseed Linum usitatissimum seed		600mg
Sunflower lecithin Sunflower lecithin		500mg
Green tea* Camellia sinensis leaf extract (10:1)		200mg
Gotu kola* Centella asiatica herb top extract (10:1)		100mg
Panax ginseng [*] Panax ginseng root extract (10:1)		
Panax ginseng* Panax ginseng root extract (10):1)	100mg
Panax ginseng* Panax ginseng root extract (10 Rhodiola* Rhodiola rosea root extract (15:1)):1)	100mg 100mg
Panax ginseng* Panax ginseng root extract (10 Rhodiola* Rhodiola rosea root extract (15:1) Rosemary* Rosmarinus officinalis leaf extract (10	D:1) D:1)	100mg 100mg 100mg

NUTRITION FACTS AND INGREDIENTS

BERRIES, FRUITS & VEG	PER 10G
Blackcurrant* Ribes nigrum extract (200:1)	350mg
Broccoli sprout Brassica oleracea sprout	200mg
Beetroot Beta vulgaris root	200mg
Acerola [*] Malphigia punicifolia juice extract (4:1)	200mg
Bilberry* Vaccinium myrtillus extract (100:1)	200mg
Spinach Spinacia oleracea leaf	150mg
Papaya Carica papaya juice concentrate	100mg
Carrot Daucas carota root	100mg
Goji (wolfberry)* Lycium barbarum extract (4:1)	50mg
Hawthorn* Crataegus monogyna fruit extract (10:1)	50mg
GUT & DIGESTIVE BLEND	PER 10G
Apple fibre Malus x domestica fibre	1000mg
Aloe vera* Aloe barbadensis leaf extract (organic) (200:1)	1000mg
Globe artichoke* Cynara scolymus leaf extract (15:1)	500mg
Prebiotic apple pectin Malus x domestica pectin	250mg
Psyllium husk Plantago ovata husk	200mg
Milk thistle* Silybum marianum seed extract (70:1)	100mg
Ginger Zingiber officinale rhizome	80mg
Licorice root Glycyrrhiza glabra root and rhizome	70mg
Dietary enzymes Bromelain 2000GDU/G	60mg
Dandelion* Taraxacum officinale whole plant extract (4:1)	50mg
Slippery elm Ulmus rubra inner bark	30mg
Probiotics Lactobacillus acidophilus	5 Bill CFU
Probiotics Bifidobacterium bifidum	3 Bill CFU

IMMUNITY BLEND	PER 10G
Citric acid Citric acid anhydrous	250mg
Citrus bioflavonoids* Lemon citrus bioflavonoids extract	250mg
Grape seed* Vitis vinifera seed extract (120:1)	250mg
Rosehip* Rosa canina fruit extract (4:1)	200mg
Turmeric* Curcuma longa rhizome extract (4:1)	200mg
Cacao bean polyphenols* Theobroma cacao bean	100mg
Astragalus* Astragalus membranaceus root extract (4:1)	80mg
R,S alpha-lipoic acid R,S alpha-lipoic acid	70mg
Shiitake mushroom Lentinula edodes	60mg
Resveratrol* Polygonum cuspidatum extract	55mg
Mixed natural tocopherols Mixed natural tocopherols	35mg
1,3/1,6 Beta-glucans Saccharomyces cerevisiae yeast cell walls	25mg
CoQ10 Ubiquinone	20mg
Mixed natural carotenoids Dunaliella salina	8mg
PROTEIN & SUPERFOODS	PER 10G
Spirulina Spirulina platensis (organic)	800mg
Pea protein isolate Pisum sativum (Pisane®)	740mg
Red marine algae Lithothamnion sp. (Aquamin®F)	485mg
Wheatgrass Triticum vulgare leaf powder (organic)	250mg
Barley grass Hordeum vulgare leaf powder (organic)	250mg
Chlorella Chlorella vulgaris (cracked wall - organic)	200mg
Kelp Fucus vesiculosus extract (5:1)	195mg

Per 10g Serve. All values are averages. *% Recommended Daily Intake for adults aged 19 to 70 years (average). *Extracts - listed as equivalent values.

ADDED VITAMINS AND MINERALS

The levels of most vitamins are significantly higher than national daily reference values while most minerals, except iron (by design), are at either the daily reference value or make a reasonable contribution to daily nutritional needs.

Nutrient Reference Values (NRV) and Recommended Daily or Dietary Intakes (RDI/RI) established by regulatory authorities globally are designed to show the minimum levels of nutrients required to prevent disease or malfunction. Even then, they are a general guide and not specific to individual needs.

While NRVs have been established to provide recommended dietary intakes of vitamins and minerals based on age and gender, in food labelling, they are not age or gender-specific. In any case, they do not take account of genetics, physical attributes such as size and weight, medical conditions, environmental factors, or ethnic backgrounds. Optimal supplementation, or 'personalised' nutrition, for therapeutic or even general health requires a variety of tests such as stool, blood and genetic analysis and the advice and supervision of appropriately qualified Health Practitioners.

To produce foundational nutritional support for everybody, Good Green Vitality uses levels of nutrients based on a combination of the regulatory guidelines, safety considerations, efficacy, and evidence of widespread serious deficiency in the general population.

Researched levels of each carefully selected vitamin have been formulated into the Good Green Vitality recipe. These meet and exceed the daily recommended suggestions to ensure that the consumer is getting a sufficient amount of natural and easily absorbed nutrients.

VITAMINS

Vitamin A

Form:

Retinyl palmitate and mixed natural carotenoids (including beta-carotene) from *Dunaliella salina*

Key body systems:

Immune, nervous (vision), endocrine

Vitamin A is a group of essential, fat-soluble vitamins including retinol, retinal, retinoic acid, and provitamin A carotenoids (most notably, beta-carotene) which can be converted to 'active' vitamin A.

Vitamin A is important for growth and development, immunity, and vision, especially low-light and colour vision. Vitamin A also functions via retinoic acid as which is a hormone-like growth factor for epithelial and other cells.

Key benefits of vitamin A supplementation:

- Improved immunity and resistance to infection
- Improved vision
- Reduced risk of anaemia
- Possible reduced risk of obesity and diabetes

Vitamin A deficiency is the leading cause of preventable vision problems and blindness in children, along with severe impacts on immunity.¹¹ Vitamin A supplementation is associated with large reductions in illness, mortality, and vision problems in children and it has been recommended that any children at any risk of deficiency should be given a vitamin A supplement.¹² Additionally, vitamin A supplementation during pregnancy improves immunity to illness and reduces the incidence of gestational night blindness.¹³ A systematic review and analysis using a Chinese cohort has demonstrated that the incidence of actual and sub-clinical vitamin A deficiency increase with age and is more common in rural and under-developed areas.¹⁴ Vitamin A supplementation has been demonstrated to reduce anaemia by ~26% and raises haemoglobin levels, compared to those not supplementing, and improves iron status in pregnant and lactating women. It has been concluded that vitamin A supplementation reduces the risk of anaemia, by improving haemoglobin and ferritin levels in individuals with low vitamin A levels.¹⁵

Why retinyl palmitate?

While this form is usually found in foods of animal origin, it can also be produced in a vegan (non-animal) form, which is included in this product. Retinyl palmitate is an ester of vitamin A that is immediately converted to the active, bioavailable storage form of vitamin A-retinol, in the small intestine. Unlike vegetable-derived carotenoids like beta-carotene, retinyl palmitate does not need to undergo additional processing and conversion to active vitamin A in the body. This conversion process to usable vitamin A from carotenoids can differ by a factor of ninefold.¹⁶ And whole food sources of beta-carotene may be required in amounts around four times higher than taking a preformed vitamin A supplement.^{16,17} Higher body-fat levels may also negatively affect beta-carotene conversion.¹⁸ However, excessive doses of preformed vitamin A can be toxic, whereas carotenoids will not be converted to vitamin A in excessive amounts. For these reasons, pre-formed vitamin A is included in this product along with mixed carotenoids that have additional benefits to health and can help to provide sufficiency of vitamin A.

Vitamin B1 – Thiamin

Form: Thiamin hydrochloride

Key body systems: Circulatory, muscular, nervous

Thiamin (or thiamine) was the first B-vitamin to be discovered and the first vitamin to be isolated, hence its classification as 'B1'. Food sources include whole grains, legumes, meats and fish; however, processing of grains removes much of the thiamine content. A frank vitamin B1 deficiency known as 'beri-beri' was a common illness and is still seen in developing countries but is not common in developed nations despite around 20% of people potentially not meeting their B1 requirements from diet alone.¹ The major role of thiamin in the body is as a component of co-enzymes that enable us to use amino acids (from protein), and carbohydrates for energy.

Key benefits of thiamin supplementation:

- Improved cardiovascular health
- Possible reduced risk of obesity and diabetes
- Improved energy provision

Thiamin deficiency could be part of the complex aetiology (causation) of heart disease and supplementation might reduce the risk of future cardiovascular events.¹⁹ Thiamin deficiency is prevalent in heart failure patients and supplementation with this vitamin improves cardiac function, weight maintenance, signs and symptoms of heart failure in patients.^{20,21,22} There is also evidence that thiamin deficiency might be associated with obesity, possibly involving the interaction of thiamin and magnesium in the formation of the enzyme thiamin diphosphate, an integral part on the liberation of energy from glucose. Up to 47% of patients with obesity entering bariatric surgery are deficient in thiamin.²³

Why supplement with thiamin?

A sub-clinical deficiency may exist for a large proportion of the population and supplementing with thiamin (along with the other B-vitamins, magnesium, and other essential and secondary nutrients) is prudent to ensure nutritional status and improve health and reduce future health-risk. Thiamin hydrochloride is a bioavailable and safe form for supplementation.

Vitamin B2 - Riboflavin Form: Riboflavin Key body systems:

Immune, circulatory, nervous

Riboflavin, or vitamin B2, is a B-vitamin found in high amounts in eggs, green vegetables, milk and other dairy products, meat, mushrooms, and almonds. It is essential for the proper energy provision and supplementation is often used to prevent and treat migraines. Riboflavin is also considered to play a role in the prevention of anaemia, cancer, hyperglycaemia, hypertension, diabetes mellitus, neurological disorders, and oxidative stress.^{24,25}

Key benefits of riboflavin supplementation:

- Reduced oxidative stress
- Reduction in blood pressure (in genetically predisposed people)
- Benefits for neural health and MS
- Reduced duration, frequency, and severity of migraines

In addition to its other actions, riboflavin is a relatively under-recognised antioxidant that can help reduce oxidative stress to the body.²⁶ It is extensively used and has demonstrated significant evidence for the treatment of migraine without significant adverse effects.²⁷ Supplementation reduces both the frequency and duration of migraines,²⁸ and at a dose of >200 mg per day is also effective for reducing the frequency and severity of migraines in children.²⁸

Cardiovascular disease patients with the MTHFR 677TT genotype and high blood pressure might experience significant reductions with riboflavin supplementation.²⁹ Riboflavin deficiency results in neurological abnormalities and demyelination and possibly due to its role as an antioxidant and promotion of brain-derived neurotrophic factor, riboflavin is showing positive benefits for symptoms of multiple sclerosis.³⁰

Why riboflavin?

Riboflavin is included to support the provision of energy and, in supportive (non-therapeutic) dosage, to support the neural and cardiovascular functions of the body, and antioxidant pathways, in association with the other health-supporting ingredients included in the formula

Vitamin B3 – Niacin

Form:

Nicotinamide, nicotinic acid

Key body systems: Circulatory, nervous

Niacin, also known as vitamin B3, is a water-soluble vitamin that has a wide range of functions in the body, including a role in converting carbohydrates into glucose, metabolising fats and proteins, and nervous system function.

Key benefits of niacin supplementation:

- May help prevent cardiovascular disease and associated events
- Improves blood lipids
- May reduce migraines and tension-type headaches
- May improve psychotic symptoms in those with a niacin-respondent subset of schizophrenia

Research suggests that niacin supplementation reduces cardiovascular disease events^{31,32} via its HDL-elevating, antioxidant and anti-inflammatory properties.³³ Niacin has been shown to significantly improve lipid abnormalities in people with type 2 diabetes but requires monitoring of glucose levels if used for long-term treatment.³⁴

Niacin supplementation may also help to reduce migraine and tension-type headaches.³⁵ Niacin deficiency is a contributor in the development of some niacin-respondent subsets of schizophrenia, and niacin supplementation may be beneficial in these cases.³⁶

Why nicotinamide and nicotinic acid?

High doses of niacin can cause flushing, nausea, and fainting,³⁵ so, a supportive and moderate dose is included in this formula. Nicotinic acid and nicotinamide are both well-absorbed and tolerated.

Vitamin B2 – Riboflavin

Form: Calcium d-pantothenate Key body systems:

Overall support

Vitamin B5 or pantothenic acid is a water-soluble vitamin of the B-complex. It is an essential nutrient required to help metabolise proteins, carbohydrates, and fats. The name derives from the Greek pantos 'everywhere' as small amounts are found in almost all foods. Higher amounts are found in whole grains, eggs, liver, and dried mushrooms.

Key benefits of vitamin B5 supplementation:

- To support nutrient sufficiency as part of the B-complex
- Provide support for energy production
- Coenzyme A (CoA) is required in approximately 4% of all known enzymes as a cofactor, mostly used in the liberation of energy from the food we eat. Vitamin B5 is essential to produce coenzyme A.

Why include vitamin B5?

Because vitamin B5 is found in many foods, a deficiency is extremely rare. While there is little evidence that high dosages from supplements offer any meaningful benefit to people eating a healthy diet, as part of the B-complex, pantothenic acid is important to produce energy in the body and a small amount is included in this formula, from bio-available calcium d-pantothenate, to help preserve nutrient sufficiency.

Vitamin B6 - Pyridoxines

Form:

Pyridoxine hydrochloride

Key body systems:

Circulatory, endocrine, reproductive

Vitamin B6 refers to a group of related chemicals that are all interconvertible and are essential for the liberation of energy from amino acids, carbohydrates, and fats. Forms include pyridoxine, pyridoxine 5'-phosphate (P5P), pyridoxal, pyridoxal 5'-phosphate (PLP), pyridoxamine, and pyridoxamine 5'-phosphate (PMP).

Key benefits of vitamin B6 supplementation:

- Reduced risk of cardiovascular disease
- Possible improvements in mood and cognition
- Possible improvements in peri-menstrual symptoms
- Support for overall health and energy production

There might be a significant proportion of people (~20%) who do not habitually consume enough B6 in their diets,¹ and due to the critical role of this vitamin, in concert with the other B-vitamins, supplementation is recommended. There also appears to be a dose-dependent relationship between increased vitamin B6 intake and reduced cardiovascular risk.³⁷

Why pyridoxine hydrochloride?

The various forms of B6 are highly interconvertible. Pyridoxine hydrochloride is easily absorbed and offers a high yield of conversion to active forms of vitamin B6 (like PLP) in the body.

Vitamin B7 – Biotin

Form: Biotin

Key body systems:

Integumentary, immune

Biotin, or vitamin B7, is a water-soluble vitamin and a cofactor for five carboxylases that catalyse steps in the metabolism of fatty acids, glucose, and amino acids. Biotin also plays a role in histone modification, gene regulation, and cell signalling.^{38,39}

Key benefits of biotin supplementation:

- Helps modulate gene expression
- Aids metabolism of fats, carbohydrates, and proteins
- Improves the health of hair, skin, and nails

Research suggests that biotin supplementation can reduce brittleness and improve the health of nails.⁴⁰ Biotin supplementation has also reduced triglyceride concentrations and improved lipid profiles in diabetic patients,⁴¹ and in combination with chromium supplementation has improved glucose control in trial participants with diabetes.⁴²

Why biotin?

Biotin is an important water-soluble vitamin that needs to be supplied to the body regularly. It is important for blood glucose regulation, gene expression, metabolism, and plays an important role in the health of hair, skin, and nails.

Vitamin B9 – Folate

Form:

Calcium L-5 methyl-tetrahydrofolate (L-5MTHF)

Key body systems:

Circulatory, immune, endocrine

Folate is a B-vitamin (B9) necessary for the production and maintenance of new cells, DNA synthesis and RNA synthesis through methylation, and for preventing changes to DNA. It is especially important during periods of frequent cell division and growth, such as infancy and pregnancy.

Key benefits of folate supplementation:

- Reduced homocysteine levels
- Improved pregnancy outcomes
- Reduced inflammation
- A significant benefit of the natural form vs synthetic

Folic acid/folate supplementation helps to reduce homocysteine (a cardiovascular risk marker) and might help improve glucose control in those with diabetes.^{43,44} Folate added to the diet (through fortification or supplementation) reduces the risk of neural tube defects in babies.⁴⁵ There is also some evidence that folate supplementation could reduce the risk of preeclampsia (high blood pressure and organ damage during pregnancy).⁴⁶ There has been a suggestion that folate supplementation could reduce inflammation and a systematic review and meta-analysis including 10 randomised, controlled trials, suggested that folate can significantly reduce C-reactive protein, a key marker of systemic inflammation.⁴⁷

Why L-5-MTHF?

It is important to use an active methylated form of folate; L5 methyltetrahydrafolate (L-5-MTHF) in preference to the cheaper synthetic form often simply labelled 'folic acid'. Many people cannot effectively convert other synthetic forms of folic acid to active folate in the body. The common synthetic form of folic acid (pteroylmonoglutamate) found in most supplements leads to high levels of unmetabolised folic acid in the blood.^{48,49} This can interfere with the function of active folate,^{50,51} negatively impacting immunity.⁵² Although it had previously been suggested that L-5-MTHF is less easily absorbed than synthetic folic acid, a recent systematic review has shown that there is little difference between absorption rates of different forms of folic acid or folate and showing greater bioavailability of the L-5-MTHF form.⁵³

Vitamin B12

Form: Methylcobalamin

Key body systems:

Immune, circulatory, nervous

Vitamin B12, or cobalamin, is a water-soluble vitamin that plays an essential role in folate metabolism and the synthesis of succinyl-CoA, an intermediate in the citric acid cycle of energy production. Also, it is required, as methylcobalamin, for the function of the folate-dependent enzyme methionine synthase, which is in turn required for the synthesis of the amino acid methionine from homocysteine. Vitamin B12 plays a key role in red blood cell production, brain health, and DNA synthesis. Intestinal malabsorption is generally the cause of vitamin B12 deficiency, as absorption of vitamin B12 from food requires stomach acid to free vitamin B12 from food.

Key benefits of B12 supplementation:

- Reduces chronic pain
- Possible antioxidant properties
- Normalises serum vitamin B12 levels and alleviates symptoms related to vitamin B12 deficiency
- Especially important for vegans and vegetarians to supplement with this vitamin

Early in the 20th-century doctors coined the term "pernicious anaemia" for the form of anaemia that did not respond to iron supplementation. Pernicious anaemia occurs when the body doesn't produce intrinsic factor in the stomach, necessary for the absorption of B12. In 1948, vitamin B12 was identified as the cure for pernicious anaemia and a reliable form of B12 for supplementation was sought. Oral vitamin B12 supplementation has been shown to normalise serum vitamin B12 levels and address the clinical manifestations related to vitamin B12 deficiency and is a cost-effective, more comfortable alternative to intramuscular vitamin B12.^{54,55} Anaemia is usually the first sign of a B12 deficiency, but not always, as high intakes of folates can mask B12 deficiency for some time. Of note is that the neural (brain and central nervous system) damage induced by a B12 deficiency is not reduced by folate and so vegans must take a B12 supplement.

Vitamin B12 plays an important role in the preservation of the myelin sheath around neurons and for the synthesis of neurotransmitters, and research has shown that vitamin B12 administration can significantly reduce pain and improve quality of life in patients with postherpetic neuralgia, a complication of herpes zoster.⁵⁶ Vitamin B12 may also possess antioxidant properties.⁵⁷

Why methylcobalamin?

The common form added to supplements cyanocobalamin is a synthetic form not found in foods or nature. The metabolism of cyanocobalamin leaves behind a cyanide residue that the body must then excrete. This is unlikely to cause problems for most people as the amount of cyanide left is extremely small. However, those with pre-existing kidney problems may have trouble excreting even these small amounts and a methylcobalamin form is preferred.⁵⁸ Expert advice is to use a non-cyanide form of B12 for general safety.⁵⁹

Methylcobalamin is a natural alternative to synthetic vitamin B12. Vitamin B12 regulates, together with 5-methyl-tetrahydrofolic acid (folate), the remethylation of homocysteine to I-methionine and the subsequent formation of S-adenosylmethionine (SAMe). SAMe is essential to most biological methylation reactions including the methylation of myelin, neurotransmitters, and phospholipids (e.g., phosphatidylcholine).

Methylcobalamin, having a methyl group can act as a methyl donor for these reactions,⁶⁰ whereas the synthetic forms need to themselves be methylated to do this. This step may be limited in some people and even in healthy people taxes methylation pathways unnecessarily. Methylcobalamin is also absorbed more effectively than synthetic B12 (cyanocobalamin).⁶¹

Vitamin C

Form: L-ascorbic acid

Key body systems:

Immune, circulatory, integumentary

Vitamin C, or ascorbic acid, is a water-soluble essential vitamin that serves as both an antioxidant and pro-oxidant. This vitamin plays an instrumental role in the development and maintenance of tissues, bone formation, wound healing, immune function, and many metabolic functions.⁶² Humans are unable to synthesise vitamin C, so ingestion from either an exogenous supplement or diet is necessary. Deficiency of vitamin C can lead to scurvy, anaemia, infections, bleeding gums, muscular degeneration, poor wound healing, and several other conditions.⁶²

Key benefits of vitamin C supplementation:

- Antioxidant
- Connective tissue and joint health and repair
- Improved cardiovascular health and reduced blood pressure
- Improved immunity
- Reduction in severity of colds

Research suggests that vitamin C supplementation can support healthy connective and bone tissue (via collagen formation). Vitamin C's antioxidant roles are many, and it has been shown to prevent free radical damage, reduce asthmatic symptoms, and supplementation may be protective against stroke,⁶³ heart attacks, neurodegenerative decline and related disorders.⁶⁴



Vitamin C might also be of benefit for the prevention of certain cancers of the lung, breast, and bladder,^{65,66,67,68} and it has been shown to enhance the immune system and protect the body from many diseases by stimulating the activity of antibodies.⁶⁷ Increased vitamin C intake, vitamin C supplementation, and higher concentrations of vitamin C are associated with lower blood pressure.⁶⁹

Vitamin C supplementation has been shown to significantly reduce serum uric acid and may play a role in reducing hyperuricaemia and help to prevent gout.⁷⁰ Vitamin C dosages of greater than 500mg per day have been associated with beneficial effects on endothelial function, particularly in those with cardio-metabolic disorders.⁷¹

While vitamin C, contrary to popular belief, probably won't cure a common cold, reviews of the research show that it can help to reduce symptoms of colds and shorten their duration,⁷² and might even help to prevent the occurrence of colds in athletes and others prone to higher levels of stress when taken regularly.^{73,74}

Why L-ascorbic acid?

Vitamin C is ascorbic acid. This is the bio-identical form of vitamin C and when combined with citrus bioflavonoids and other primary and secondary antioxidants in the formula, provides a natural antioxidant complex.

Vitamin D

Form:

Cholecalciferol (vitamin D3) from lichen

Key body systems:

Skeletal, immune, endocrine, muscular

Vitamin D is a group of fat-soluble steroid-like compounds important for calcium absorption and bone mineralization, mood, immune function, and modulating immunity amongst other functions. The major source of vitamin D is endogenous (within the body) production in the skin because of exposure to the UV rays in sunlight. However, due to geographic and seasonal variation in sun exposure and genetic differences in vitamin D production in response to sunlight, supplementation and food-derived sources have been considered important for preserving health.

Key benefits of vitamin D supplementation:

- Reduced depression
- Possible improvements in respiratory function
- Increased muscle strength
- Reduced incidence of immune disorders
- Improved bone and systemic health

Vitamin D supplementation might help to reduce depression in those with significant depression.⁷⁵ Vitamin D might also reduce exacerbations of asthma in children.⁷⁶ In two reviews of the available research, vitamin D at between 600 and 5000 iu per day was found to improve muscular strength.^{77,78}

Vitamin D supplementation is also showing promise for follicular development and menstrual regulation in women with polycystic ovary syndrome.⁷⁹ And, it is showing promise for inhibiting relapse in rheumatoid arthritis and systemic lupus erythematosus.⁸⁰ Vitamin D supplementation during pregnancy is significantly associated with improved birth weights and reduced neonatal and foetal mortality.⁸¹ Interestingly, obesity linearly reduces vitamin D absorption and so, those with higher bodyweights might benefit even more from supplementation.⁸²

Why cholecalciferol from lichen?

Vitamin D3 (cholecalciferol) is the natural form found in and created by animals (including humans) compared to the fungi-derived vitamin D2 form (ergocalciferol). There is epidemiological evidence that vitamin D3 promotes better health outcomes than D2. Vitamin D3 supplements have typically been extracted from the lanolin of sheep wool and are therefore not vegan. However, in this formula, we have included natural vitamin D3, bioidentical to that within the human body, sourced from lichen to ensure that the product can be used by vegans.

Vitamin E

Form:

D-alpha tocopherol acetate and mixed natural tocopherols and tocotrienols

Key body systems:

Circulatory, immune, endocrine, nervous

The vitamin E group includes eight fat-soluble vitamins: alpha (α), beta (β), gamma (γ), and delta (δ) tocopherols and tocotrienols. Vitamin E deficiency, typically caused by malabsorption or problems with fat absorption, can result in nervous system problems.

Vitamin E is a key antioxidant and is thought to play an important role in gene expression. Sources include most dietary fats, including oils, nuts and seeds, and the fat of meat, fish, eggs, and dairy.

Key benefits of vitamin E supplementation:

- Supports cardiovascular health
- Improved blood sugar control in those with metabolic disorder
- Anti-inflammatory and analgesic properties

Populations who consume larger amounts of vitamin E in food have reduced rates of cardiovascular and other diseases and in vitro research has demonstrated the antioxidant and anti-ageing properties of vitamin E. However, studies using vitamin E supplements have yielded mixed or even negative results.

This conflicting evidence might be due to the conflicting forms used (i.e. α , β , γ , and δ tocopherols and tocotrienols) or lack of combination with other essential nutrients creating an 'imbalanced' nutritive effect,^{83,84,85} and possibly due, in part to the statistical analyses used.⁸⁶

Pooled data from randomised controlled trials show a significant, positive effect of vitamin E supplementation on endothelial function (the thin membrane that lines the inside of blood vessels which can become damaged and is a contributor to heart disease).

This effect is greatest for those with lower levels of vitamin E.⁸⁷ Supplementation with vitamin E also significantly reduces systolic blood pressure.⁸⁸

While no overall effect of vitamin E supplements improving blood-sugar control has been observed, better glucose control (reductions in HbA1c) has been demonstrated in those with severely elevated blood glucose (i.e. HbA1c \geq 64),⁸⁹ and on balance, it appears that there is reduced hospitalisation and cardiovascular mortality for those people with diabetes taking vitamin E supplements.⁹⁰

Vitamin E supplementation might be useful as an adjunctive to reduce head and neck cancers,⁹¹ to reduce the risk of asthma in children when taken during pregnancy,⁹² and to relieve osteoarthritis,⁹³ possibly due to its anti-inflammatory and immunomodulatory effects.⁹⁴ Vitamin E supplementation can also significantly reduce the severity and duration of premenstrual pain.⁹⁵

Why d-alpha tocopherol and mixed natural tocopherols and tocotrienols?

While alpha-tocopherol has been considered the 'active' vitamin E and is especially important for health, all the vitamin E family have benefits to human function. For example, alpha and gamma tocopherols provide contrasting and complementary actions for immune and inflammatory modulation.⁹⁶

Gamma tocopherol has also been shown to be a more effective free-radical scavenger and excessive amounts of alpha-tocopherol might inhibit these effects.⁹⁷ To help balance our innate immune, inflammatory and antioxidant pathways, we have included a mixed vitamin E blend including all eight tocopherols and tocotrienols.

Vitamin K

Form:

K1 (phylloquinone) and K2 MK-7 (menaquinone-7)

Key body systems:

Immune, endocrine, circulatory, skeletal

Vitamin K is a fat-soluble vitamin that plays a role in clot formation, bone metabolism, modulation of inflammation and immunity, and regulation of various cellular functions.

Key benefits of vitamin K supplementation:

- Reduces vascular calcification, a marker for vascular health associated with cardiovascular events
- May improve insulin sensitivity
- May improve glucose tolerance
- Improves anticoagulation control in those on vitamin K antagonists (VKAs)
- Reduces bone loss

Research suggests that vitamin K supplementation significantly reduces vascular calcification, which is a marker for vascular health associated with cardiovascular events.⁹⁸ In addition, there is evidence to show that vitamin K may help manage insulin sensitivity and glucose tolerance.⁹⁹ Vitamin K antagonists (VKAs) have been used for several

decades to prevent thromboembolic events, and research has shown that low-dose vitamin K supplementation helps to improve anticoagulation control in those patients on VKAs.¹⁰⁰

Supplementation with both the more common vitamin K1 (found abundantly in vegetables) and the less prevalent forms of vitamin K2, reduces bone loss and may assist in reducing the incidence of bone fractures.^{101,102}

Why K1 and K2 MK-7?

Vitamin K1 is more commonly found in the diet from vegetables but may be lacking in diets that are lower in high-quality nutrient-dense plant foods. Vitamin K2 MK-7 (menaquinone 7) is less common in the diet, coming from fermented foods such as natto.

Vitamin K2 MK-7 is more stable, has a longer half-life, and is likely to have a greater effect on bone quality than K1,¹⁰³ and reduces both arterial calcification and stiffness,¹⁰⁴ not always observed with K1 supplementation, but both have significant and complementary benefits to health. MK-7 supplements have specifically demonstrated the ability to reduce bone loss in older women.¹⁰⁵

MINERALS

Calcium

Form: Chromium picolinate

Key body systems: Endocrine

Chromium is a trace mineral that appears to play an important role in enhancing the action of insulin and thus, blood sugar regulation, as well as being directly involved in carbohydrate, fat, and protein metabolism.

Key benefits of chromium supplementation:

- Improves insulin function
- May improve triglycerides and HDL cholesterol
- Improves BMI
- Improves free testosterone levels in PCOS patients

Research shows that chromium supplementation (specifically chromium picolinate) significantly reduces hyperglycaemia and hyperinsulinaemia (high blood sugar and blood insulin levels respectively) in patients with diabetes.^{106,107,108} It may also improve triglycerides and HDL-c levels,¹⁰⁹ and has also been shown to have positive effects on oxidative stress, lipid profile, protein synthesis, binge eating disorder, and cognitive decline.¹¹⁰ Chromium supplementation has also been shown to significantly improve BMI,¹¹¹ and improve testosterone levels in patients with polycystic ovary syndrome (PCOS).¹¹²

Why chromium picolinate?

Chromium picolinate is the most studied form of chromium and is considered well-absorbed, safe at supplemental doses, and effective.

Copper

Form:

Copper gluconate

Key body systems:

Immune, circulatory, nervous, skeletal

Copper is a mineral (Cu) that has a long history of use in its directly usable form (most commonly

from blue-green copper salts) as one of the oldest materials for weapons, jewellery, and for industrial and anti-microbial applications. As a nutrient, it is one of the essential minerals that must be supplied by the diet. It aids iron uptake and a deficiency can produce anaemia-like symptoms, neutropenia, bone abnormalities, impaired growth, increased incidence of infections, osteoporosis, hyperthyroidism, and abnormalities in glucose and cholesterol metabolism.

Key benefits of copper supplementation:

- Reduced oxidative stress
- Reduced triglycerides
- Neuroprotective
- Important in pregnancy
- Support for bone health

Minerals can compete for absorption, especially at the divalent mineral transporter (DMT). Zinc can compete with copper and so, excessive, or prolonged supplementation with zinc can reduce the availability of copper. Therefore, it is important to supplement with copper if supplementing with zinc.

However, the upper limit that has been set for zinc, primarily to avoid a secondary copper deficiency, may be too low. In evaluations of elderly patients,¹¹³ boys taking 5-15 mg of zinc per day, with a relatively zinc-rich diet, infants taking 10 mg per day for four months, and healthy, adult men taking 30 mg of zinc per day,¹¹⁴ there was no effect observed on total body copper status.^{115,116}

A higher dose of 22 mg per day for 30 days did reduce copper levels in athletes and might reduce glucose utilisation.¹¹⁷ Similarly, dosages between 15 and 50 mg of zinc gluconate per day significantly reduced copper levels in adults.^{118,119} High ascorbic acid (vitamin C) intakes are also likely to inhibit copper status.¹²⁰

Note: Copper and iron supplementation do not appear to reduce the availability of either nutrient.¹²¹

The modern diet is assumed to be sufficient in copper because of its ubiquitous availability in food but research has demonstrated that there might be a marginal (sub-clinical) deficiency in 38% of hyperlipidaemic patients (people with high blood triglyceride and cholesterol levels). Supplementation with copper at ~5 mg per day improved cholesterol, LDL, HDL, and especially triglycerides.^{122,123} A study on severely copper-deficient elderly patients using only 3 mg per day did not find any change in these blood measures though.¹²⁴

Copper is also involved in antioxidant enzyme activities and supplementation in those with lower copper status improves levels of superoxide dismutase (SOD) and diamine oxidase (DAO).¹²⁵

Copper deficiency can present similarly to the neural effects (myeloneuropathy) seen in a B12 deficiency and this has been reversed with copper supplementation.¹²⁶ People with cystic fibrosis might also be at greater risk of a copper deficiency.¹²⁷

In a study of pregnant women, those taking a folateiron supplement were found to have lower serum copper levels,¹²⁸ and research has shown that copper retention is not typically possible during pregnancy without supplementation.¹²⁹

Copper supplementation also appears to reduce age-related bone mineral loss. $^{\rm 130}$

Why copper gluconate?

Copper is included to help provide copper sufficiency, especially concerning possible antagonists like zinc and vitamin C, and therefore to ensure balance within the systems of the body. The gluconate form is included as a soluble, easily absorbable form of this mineral.

Iron

Form: Pea protein isolate

Key body systems:

Circulatory, nervous, muscular

Iron is essential to all animal life as it is critical for the transport, storage and use of oxygen and for fixing nitrogen in the body. Both deficiency and excess are detrimental to health and so, the source in Kids Good Stuff is naturally occurring iron found in pea protein isolate.



lodine

See: Kelp

Magnesium

Form: Magnesium citrate

Key body systems:

Circulatory, endocrine, nervous, muscular, skeletal

Magnesium is an especially important, essential mineral for the human body. More than 300 enzymes require magnesium ions for their actions, including all enzymes using or synthesizing adenosine triphosphate (ATP) and those that use other nucleotides to synthesize DNA and RNA. The energy providing molecule of the body; ATP, is normally found as magnesium-ATP. Many people eating a modern 'American-style' diet do not consume enough magnesium and have low serum magnesium levels. Research from the US suggests that almost half of the population do not consume the required daily amount of magnesium from food.¹³¹ Magnesium is found in high amounts in spices, nuts and seeds, cereals, cocoa and vegetables.

Key benefits of magnesium supplementation:

- Supports heart and circulatory health
- Supports healthy blood sugar regulation
- · Relaxing and anti-anxiety
- Might improve strength in some populations

Magnesium status is important for preserving cardiac rhythm and supplements appear to reduce arrhythmia,¹³² and improve endothelial function.¹³³Magnesium is also involved with blood glucose regulation and while the research is equivocal in those without diabetes, people with metabolic syndrome and diabetes achieve positive changes in blood glucose, insulin levels, HDL and LDL cholesterol, and triglycerides from magnesium supplementation.^{134,135,136,137}

Magnesium works in concert with calcium to regulate nerve firing and reduces over-excitation of the nervous system, thus, supplementation might help to reduce anxiety.¹³⁸

Magnesium supplementation is likely to improve strength in those with low dietary intakes and poor magnesium status.¹³⁹

Why magnesium citrate?

Magnesium citrate is both soluble and highly absorbable and is a preferred form of magnesium for both supportive and therapeutic use.¹⁴⁰

Manganese

Form: Manganese gluconate Key body systems:

Immune, endocrine

Manganese is an essential mineral. It is involved in macronutrient metabolism, bone formation and a coenzyme in free radical defence. Manganese is found in water, and many foods, from shellfish, through to many nuts, legumes, fruits and vegetables, and tubers, and deficiency is extremely rare.

Key benefits of manganese supplementation:

 To support overall health, metabolism, and antioxidant status as part of the overall formula

Manganese is an essential mineral and in association with all the other micro- and macronutrients, supports optimal health. While rare, a deficiency of manganese could result in poorer bone health and poor growth in children, skin rash, mood disturbance and problems with macronutrient metabolism.

Why manganese gluconate?

Manganese gluconate is included as a bioavailable form of manganese to support overall health, as part of the complex of nutrients in the formula.

Phosphorous

See:

Potassium (the form used is potassium phosphate)

Potassium

Form: Potassium phosphate

Key body systems: Circulatory, skeletal, muscular, nervous

Potassium is an electrolyte and the major cation in the intracellular fluid. It plays an important role in maintaining homeostasis in conjunction with sodium. Potassium is essential for normal cell, nerve, and muscular function.

Key benefits of potassium supplementation:

- Reduced blood pressure
- Improved circulatory health
- Supports bone health

Research suggests that oral potassium supplementation can significantly and safely lower both systolic and diastolic blood pressure, with a greater magnitude in this blood pressure-lowering effectseen in those patients with hypertension,^{141,142,143} those who consume high amounts of sodium, those not on hypertensive drug treatment, and those in the lowest category of potassium intake.¹⁴⁴

Note: Adequate dietary intake of potassium is also likely to be effective for lowering blood pressure.¹⁴⁴

Potassium supplementation has been associated with a significant improvement of pulse pressure,¹⁴⁵ though a chronic increase in potassium intake with supplemental doses of 2-3 g per day has been shown to have no impact on the heart rate in healthy adults.¹⁴⁶ Supplemental potassium has also been shown to lower urinary calcium excretion and reduce bone resorption, indicating a significant benefit to bone health.¹⁴⁷

Why potassium phosphate?

Several forms of supplemental phosphate appear to be well absorbed. Potassium phosphate also supplies phosphorus, important for the structure of RNA, DNA, and bone tissue (as calcium phosphate). Potassium phosphate (in high doses of around 4000 mg) has also been demonstrated to help reduce perceived exertion during exercise.¹⁴⁸

Selenium

Form: L-selenomethionine Key body systems:

Immune, endocrine

Selenium is a non-metal essential mineral. It is a component of the antioxidant enzymes glutathione peroxidase and thioredoxin reductase and is a component of deiodinase enzymes which convert T4 (thyroxine) to the active thyroid hormone T3 (triiodothyronine).

Selenium is required in small amounts but many soils (like those in New Zealand) are sparse in selenium. Brazil nuts are a good source of this mineral.

Key benefits of selenium supplementation:

- Supports overall health (sparse in the soils and foods of many regions)
- Supports thyroid function
- Immune benefits
- Reduced inflammation and oxidation

There is an association between selenium intake and status and reductions in prostate cancer,^{149,150} and breast cancer risk.¹⁵¹ There might also be a benefit for lung cancer risk for those with low selenium status but an increased risk from supplementation in those with high selenium status.¹⁵² Lower selenium concentration is also associated with gestational diabetes.¹⁵³ Selenium supplementation also significantly reduces the incidence of preeclampsia.¹⁵⁴

Selenium supplementation results in significant reductions in thyroid peroxidase and thyroglobulin autoantibodies in people with Hashimoto's thyroiditis.^{155,156} Selenium supplements might also reduce mortality in those hospitalised with sepsis.¹⁵⁷

Selenium supplementation reduces C-reactive protein (a key marker of inflammation) and increases glutathione peroxidase, a key antioxidant enzyme, along with small improvements in triglycerides and V-LDL.^{158,159}

Why selenomethionine

L-selenomethionine is an amino acid containing selenium and the amino methionine. It is the naturally occurring form of selenium found in Brazil nuts and other plant foods and is more easily absorbed than the inorganic mineral form of selenium, *selenite*.

Zinc

Form:

Zinc citrate

Key body systems:

Immune, endocrine, circulatory, digestive, muscular, nervous

Zinc is an essential mineral required for the function of hundreds of enzymes and thousands of transcription factors in the body. It is the second most abundant trace metal in humans after iron and the only metal which appears in all enzyme classes. Because of the relative abundance of zinc and its use in so many enzyme reactions, zinc is essential to metabolism, RNA and DNA creation, cell signalling, immune function, and gene expression.

Key benefits of zinc supplementation:

- Improved metabolic status
- Improved heart and circulatory health
- Improved immunity
- Reduced depression

Zinc status is often low in those with metabolic syndrome and zinc has been shown to reduce fasting and post-meal glucose, fasting insulin, HbA1c, and C-reactive protein,¹⁶⁰ and improves insulin resistance in both men and women.¹⁶¹

Zinc supplementation also significantly reduce triglycerides, cholesterol and LDL cholesterol.¹⁶² The anti-inflammatory effect of zinc is even more apparent in those with renal insufficiency and at doses ~ 50 mg per day.¹⁶³

Zinc supplementation helps to reduce childhood diarrhoea and is especially important for reducing this in children less than 6 months of age, and in developing nations where zinc status may not be optimal,¹⁶⁴ and might significantly reduce mortality in neonatal sepsis.¹⁶⁵

Zinc supplements might also improve body composition (lean mass vs fat mass),¹⁶⁶ and growth in children,¹⁶⁷ especially in those failing to grow at normal rates.

Despite methodological limitations, the evidence trends towards zinc supplementation improving depression with or without pharmaceutical treatment.¹⁶⁸

Why zinc citrate?

Zinc citrate is considered one of, if not the most absorbable forms of zinc with absorption rates demonstrated as greater than 61% (which is higher than both zinc gluconate and oxide).¹⁶⁹


IMMUNE AND NEURAL BLEND

Lecithin

Form:

Sunflower lecithin from Helianthus annuus

Key body systems:

Nervous, muscular

Lecithin contains phospholipids such as phosphatidylserine, phosphatidylcholine, and phosphatidylinositol (PI), substances that help form the cell-membrane and provide choline, a precursor of acetylcholine, a major neurotransmitter (a chemical 'signal' between cells). Lecithin supports the healthy development of all cells, especially cells of the brain and central nervous system and aids the production of acetylcholine.

Key benefits of lecithin supplementation:

- Improved cardiovascular health
- Reduced stress

Studies have demonstrated fairly significant results from relatively small doses of lecithin (~500 mg). In one study, 500 mg per day resulted in reductions in cholesterol (42%) and LDL cholesterol (56%) after just two months.¹⁷⁰ A complex of phosphatidic acid and phosphatidylserine from lecithin has also been shown to reduce both cortisol and survey responses to stress.¹⁷¹

Why sunflower lecithin?

While soy lecithin is the most common form available, sunflower lecithin provides high levels of phospholipids and is a useful alternative for those suffering from a soy intolerance or allergy.

Organic flaxseed

Form:

Organic whole ground seed from Linum usitatissimum

Key body systems:

Circulatory, immune

Flaxseed contains a range of health-promoting compounds including lignans, other phytochemicals and omega-3 fatty acids.

Key benefits of flaxseed supplementation:

- Improved cardiovascular health
- Improved metabolic health

Flaxseed supplementation is considered to be beneficial for the cardiovascular system. Systematic reviews and meta-analyses have shown significant reductions in blood pressure.^{172,173} Other research suggests that flaxseed supplementation might help people to reduce weight and improve body composition (lean vs fat mass).¹⁷⁴ Flaxseeds also help to regulate blood-sugar balance with reductions in blood glucose, insulin and insulin resistance models in those consuming supplemental flaxseed.¹⁷⁵

Why organic flaxseed?

While some of the benefits seen in studies are with relatively large doses of flaxseed (\geq 30 g per day), we see organic flaxseeds as a valuable addition to the formula as part of a complex of wholefood derived, nutrient-dense foods. They contain valuable antioxidant lignans and the 'base' omega-3 fatty acid α -linolenic acid, suitable for vegans, from which the body produces active metabolites that help to combat excess inflammation and help to modulate immunity.

Bioflavonoids

Form:

Mixed bioflavonoid citrus extract

Key body systems:

Circulatory, immune, respiratory, digestive, nervous

Bioflavonoids are naturally occurring compounds found in many plants and fungi foods. They are considered to be antioxidants and have a range of health benefits.

Key benefits of bioflavonoid supplementation:

- Improved cardiovascular health
- Improved respiratory health
- Reduced inflammation and oxidation
- Improved cognition
- Improved eye health

Foods high in bioflavonoids like citrus, tea, coffee, red wine, pomegranate, and chocolate, have been considered to be beneficial to health overall and these foods have also been shown to reduce inflammation and oxidation.¹⁷⁶ Reviews of observational studies suggest that increased bioflavonoid intake reduces the risk of cardiovascular disease, cardiovascular disease mortality, and all-cause mortality,^{177,178,179} reduces the incidence of upper-respiratory-tract infections,¹⁸⁰ and might have a protective effect against lung and gastric cancers.^{181,182} Preliminary evidence also suggests that bioflavonoids can help to improve cognition and memory,¹⁸³ as well as reduce vision loss, and improve effects of the eye disease glaucoma.¹⁸⁴

Why mixed bioflavonoids?

Different bioflavonoids have slightly different actions and so, by providing a spectrum of flavonoid compounds, there is the optimal opportunity to support the body's overall health. The evidence suggests that taking wholefood derived bioflavonoid complexes, like those you get in food, is superior to taking isolated flavonoids.

Grapeseed

Form: Extract from seeds of Vitis vinifera

Key body systems:

Circulatory, immune, reproductive Grape seeds contain antioxidant and antiinflammatory compounds, especially proanthocyanidins and procyanidins.

Key benefits of grape seed extract supplementation:

- Improved cardiovascular health
- Increased overall antioxidant activity
- Reduced oxidation and inflammation
- Improved reproductive health

Grapeseed extracts contain antioxidants that increase the total antioxidant activity of the body,¹⁸⁵ with a range of purported health benefits. In a study of 150 and 300 mg of Grapeseed extract vs placebo, over 4 weeks, there was a significant reduction in blood pressure.¹⁸⁶



A meta-analysis of studies up to 2011 confirmed this, with consistent, significant reductions in systolic blood pressure and heart rate.¹⁸⁷ Grapeseed extracts also improve blood flow and reduce oxidative damage to the cardiovascular system,¹⁸⁸ and might reduce leg swelling.¹⁸⁹ A 75 mg dose of grapeseed extract taken daily has been demonstrated to increase glutathione (a key antioxidant) concentration and reduce C-reactive protein (a marker of total body inflammation) in type 2 diabetics.¹⁹⁰ Preliminary evidence also suggests a role for the modulation of hormone balance by acting as an aromatase inhibitor.¹⁹¹

Why grapeseed extract?

Extracts allow for higher quantities of the beneficial, naturally derived proanthocyanidins and procyanidins and other beneficial phytochemicals to be included in the product.

Green tea

Form: Extract from leaves of Camellia sinensis

Key body systems:

Immune, muscular, endocrine, circulatory, nervous

Tea is the most consumed drink in the world after water. Green tea is high in antioxidant catechins, such as epigallocatechin-3-gallate and epicatechin-3-gallate.¹⁹² It is traditionally used in beverages for both relaxing and energising properties and its overall health benefits. Scientific research has suggested benefits for relaxation, cardiovascular health, cancer, oral health, UV protection, and neural benefits.^{193,194}

Key benefits of green tea supplementation:

- Possible reduction in cancer risk
- Reduced body-fat
- Improved blood sugar control
- Improved cardiovascular health
- Reduced risk of liver disease

Reviews of the research suggest a potential protective effect of green tea on several types of cancer,^{195,196} with trends towards prevention of breast and prostate cancers and improvements in survival rates for ovarian cancer.^{197,198} Green tea catechins can help to reduce body-fat levels, and it has been hypothesised that this is due to

synergistic effects including those of caffeine and green tea catechins on fat oxidation,^{199,200,201} and there are also positive effects on blood glucose and insulin.²⁰² Green tea catechins result in significant reductions in blood pressure, total cholesterol and LDL-cholesterol.^{203,204,205,206} Green tea consumption might also reduce the risk of liver disease.²⁰⁷

The antioxidant, chelating, and anti-inflammatory effects of green tea might also be able to help protect against the effects of environmental and lifestyle toxins.²⁰⁸ Green tea also has positive effects on mental function, reducing anxiety, and improving memory and attention.²⁰⁹

Why green tea extract?

Extracts allow for higher quantities of the beneficial, naturally derived catechins to be included in the product.

Rosehip

Form:

Powdered extract from the fruit of Rosa canina

Key body systems:

Immune, skeletal, endocrine, integumentary

Rosehips are the fruiting body of the rose plant. rosehips are one of the traditional foods highest in vitamin C. They contain carotenoids such as betacarotene, lutein, zeaxanthin, and lycopene and are considered a nutrient-dense food, containing, in addition to these flavonoids, proanthocyanidins, catechins, essential fatty acids, folate, vitamin E and minerals such as magnesium, calcium, selenium, and silica. Traditional medicine and emerging research are suggesting roles as an antioxidant, anti-inflammatory, immunomodulatory, anticancer, cardioprotective, antidiabetic, neuroprotective, and antimicrobial.^{210,211}

Key benefits of rosehip supplementation:

- Improved mobility and reduced pain in osteoarthritis
- Kidney and gastrointestinal protection
- Anti-inflammatory effects
- Antioxidant effects

In addition to the beneficial effects observed in studies from the isolated active constituents found in rosehip, the fruit and its extracts have been shown to improve mobility and pain in those with arthritis.^{212,213,214,215} Preclinical trials also provide evidence for the traditional use of rosehip for kidney protection and improved gastrointestinal health.^{216,217}

Why rosehip extract?

There are many active constituents and beneficial nutrients in rosehip. To get the benefits of these and to increase the efficacious amount within the formula, a wholefood derived extract has been used.

Ginseng

Form:

Extract from the root of *Panax ginseng* (Korean ginseng)

Key body systems:

Immune, endocrine, nervous, respiratory

Korean ginseng has been used in traditional eastern medicine systems and for culinary use for over 2000 years. It is thought to be calming, stress-adaptive, anti-fatigue, and helpful for control of blood sugar.

Key benefits of ginseng supplementation:

- Possibly cancer-protective
- Improved blood sugar control
- Improved immune function
- Improved neural performance
- Reduced inflammation

Case studies and cohort evidence suggests that ginseng might have some cancer-protective effects.²¹⁸ Evaluations of randomised trial data show promising results for improving blood sugar control,²¹⁹ helping to modulate immune responses,²²⁰ and for respiratory diseases and neural performance.²²¹ Ginseng extracts and ginsenosides, in particular, might reduce inflammation.²²²

Why ginseng extract?

Whole ginseng contains many different, beneficial compounds. To capture these and provide the greatest efficacy by-dose, a high-quality *panax* ginseng extract is used in the formula.

Cocoa

Form:

High-potency polyphenol extract from the bean of *Theobroma cacao*

Key body systems:

Circulatory, endocrine, immune

Cocoa has been cultivated and used as a food, beverage, and medicine for at least 3000 years in the Americas, where it had been known as 'the food of the Gods'. Cocoa is high in many plant phenols including antioxidant flavanols (including epicatechin), procyanidins, and many other flavonoids.

Key benefits of cocoa supplementation:

- Improved cardiovascular function
- Improved blood sugar control
- Reduced blood pressure
- Reduced inflammation and oxidation
- Improved mood
- Improved exercise performance

There are many purported benefits to overall health from the traditional use of Cocoa and Cocoacontaining foods and drinks for cardiovascular, neurological, oral, endocrine, immune, respiratory, and reproductive systems, and these are beginning to be shown in modern, scientific studies.^{223,224} Reviews of the research have shown that Cocoa and its plant phenols can improve insulin function and sensitivity, blood pressure, and improve flowmediated dilation,^{225,226} (important for proper blood flow and overall health of the cardiovascular system). The benefits to blood pressure are greater than drastic reductions in sodium.²²⁷

Cocoa flavanols can also improve HDL ('good') cholesterol, and reduce triglycerides (fats in the blood) and insulin.²²⁸ Additionally, improvements in inflammation have been seen in those with diabetes and metabolic syndrome.²²⁹ There is also evidence to suggest that cocoa might help reduce cancer risk.²³⁰

Cocoa flavanols could benefit performance by improving mitochondrial efficiency, improving vascular function and reducing exercise-induced oxidative stress.²³¹

The antioxidant, vasodilation, anticoagulant, and antiinflammatory properties of cocoa are suggested as the reason why dark chocolate and cocoa might have mood-boosting and anti-depressant properties.²³²

Why cocoa bean extract?

Whole cocoa contains many different, beneficial compounds but is relatively 'bulky'. To capture these various phenols that are indicated to provide benefit in the research, a high-quality Theobroma cacao extract is used in the formula.

Rosemary

Form:

High-potency extract from the leaf of Rosmarinus officinalis

Key body systems:

Immune, circulatory, endocrine

Rosemary is a commonly used plant for ornamental, culinary, and medical purposes. It contains many phytochemicals, including rosmarinic acid, camphor, caffeic acid, ursolic acid, betulinic acid, carnosic acid, and carnosol. Rosemary was considered a sacred plant and medicine by the Egyptians, Greeks, and Romans.

Key benefits of rosemary supplementation:

- Possibly liver-protective
- Improved blood sugar control
- Reduced inflammation and oxidation

Rosemary is considered to be liver-protective, antioxidant, anti-inflammatory, anti-fungal, and antibacterial.²³³ It has been used traditionally as an anticancer agent, especially for breast cancer, and some animal research suggests potential in humans for this traditional use.²³⁴

The antioxidant properties have been utilised to improve the shelf-life of foods,²³⁵ and the compound effects of antioxidants, anti-inflammatory, hypoglycaemic, hypolipidaemic, hypotensive, antiatherosclerotic, anti-thrombotic, hepatoprotective, and hypocholesterolaemic actions of rosemary compounds have led to the suggestion that rosemary and rosemary extracts could be useful for the treatment of diabetes and metabolic disorder.^{236,237}

Why rosemary leaf extract?

There is a range of beneficial compounds in rosemary leaf that can be extracted. A high-quality extract can capture the various phenols and so, a high-quality *Rosmarinus officinalis* extract is used in the formula.

Turmeric

Form:

High-potency extract from the rhizome of *Curcuma longa*

Key body systems:

Immune, circulatory, endocrine

Turmeric is a flowering member of the ginger family *Zingiberaceae*. The root and rhizome (the creeping rootstalk of the plant) have been used for thousands of years in traditional medicine systems and cooking, particularly in the Middle East, South Asia and the Indian sub-continent, where it has been called the spice of life. It contains various phenolic compounds, especially various curcuminoids that are suggested to have health benefits.

Key benefits of turmeric supplementation:

- Reduced system inflammation
- Contact reduction of inflammation in the gastrointestinal tract
- Antioxidant activity
- · Reduced pain and symptoms of arthritis
- Improved oral health
- Reduced inflammatory skin conditions

Traditional uses for turmeric are wide and varied. There have been explorations in modern, scientific research into turmeric, and particularly its antiinflammatory and antioxidant properties.

In vitro and animal studies suggest that curcuminoids from turmeric have high biological activity and act as antioxidants and are potentially neuroprotective, anti-tumour, anti-inflammatory, radio-protective, and anti-arthritic. Human trials suggest protective effects for cancers of the colon, breast, and lung, and inflammatory bowel diseases,²³⁸ and protection against environmental toxins.²³⁹

In addition to these, other pharmacological actions are considered likely, including blood-glucose

control, reductions in cholesterol and blood lipids, and improved immune function. $^{\rm 240}$

A systematic review of the effect of turmeric and curcumin-containing turmeric extracts on arthritis found significantly reduced symptoms compared to placebo and comparable reductions in pain to pain medications.²⁴¹ Turmeric might also be able to reduce the liver enzymes ALT and AST, markers of non-alcoholic fatty liver disease.²⁵²

There is also a significant effect of turmeric on skin conditions, including dermatitis and eczema, psoriasis, age-related damage to the skin, and itching.²⁴²

For oral health, and the gum disease gingivitis, turmeric can significantly reduce gingivitis and is an alternative to the commonly used drug chlorhexidine which can cause discolouration of teeth and damage to the oral mucosa.²⁴³

Why turmeric rhizome extract?

The beneficial curcuminoids are found in the roots and rhizome of the *Curcuma* plant and the highest amount in the rhizome. Extracts allow for greater amounts of active compounds without the 'bulk' of the whole rhizome as powder.

Gotu kola

Form:

High-potency extract from the herb top of *Centella* asiatica

Key body systems:

Integumentary, nervous, circulatory

Gotu kola or Asiatic pennywort is a culinary and medicinal herb that grows in wetlands of the Asian continent. The leaves are used extensively in South Asian cooking and it is also used medicinally as a general health tonic and for treating minor wounds, lupus, varicose ulcers, eczema, psoriasis, diarrhoea, fever, amenorrhea, diseases of the female genitourinary tract and also for relieving anxiety and improving cognition.²⁴⁴ The active constituents are a range of saponins and glycosides along with phytosterols and fatty acids.

Key benefits of gotu kola supplementation:

- Reduced pain and swelling of the limbs
- Cognitive and mood benefits
- Antioxidant activity
- Improved wound healing
- Reduced inflammation

Much of the current research is preliminary and has been focussed on animal subjects. In these studies, gotu kola has demonstrated cardio-, hepato-, and gastroprotective properties against damage, along with benefits to memory, the immune system, antioxidant status, anti-inflammatory effects, antiviral activity, benefits to vascular function, and antidepressant properties.^{245,246}

In human studies, gotu kola shows benefit for reducing swelling, pain, and water retention in the limbs,²⁴⁷ and might improve alertness while also reducing anger.²⁴⁸

Why gotu kola extract?

There is a range of active compounds in gotu kola and it is likely that they all affect outcomes and may be 'synergistic' (the benefits of them together are more than the sum of the parts). Extracts derived from whole foods like gotu kola helps to provide these compounds while reducing the total ingredient required in the formula.

Rhodiola rosea

Form: High-pote

High-potency extract from *Rhodiola rosea* root **Key body systems:**

Nervous

Rhodiola rosea or golden root, is a culinary and medicinal herb that grows throughout Central Asian, North America and the mountainous regions of Europe. The leaves and shoots are often eaten raw, or cooked, and can be added to salads and other dishes. The plant has been used, especially in Scandinavia, Russia, and China as an anti-depressant and 'adaptogenic' herb, helping the body to deal more effectively with stress and is thought to improve physical and mental performance and resilience, and to help cope with extreme climates and altitude sickness.

Key benefits of *Rhodiola* supplementation:

- Improved resilience and tolerance to stress
- Improved physical and mental performance
- Cardiovascular benefits
- Potential anti-depressant effects

Overall, studies have suggested potential benefits from *Rhodiola* for physical and mental performance and mental health.²⁴⁹ There is also evidence that *Rhodiola* might help in the treatment of heart disease, improving both symptoms and ECG results more than placebo in several trials.²⁵⁰ *Rhodiola rosea* extracts have also been suggested as a likely stressprotective treatment in psychiatry.²⁵¹

Why Rhodiola rosea extract?

Extracts derived from whole foods like *Rhodiola* help to provide the various beneficial active ingredients while reducing the total ingredient required in the formula.

Ashwagandha

Form:

High-potency extract from Withania somnifera root

Key body systems: Nervous, reproductive, immune

Ashwagandha, known as Indian ginseng, or winter cherry is a medicinal herb from China, the Indian Sub-Continent and Southern Arabian Peninsula. It contains phytochemical compounds including various withanolides, alkaloids, and numerous sitoindosides. It has been traditionally used as an adaptogen that helps improve tolerance to stress, improve performance, and help immunity and resistance to infections.

Key benefits of ashwagandha supplementation:

- Reduced anxiety
- Reduced stress
- · Improved physical and mental performance
- Possible improvements to fertility

The active compounds in ashwagandha are suggested to have a range of pharmacological actions including immunomodulation, resistance to infections, anti-cancer, anti-epileptic, mood and cognitive benefits, stress-protection, improved cardiovascular performance, hypoglycaemic and hypolipidaemic actions, and are antioxidants.²⁵²

In a review of placebo or treatment controlled studies on ashwagandha for anxiety, the herb resulted in significant improvements vs placebo for reductions in anxiety and stress.²⁵³ Ashwagandha also shows promise as a potential adjunctive treatment to improve fertility in both men and women.^{254,255}

Why ashwagandha extract?

The root of ashwagandha provides many beneficial compounds but also non-medicinal compounds that provide a lot of relative 'bulk'. High-quality extracts provide beneficial active ingredients while reducing the total ingredient load required in the formula.

Astragalus

Form:

High-potency extract from Astragalus membranaceus root

Key body systems: Nervous, reproductive, immune

Astragalus refers to a large family of herbs used for culinary and medicinal use throughout the Middle East, North America, and Asia.

A. membranaceus in particular, has been used as an adaptogen—to increase resilience and tolerance to stress, and for healing and repair of tissue. Recent medical research suggests a role for astragalus compounds for positive effects on telomeres and this offers the potential for anti-ageing, HIV treatment, and could benefit the immune system, cardiovascular disease, cancer treatment, and liver disease. Over 200 active components, including various saponins and flavonoids, have so far been identified.²⁵⁶

Key benefits of astragalus supplementation:

- Improved blood glucose control
- Reduced cell damage
- Antioxidant
- Anti-inflammatory
- Improved immunity

Animal evidence shows that the early stages of diabetic nephropathy (death of kidney cells) characterised by inflammation, can be reduced by astragalus root and blood glucose reduced in these animal models of diabetes.²⁵⁷ Preclinical evidence in humans suggests that astragalus can aid immunity and might offer anti-cancer potential.²⁵⁸ The anti-cancer potential of astragalus is indicated by its immune-modulating, anti-inflammatory and antioxidant activities, and it offers promise for a range of cancers, including lung, colorectal, breast, ovarian, liver, colorectal, stomach, colon, gastric, cervical, nasopharyngeal cancers.259, 260 While further research needs to be conducted, data indicates that astragalus is safe and can reduce cancer treatment effects.²⁶¹ The protection against intestinal inflammation and resulting gastric cancers is being researched.²⁷¹

Why astragalus membranaceus root extract?

The membranaceus member of the astragalus family has the most research to back its use and has a long history of use as an adaptogen and medicine in traditional Chinese medicine. Extracts from the root (which has the most active constituents compared to other parts of the plant) of *A. membranaceus* are used to increase the relative amount of active compounds available in the formula.

Alpha-lipoic acid

Form: R,S Alpha-lipoic acid

Key body systems:

Endocrine, immune, nervous

Alpha-lipoic acid (ALA) is an organo-sulphur compound derived from the 8-chain fatty acid caprylic acid (a medium-chain triglyceride) that can exert antioxidant effects in both water and fatty compartments of tissue. It is touted as a universal antioxidant for this reason and has been the subject of a lot of research for its effects on body composition, glucose control, and cardiometabolic health.

Key benefits of alpha-lipoic acid supplementation:

- Improved body composition
- Improved blood-sugar regulation
- Improved lipid and cholesterol profiles
- Reduced inflammation
- Improved neurological health

Systematic reviews and meta-analyses of the available human evidence show that alpha-lipoic acid supplementation can aid weight- and fat-loss, and reduce waist circumference.²⁶² Further evidence demonstrates benefits to cardiometabolic health.

ALA improves blood-sugar control by reducing glucose levels, fasted insulin levels, and improving insulin sensitivity, along with reductions in LDL-cholesterol (known as 'bad' cholesterol), triglycerides (fat in the blood), with no concurrent effect on 'good' HDL-cholesterol.^{263,264,265}

ALA also offers additional health benefits by reducing inflammatory markers such as C-reactive protein (a marker of general, systemic inflammation) and tumour-necrosis factor- α , a common marker of inflammatory disorders.²⁶⁶ Reductions in inflammatory markers are likely to be greatest with longer-term use of ALA (greater than 8 weeks) and when C-reactive protein levels are high (>3 mg per l).²⁶⁷

Benefits for mental and neurodegenerative conditions have also been noted, with ALA supplementation associated with improvement in schizophrenia symptoms and reducing the progression of Alzheimer's disease.²⁶⁸

Why R, S alpha-lipoic acid?

This is the most widely studied form of alpha-lipoic acid and consists of a mixture of both R-(natural) and S-(unnatural) lipoic acid (this is referred to as a racemic mixture). Research indicates that the presence of S-lipoic acid in the racemic mixture may limit the polymerisation of R-lipoic acid thus enhancing bioavailability. Accordingly, R, S alphalipoic acid was included in this formula.

Shiitake mushroom

Form: Lentinula edodes powder

Key body systems: Endocrine, immune, nervous

Shiitake is a mushroom found in East Asia and used for thousands of years as a culinary and medicinal mushroom. It is known in China as xiang gu, or the "fragrant mushroom" and is the second most commonly cultivated edible mushroom worldwide. It is commonly used in East Asian cuisine and is becoming increasingly popular in Western cooking.

There are currently few studies in humans but shiitake is purported to exhibit immune-modulating, antitumor, antiviral, and cholesterol-regulating effects and based on the existing research and the long history of common use, shiitake is considered safe for consumption as a food and as powder or extracts from both the fruiting bodies and mycelium.²⁶⁹

Key benefits of shiitake supplementation:

- Possible anti-cancer food
- Reduced oxidation
- Immune stimulating
- Reduced fatigue

Like other mushrooms, the major, known active substances are various beta-glucans, in particular in shiitake, a (1-6,1-3)-beta-glucan known as *lentinan*.

Polysaccharides derived from shiitake have been isolated and have exhibited anti-tumour effects in vitro,^{270,271} and reduce oxidation *in vitro*,^{272,273} and might potentially aid immunity by stimulating macrophage activity.²⁷⁴

In one of the few human studies to date, a beta-glucan from shiitake was compared to placebo in a study of 42 healthy, elderly subjects. This beta-glucan from shiitake was found to be safe and given induced an increase in the number of circulating B-cells.²⁷⁵ Polysaccharides from shiitake may also reduce blood urea nitrogen (BUN) and improve glycogen reserves.²⁷⁶

Why shiitake powder?

Shiitake powder contains the full range of active beta-glucans and other polysaccharides and nutrients that have demonstrated positive effects for health and performance.

Resveratrol

Form:

Resveratrol from *Polygonum cuspidatum* extract (Japanese Knotweed)

Key body systems:

Endocrine, immune, nervous, circulatory

Resveratrol is a natural plant phenol usually extracted from red grapes but also found in foods such as peanuts and cocoa. Resveratrol has long been considered an 'antiaging' supplement, a property observed in animal trials, and it has been suggested that resveratrol might also aid diabetes, neural health, skin health, and provide anti-cancer effects and health research into these effects is ongoing.

Key benefits of resveratrol supplementation:

- Anti-inflammatory
- Antioxidant
- Improved insulin sensitivity
- Reduced blood glucose and insulin
- Improved blood lipids
- Improved mood and memory

Resveratrol has demonstrated anti-inflammatory and antioxidant effects and in animal models of cancer formation, has inhibited the initiation, growth, and progression of cancer cells.²⁷⁷ It might also improve mitochondrial efficiency, improve insulin sensitivity, and reduce body fat.²⁷⁸

Human evidence also shows that resveratrol supplementation can reduce triglyceride levels.²⁷⁹ A summary of randomised controlled trials found a significant reduction of body weight, BMI, and waist circumference, all markers of future health risk, from resveratrol supplementation.²⁸⁰ Resveratrol, in addition to its antioxidant roles, increase nitric oxide and this is thought to be the mechanism by which it can reduce hypertension (high blood pressure),²⁸¹ an

effect that was mostly seen with doses >300 mg per day and in those with diabetes.²⁸²

Resveratrol has been purported to be antiinflammatory. In a review of 15 trials (n = 658), it was found to reduce C-reactive protein overall and also reduced tumour necrosis factor- α in young adults and those with obesity.²⁸³

A meta-analysis of the effect of resveratrol in diabetes showed dose-dependent and significant reductions in glucose and insulin concentrations.²⁸⁴ While the literature at this time is limited, preliminary reviews of studies show that resveratrol could also improve parameters of memory and mood.²⁸⁵

Beta-glucans

Form:

1,3/1,6 Beta-glucans

Key body systems:

Endocrine, circulatory, integumentary

Beta-glucans are a group of polysaccharides (longchain carbohydrates) found in a wide variety of foods in small amounts, including cereal grains like oats, bacteria, and commonly taken in the diet through edible and medicinal mushrooms. Beta-glucans are considered to be butyrogenic prebiotic fermentable fibres with applications for gut-health and oat and barley glucans have been linked to improved cholesterol profiles.

Key benefits of resveratrol supplementation:

- Reduced blood lipids
- Possibly anti-diabetic
- Anti-ageing

Beta-glucans have demonstrated the ability to reduce blood glucose from either high doses (~6 g per day) or longer-term use of lower doses.²⁸⁶ They can also reduce both total and LDL cholesterol, improving blood lipid profiles.^{287,288} Beta-glucans have also been suggested as being beneficial to anti-wrinkle, anti-ageing, and wound healing.²⁸⁹

Co-enzyme Q10

Form: Ubiquinone

Key body systems:

Circulatory, endocrine, nervous

Coenzyme Q10 (ubiquinone, ubidecarenone, coenzyme Q, or CoQ10) is a coenzyme found in most animals and bacteria (hence, *ubiquinone* from ubiquitous). It is a fat-soluble, vitamin-like substance that is a component of the electron transport chain which provides energy to cells of the body. People with cardiovascular disease, cancer, Acquired Immune Deficiency Syndrome (AIDS), muscular dystrophy, spontaneous abortion, male infertility, and periodontal disease are often lacking in this pro-vitamin.²⁹⁰

Key benefits of CoQ10 supplementation:

- Improved cardiac health
- Indicated for use with statins and in existing heart disease
- Reduced blood pressure
- Improved blood lipid profiles
- Possibly neuroprotective
- Reduced fatigue
- Reductions in migraine frequency

CoQ10 has a relatively long history of use both for prevention of cardiovascular disease and as part of the supplemental regimen of those with heart disease, especially with statin use, which can reduce both production and availability of CoQ10 in the body.^{291,292} Meaningful reductions in blood pressure (up to 16 mm Hg reduction in systolic blood pressure) and improved mortality outcomes, and fewer cardiac events and complication for those with heart disease have been observed, 293,294,295 along with functional outcomes such as improved cardiac output and stroke volume.³⁰⁶ CoQ10 has also resulted in meaningful reductions (~0.3 mmol per litre) of triglycerides, a key marker for cardiovascular and cardiometabolic risk.²⁹⁶ For those with existing coronary artery disease, CoQ10 can improve HDL and total cholesterol levels.²⁹⁷

The most recent reviews of the evidence conclude that CoQ10 is a useful tool for managing heart disease.²⁹⁸ In those with type 2 diabetes, CoQ10 might help to control blood glucose and improve triglyceride and HDL cholesterol concentration in the blood.²⁹⁹ CoQ10 might also reduce the frequency of migraine attacks.³⁰⁰

CoQ10 shows promise as a neuroprotectant with supplementation possibly reducing the progression of Parkinson's disease.³⁰¹ It has also been shown to reduce tumour necrosis factor- α , a key marker of inflammatory disorders,³⁰² and might reduce inflammation overall and other markers, C-reactive protein and interleukin-6.^{303,304}

Research shows reduced fatigue in those taking CoQ10, especially those with fibromyalgia, chronic fatigue, and using statins.³⁰⁵

While further research is required, preliminary studies show that CoQ10 can reduce liver damage resulting from cancer treatment. $^{\rm 306}$

Why ubiquinone coenzyme Q10?

There are three redox states of CoQ10: fully oxidized (ubiquinone), semi-reduced (ubisemiquinone), and fully reduced (ubiquinol). The capacity of this molecule to act as a two-electron carrier (moving between the quinone and quinol form) and a oneelectron carrier (moving between the semiquinone and one of these other forms) is central to its role in the electron transport chain due to the iron-sulphur clusters that can only accept one electron at a time, and as a free-radical-scavenging antioxidant.

Black pepper

Form: Cooked and dried Piper nigrum seed

Key body systems:

Digestive, immune, circulatory, endocrine

Black pepper is a common culinary spice derived from the cooked, dried, and ground seeds of the *Piper nigrum* vine. Originally from Southern India, black pepper has spread over hundreds of years to cuisine around the world. As a traditional medicine, it was originally used as part of the treatment for constipation, abscesses, sunburn, insomnia, and toothache, and later applications have been mostly to encourage the absorption of nutrients like selenium, B12, carotenoids, and curcumin.

Key benefits of black pepper supplementation:

- Improved overall health
- Improved digestion
- Increased absorption of beneficial nutrients

Black pepper and its constituent chemical *Piperine* are mostly used to increase absorption of curcuminoids from turmeric but also carotenoids, selenium, and other beneficial nutrients. There are also plausible biological effects of black pepper itself for antimicrobial, anti-inflammatory, anti-hypertensive, anti-tumour, hypolipidaemic, neuroprotective, and antioxidant activities amongst others.^{307,308,309}

The ability for *Piperine* from black pepper to enhance absorption is well known and it is thought to accomplish this by enhancing blood flow to the gastrointestinal tract, and modifying metabolising enzymes and transport mechanisms for these chemicals.³¹⁰

It also stimulates the release of digestive enzymes,³¹¹ a biological rationale for its traditional use as a digestive 'tonic'. For curcumin, the increase in bioavailability when administered with piperine from black pepper is increased by 2000%.³¹² A review of human studies since 2014 demonstrate that piper nigrum can improve cognitive function and reduce cognitive decline, along with the suggestion that it may have a role in the prevention of Alzheimer's disease.³¹³

Why black pepper?

Black pepper performs two roles in the formula. 1) to provide the beneficial phytochemicals found in the whole fruit that have been linked to improvements in health, and 2) to provide piperine to encourage the absorption of beneficial nutrients, like curcumin from turmeric rhizome, and selenium, and mixed carotenoids. Thus, the whole fruit is used.

GUT AND DIGESTIVE BLEND

Aloe vera

Form: Aloe barbadensis gel powder Key body systems:

Digestive, endocrine, circulatory

Aloe vera is a species of a succulent plant originally from the Arabian Peninsula and now grown in tropical and sub-tropical climates around the world. It is used as a topical medicine for the treatment of minor burns, including sunburn and is also used as a 'soothing' and nourishing herb for the gastrointestinal tract.

Key benefits of aloe vera supplementation:

- Gut health support
- Reduced markers of cardiovascular risk
- Improved blood-sugar control

Topical use of aloe vera in the mouth is purported to have anti-inflammatory and anti-microbial properties and aids wound healing in the mouth.³¹⁴

Significant improvements in oral diseases including oral lichen planus, oral submucous fibrosis, burning mouth syndrome, radiation-induced mucositis, candida associated denture stomatitis, and xerostomia patients have been seen in the research.³¹⁵

Studies on supplementation with Aloe vera extracts have demonstrated reduced blood glucose,³¹⁶ cholesterol, triglycerides, LDL cholesterol, blood pressure, and improved HDL cholesterol.^{317,318}

Why aloe vera gel powder?

The soothing actions of aloe vera occur as a result of the polysaccharides contained within the gel of the plant, which is dried and added to this formula in powdered form.



Globe artichoke

Form:

Concentrated extract of Cynara scolymus leaf

Key body systems:

Circulatory, endocrine, immune, digestive

Globe artichoke (Cynara cardunculus var. scolymus) is a type of thistle that has an edible flower bud with a long history of culinary use. More recently, artichoke has been investigated for its potential to lower cholesterol levels in those with high cholesterol.

Key benefits of globe artichoke supplementation:

- Reduced cholesterol levels
- Possible improvement in blood sugar control
- Antioxidant
- Liver-protective

Globe artichoke, in preliminary research, has been suggested as being hepatoprotective, anticarcinogenic and hypocholesterolaemic.³¹⁹ Globe artichoke appears to exhibit antioxidant activity, with increased superoxide dismutase, catalase, glutathione, and glutathione peroxidase level in liver, as well as, decreased malondialdehyde level in liver and plasma of disease models.³²⁰

At least one randomised controlled trial has demonstrated significant, modest reduction (-0.3 mmol per litre) in total cholesterol resulting from globe artichoke supplementation.³²¹ An extract of globe artichoke has also resulted in improved blood glucose and insulin homeostasis in another randomised, double-blinded trial.³²²

Why globe artichoke extract?

The high-dose extract from the edible 'leaves' of the flower-bud contains the range of whole food derived active ingredients posited to give health benefits from artichoke.

Apple pectin

Form:

Pectin fibre from the fruit of Malus pumila

Key body systems:

Circulatory, digestive, immune

Pectin is a type of polysaccharide prebiotic fibre found in the cell walls of various plants and their various fruits. Pectin has been used in various foods to improve 'mouth feel', consistency, and gelling and has been researched for its benefits to the digestive tract.

Key benefits of apple pectin supplementation:

- Reduced cholesterol levels
- Improved gut health
- Improved assimilation of nutrients

Much of the research in the potential medicinal use of pectin has been done in animals for the potential to ameliorate gut-related disorders, including cancers. Apple pectin in particular (as compared to citrus pectin) has shown benefits in both animal and human models for improved bacterial status and increased production of beneficial short-chain fatty acids in the colon,^{323,324} and reduced incidence of colon tumours.³²⁵

Pectin also results in reduced total cholesterol, LDLcholesterol, triglycerides, and might have anti-obesity effects.^{326,327} Changes in the guts of laboratory animals from apple pectin supplementation have also been shown to increase the bioavailability of quercetin, an antioxidant bioflavonoid,^{328,329} with the suggestion that apple pectin may help improve overall nutriment and health. In children, a combination of the herb chamomile with apple pectin resulted in significant improvements in the duration of diarrhoea when compared to placebo.³³⁰

Why apple pectin prebiotic?

Apple pectin is considered a 'gentle' prebiotic that, anecdotally, doesn't result in gastric disturbances when compared to some other fibres. It has also demonstrated superior results for improving bacteria status when compared to other pectins.

Psyllium husk

Form:

Fibre from the husk of the seeds of Plantago psyllium

Key body systems:

Circulatory, digestive, endocrine

Psyllium is a dietary fibre derived from the seeds of *Plantago* species. Research has shown roles for psyllium in reducing elevated cholesterol, lowering of blood glucose in type 2 diabetes and improved gut health.

Key benefits of psyllium supplementation:

- Reduced cholesterol levels
- Improved gut health
- Improved blood-sugar responses
- Increased satiety (satisfaction and feeling of 'fullness' after eating)

It is well known that dietary fibre of various types is beneficial for gut health. Psyllium specifically is known to reduce constipation, has anti-diabetic and cholesterol-lowering properties and is associated with reduced rates of colon cancer.³³¹ Reviews of the many studies that have been conducted on psyllium specifically show that it can help to reduce total and LDL cholesterol, apolipoprotein B, along with improved blood-sugar responses, and increases in satiety.^{332,333,334}

Why apple psyllium husk?

The husk of the psyllium plant contains the polysaccharide fibres that are beneficial to the gut and for systemic health.

Milk thistle

Form:

Extract from the seed of Silybum marianum

Key body systems: Circulatory, digestive, endocrine, immune

Milk thistle is an annual plant native to Europe but now found throughout the world. Milk thistle roots, flower heads, stems and leaves (trimmed of prickles) have been used traditionally as a food and the plant also has a long history of medicinal use, particularly for gastric health and liver support, which are now being studied using modern, scientific methods.

Key benefits of milk thistle supplementation:

- Improved blood lipids
- Improved blood-sugar control
- Liver protective
- Antioxidant and anti-inflammatory

Milk thistle contains several flavonoids with antioxidant and anti-inflammatory properties.³³⁵ It has also been found to have lipid-lowering, antidiabetic, liver-protective and blood-pressurelowering properties and it is hypothesised that it may help in the treatment of metabolic syndrome (pre-diabetes).³³⁶ The known action of milk thistle as a liver-protector is due to its antioxidant, antiinflammatory and chelating (helping the body to remove heavy metals) properties.³³⁷ Milk thistle is a traditional medicine with a long history of use and emerging research supports its safety.³³⁸

Why milk thistle extract?

The seeds of the milk thistle contain active compounds such as silymarin. To ensure this and other active compounds are included, a high-quality extract is used in the formula.

Dandelion

Form:

Extract from the leaves and roots of Taraxacum officinale

Key body systems:

Digestive, immune

Dandelions encompass several members of the *Taraxacum* family found originally in Eurasia and North America and now found throughout the world as wildflowers. They are a nutritious herb-vegetable and the whole plant has been used as a food for millennia. It has also been used traditionally as medicine in European, Asian, and Native American medicine systems. Its traditional use has mostly been as a liver and kidney protective, and anti-inflammatory, and diuretic.

Key benefits of dandelion supplementation:

- Antioxidant and anti-inflammatory
- A highly nutritive herb likely to benefit all body systems

Dandelion has a long history of medicinal use and is known to be a highly nutritive plant with diuretic properties. Ongoing research suggests that dandelion may also have anti-inflammatory, antioxidant, and potential anti-cancer applications which demand additional research,^{339,340} and besides, it may have prebiotic and anti-coagulator effects.³⁴¹

Why whole-plant dandelion extract?

There is a range of beneficial compounds in dandelion thought to exert both nutritive and medicinal value. Traditionally it was thought that the combination of both roots and leaves gave the best overall benefit, especially for the kidney and liver.

Ginger

Form:

Extract from the rhizome of Zingiber officinale

Key body systems:

Digestive, immune, endocrine, reproductive

Ginger has been widely used as a spice and medicinal herb by people throughout the world. Originating in South Asia, ginger was transported through the Asia-Pacific region and via the spice trade to ancient Europe. It has traditionally been used to reduce nausea and as a digestive tonic.

Key benefits of ginger supplementation:

- Antioxidant and anti-inflammatory
- Reduced nausea
- Improved menstrual regularity
- Improved blood lipid profiles
- Improved blood-sugar control
- Possible improvements body-composition

The main role for which ginger is known is for reducing nausea. Reviews of the literature show that ginger is effective for this purpose (at around 1500 mg per day in divided doses).³⁴² It is also likely to reduce nausea associated with pregnancy with no observed risk or adverse effects at common dosages.^{343,344,345} While data is limited and there is a need for further, robust studies, the available evidence suggests that ginger might also help to reduce menstrual irregularities.^{346,347}

Ginger has known antioxidant, anti-inflammatory, and anti-tumour effects and along with the actions of various compounds in ginger that modulate tumour suppressor genes, cell cycle, apoptosis, transcription factors, angiogenesis and growth factors, is now being considered as an adjunct for cancer treatment.^{348,349} In addition, the anti-inflammatory, antioxidant and immune effects also suggest that ginger could be a promising treatment for multiple sclerosis.³⁵⁰

Ginger is also likely to be anti-diabetic by improving insulin sensitivity, reducing blood glucose, increasing HDL-cholesterol, reducing LDL-cholesterol, reducing triglycerides and weight and BMI,^{351,352,353,354,355} and reducing the inflammation.³⁵⁶ Ginger could also be used to help reduce damage resulting from radiation and chemotherapies and chemical toxicity from drugs, or environmental pollutants.³⁵⁷ It is also effective for reducing nausea and vomiting resulting from chemotherapy treatment.³⁵⁸ Data suggest that ginger could accelerate recovery of maximal strength after exercise and reduce the inflammatory response to cardiorespiratory exercise.³⁵⁹

Why ginger rhizome extract?

The root-like rhizome contains the active compounds in ginger and a high-quality extract is used to provide these to the formula.

Liquorice

Form:

Extract from the root and rhizome of *Glycyrrhiza* glabra

Key body systems:

Digestive, immune, endocrine, reproductive

Liquorice is a perennial herb native to the Middle East, Europe, and South Asia. It has a distinct flavour that has been prized for culinary use. Liquorice has a long history of use as herbal medicine for respiratory health, liver protection, and to improve stamina.

Key benefits of liquorice supplementation:

- Antioxidant and anti-inflammatory effects
- Possible protective effects against a range of disorders

Liquorice root has a large number of constituents including triterpene saponins, flavonoids, isoflavonoids and chalcones, with glycyrrhizic acid being considered to be the main active component and has anti-inflammatory, antiviral, antimicrobial, antioxidative, anticancer activities, immunomodulatory, hepatoprotective, cardioprotective and other health effects.^{360,361,362}

Note: Very high doses (not included in Good Green Vitality) can result in kaluresis and hypertension from pseudohyperaldosteronism.³⁶³

Why liquorice root and rhizome extract?

The roots and rhizomes of the liquorice plant contain the greatest proportion of the active, health-promoting compounds. An extract from the root allows for these active components to be included in supportive amounts that are safe for daily use, in the formula.

Dietary enzymes

Form:

Bromelain derived from the stems of Ananus comsus

Key body systems:

Digestive, immune, circulatory, integumentary

Pineapples and other tropical fruit have long been considered digestive aids in traditional medicine systems. Bromelain is now thought to aid protein digestion and be anti-inflammatory.

Key benefits of bromelain supplementation:

- Antioxidant and anti-inflammatory
- Improved immunity
- Reduced pain
- Improved wound-healing
- Improved cardiovascular health

Bromelain is now being studied for a range of health effects. It is considered to inhibit platelet aggregation, be anti-inflammatory and anti-tumour, and improve immunity and digestion. It may also enhance wound-healing and provide cardiovascular benefits.^{364,365} The existing evidence suggests that bromelain can improve symptoms of osteoarthritis,³⁶⁶ and it has also been shown to reduce post-operative pain.³⁶⁷

Why bromelain from pineapple?

The stem of the pineapple plant contains the highest concentration of complex of enzymatic compounds known as 'bromelain'. These have a long history of use for digestive and other health benefits and are now being extensively studied.

Slippery elm

Form:

Mucilaginous inner bark (powder) of Ulmus rubra

Key body systems:

Digestive, respiratory, integumentary

Slippery elm is a species of tree native to Eastern North America that has a long history in the traditional medicine of that continent for the soothing, anti-inflammatory properties of the inner bark, especially for the gastrointestinal tract when taken orally.

Key benefits of slippery elm supplementation:

- Anti-inflammatory
- Improved respiratory health
- Improved gastrointestinal health
- Improved wound-healing

Slippery elm is approved by the Federal Drug Administration of the United States as a demulcent (soothing agent) for sore throats. This is due to its long history of common use in the US and because it is generally considered to be safe and effective for this purpose. Anecdotal effects of the effectiveness for slippery elm for sore throats and upper airway conditions and inflammation of the bowel is ubiquitous and there is a rationale for the soothing and anti-inflammatory properties of this herbal medicine, but there is not, at this time, sufficient scientific research in this area.^{368,369}

Why the inner bark of the slippery elm?

The inner-bark layer of Ulmus rubrus contains mucilaginous compounds consisting of a range of saccharides that are soothing for mucous membranes and may play a role in helping to feed cells of the gastrointestinal tract and gut bacteria.

Probiotics

Form:

Lactobacillus acidophilus and Bifidobacteria lactus

Key body systems:

Digestive, endocrine, circulatory, immune

Lactobacillus and Bifidobacteria are naturally occurring bacteria in nature, fermented foods, and in as part of the human microbiome of the gut. They are essential for the proper regulation of digestion, absorption, resistance to endotoxicity, and immunity and resistance to illness.

Key benefits of probiotic supplementation:

- Anti-inflammatory and antioxidant
- Improved gut-health (reduced diarrhoea, constipation, IBS, IBDs)
- Improved cardiovascular health
- Reduced risk of diabetes
- · Possible improvements in body-composition
- Improved immune function

Reviews of the scientific literature show a range of benefits from probiotic supplementation including for reducing diarrhoea, gastrointestinal pain and bloating, and symptoms of lactose intolerance^{370,371} and inflammatory bowel diseases;³⁷² benefits for weight- and fat-loss and reduced markers of diabetes and metabolic syndrome;^{373,374,375,376,377} reducing oxidation,^{378,379} inflammation and inflammation-related pain;^{380,381} improved cardiovascular markers (cholesterol and lipid profiles);³⁸² depression,^{383,384,385} anxiety, and Autism spectrum disorder.³⁸⁶ Probiotics are likely to improve CD4 counts in those with HIV.³⁸⁷

Probiotics also improve constipation in children by increasing stool frequency,³⁸⁸ and reduce constipation in the elderly.³⁸⁹ Furthermore, probiotics significantly reduce jaundice,^{390,391} and reduce the incidence and severity of respiratory tract infections,^{392,393,394} and allergic rhinitis.^{395,396,397} Overall, the use of probiotics is associated with reduced mortality and morbidity in children in low-to-middle income countries,³⁹⁸ and improved growth rates in under-nourished children.³⁹⁹

Probiotic use also results in reduced eczema in pregnant and breastfeeding mothers⁴⁰⁰ and infants,^{412,401} and also appear to reduce atopic dermatitis and are protective in moderate-to-severe cases of this condition.⁴⁰²

Probiotics are suggested for use to reduce inflammation and infection following colorectal resection surgery,^{403,404,405} and might reduce post-

operative infections in other gastrointestinal surgeries.⁴⁰⁶ The use of pre- and probiotics before, or on the day of liver transplantation reduces the rate of post-surgery infection.⁴⁰⁷ Overall, probiotics show a significant effect on reducing surgical site infections.⁴⁰⁸ They also improve the efficacy of the influenza vaccine and other vaccines by elevating immunogenicity by influencing seroconversion and seroprotection rates.^{409,410}

Why L. acidophilus and Bifidobacteria?

Specifically, L. acidophilus and Bifidobacterium species can bind to food-borne toxins like aflatoxin (from mould grown on food), effectively eliminating them from the body,411 and also compete with and aid resistance to pathogens like E. coli, Staphylococcus aureus, Pseudomonas aeruginosa, Listeria monocytogenes, Vibrio parahaemolyticus, Vibrio cholerae, Helicobacter pylori, Klebsiella, Salmonella, Shigella, Bacillus, Clostridium, Mucor, Aspergillus, Fusarium, Trichoderma and Candida spp.412 Lactobacillus Acidophilus also significantly reduces LDL cholesterol compared to other types of strains, and probiotic supplements including this strain are effective in lowering lipid levels and other factors associated with cardiovascular disease.413,414 Interestingly, the combination of probiotics with plant phenols (like those found in Good Green Vitality) provides synergistic benefits, with greater survival, adhesion, and maintenance of beneficial bacteria and improved health benefits.⁴¹⁵



PROTEIN AND SUPERFOODS

Protein

Form:

Pea protein isolate from Pisum sativum

Key body systems:

Muscular, skeletal, circulatory, integumentary

The amino acids which make up protein are the building blocks for all cells, tissue, and organs in the body. Having an optimal protein intake is essential to sustain and improve health and performance.

Key benefits of protein supplementation:

- Improved 'lean muscle'
- Improved bone health
- Increased satiety
- Improved cardiovascular health

As the building block of all tissue, it's not surprising that it offers a broad range of benefits.

Protein supplements are associated with lower hospital admissions and fewer health complications (in older adults).⁴¹⁶ Higher protein intakes are also good for our 'cardiometabolic' health. Increased dietary protein has a small, beneficial effect on blood pressure, reduces triglycerides (one of the most important markers of poor cardiovascular and metabolic health), and reduces body fat stores.^{417,418}

Protein is also crucial to help preserve or grow muscle mass, reduce fat, reduce soreness from exercise, and support strength and power development.^{419,420,421} Older adults also retain more lean mass and lose more fat mass during weight loss when consuming higher protein diets.^{422,423}

Previously, higher protein diets were thought to cause kidney disease and bone-wasting. We now know that these claims are untrue. There is no detriment to bone health from higher protein diets, and protein supplementation is likely to improve bone health.⁴²⁴

Why pea protein isolate?

Pea protein isolate is included as a vegan, gluten-, soy-, and dairy-free option, free-from common allergens and gastric irritants and antinutrients (like lectins, and phytic acid). Pea protein isolate contains all the essential amino acids needed for human growth and development and is considered compares very favourably with the recommended amino acid pattern proposed by the Institute of Medicine of the United States National Institutes of Health.⁴²⁵ It boasts an absorption rate over 89%,⁴²⁶ and in a headto-head trial, pea protein performed equally well for muscle growth and retention as the previous 'goldstandard' of whey protein.⁴²⁷

Organic spirulina

Form:

Powdered organic Arthrospira platensis

Key body systems:

Endocrine, circulatory, immune, excretory

Spirulina is the common name for a species of bluegreen algae, complex biomass of cyanobacteria that provides a nutrient-dense food source. Bluegreen algae have been used for millennia as a food, especially by Mesoamerican cultures.

Key benefits of spirulina supplementation:

- Reduced seasonal allergies
- Liver protection and protection from toxins
- Antioxidant and anti-inflammatory
- Improved cardiovascular health
- Improved metabolic markers
- Improved immune function

Spirulina is thought to reduce the incidence and severity of seasonal allergies, along with protection from heavy metals and other toxins and general protection of the liver,⁴²⁸ along with general benefits for reducing oxidation⁴²⁹ and the signs of ageing, enhanced immunity, improved cardiovascular and diabetic markers,⁴³⁰ reduced inflammation, and resistance to cancer.^{431,432}

Reviews of the scientific literature show that spirulina might offer interesting benefits to those with cardiovascular risk factors. It has been demonstrated to reduce total cholesterol and LDL-cholesterol and triglycerides while increasing ('good') HDL-cholesterol.⁴³³

Why organic spirulina?

Spirulina and similar algae can accumulate heavy metals and toxins, one of their promising roles in the body. Hence, safe, organic forms of this nutritional are used in the formula.

Red marine algae

Form:

Whole, dried Lithothamnion calcareum

Key body systems:

Immune, skeletal, nervous

L. calcareum is a species of nutrient-rich marine algae (seaweed). Red algae have a long history of use in human nutrition due to their high nutrient content, including many essential and trace minerals.

Key benefits of red marine algae supplementation:

- Improved multi-mineral nutrition
- Overall health benefits from improved
 micro-nutrition
- Support for bone health

The main role of red marine algae is for its nutritive role. It provides various minerals, including calcium (30%), magnesium (6%) and trace minerals.⁴³⁴ This nutrient density is thought to be responsible for the benefits seen in animal research, namely, reductions in bone-loss in mice when fed *L. calcareum.*⁴³⁵ It has also been shown to be as effective for reducing cancer growth in calcium-sensitive cells as calcium itself.⁴³⁶

Why L. calcareum?

Red marine algae in the form of *L. calcareum* is included as a nutrient-dense multi-mineral. This provides not only important minerals like calcium to the formula but a complex of synergistic minerals and trace nutrients beneficial for overall health and from a traditionally used source.

Organic wheatgrass

Form:

Powdered freshly sprouted leaves of Triticum plants

Key body systems: Immune, digestive



Wheatgrass is the freshly sprouted leaves of the wheat plant. Wheatgrass provides a nutrient-rich food that is free-from gluten and rich in chlorophyll, flavonoids, and vitamins C and E.

Key benefits of wheatgrass supplementation:

- Improved micronutrient nutrition
- Reduced inflammation and oxidation

Many health benefits are claimed for wheatgrass. As a nutrient-rich food, it is likely to help support general nutrition and health. Laboratory studies in animals are beginning to show additional clinical benefits and it offers promise for the adjunctive treatment of cancer, reducing effects of chemotherapy, along with improved immune responses and reduced oxidation. There might also be benefits from wheatgrass for a diverse range of conditions, from IBDs to rheumatoid arthritis, diabetes and obesity.⁴³⁷

Why organic wheatgrass?

Wheatgrass is a nutrient-dense food that supplies a range of essential and secondary nutrients to support the wholefood complex of nutrition in the formula.

Organic barley leaf

Form:

Powdered freshly sprouted leaves of Hordeum vulgare

Key body systems:

Immune, digestive

Barley leaf is the fresh shoots of the barley grass plant. It is a nutrient-dense food that is free-from gluten and high in micronutrients.

Key benefits of barley leaf supplementation:

- Improved micronutrient nutrition
- Reduced inflammation and oxidation

Similar health benefits are claimed for barley leaf as wheatgrass and the functional outcomes are likely to be similar. Most of the research at this stage specifically on barley leaf has focussed on the antioxidant activity of the leaves and they have demonstrated a strong antioxidant action.^{438,439,440}

Why barley leaves?

Barley leaf is a nutrient-dense food that supplies a range of essential and secondary nutrients to support the wholefood complex of nutrition in the formula.

Organic chlorella

Form:

Whole, dried, cracked-wall Chlorella vulgaris

Key body systems:

Immune, endocrine

Chlorella is a single-celled, green alga from the phylum *Chlorophata*. It has been used as a food and medicine in East Asia since ancient times. Chlorella became popular in the West in the twentieth century as people looked for nutrient-rich, sustainable food sources to help feed a burgeoning population.

Key benefits of chlorella supplementation:

- Improved micronutrient nutrition
- Improved immune function
- Reduced inflammation and oxidation
- Possible anti-diabetic effects

The range of amino acids, lipids, and minerals in chlorella has led to it being studied for a range of conditions, including hypertension and fibromyalgia. In randomised, controlled trials, chlorella has demonstrated the capacity to provide a short-term 'boost' to immunity by increasing natural killer cell counts and other immune cytokines.⁴⁴¹ A 2017 RCT also demonstrated reduced blood glucose, insulin, and inflammatory markers (TNF- α and C-reactive protein) after 8 weeks of 1200 mg chlorella per day vs placebo.⁴⁴²

Why chlorella?

Chlorella is a nutrient-rich food with likely immune benefits. It is often considered to work most effectively in combination with spirulina by natural health practitioners and provides additional nutrientdensity to the formula.

Kelp

Form: Whole, dried Fucus vesiculosus

Key body systems: Immune, endocrine

Kelps are large brown algal seaweeds that have been used by peoples throughout the world as nutrientrich foods and as herbal medicine compounds since ancient times. Kelp is high in trace nutrients and minerals that are often deficient in modern soils (especially in some countries e.g. New Zealand) such as iodine and selenium.

Key benefits of kelp supplementation:

- Micronutrient support of the thyroid gland
- Improved overall nutrition status

Kelp is high in iodine, a mineral that is essential for the creation of thyroid hormones and traditional medicinal use has typically been for the nutritional support of the thyroid gland. Pre-clinical evidence has also suggested that there might be anticoagulant and anti-diabetic effects of kelp supplementation for which further research is required.⁴⁴³

Why kelp?

Kelp provides a natural source of trace nutrients, especially iodine, and is used in the formula to help provide this nutritional support (not therapeutic dosages, for which prescription by a registered practitioner is required).

Dunaliella salina

Form: Dunaliella salina dried extract

Key body systems: Immune, endocrine

Dunaliella salina is a green micro-alga that is found living in salt-fields. It is especially prized for its antioxidant activity due to its ability to make large amounts of carotenoids and glycerol which function to protect it against light damage and osmotic pressure, respectively.

Key benefits of *Dunaliella* supplementation:

- A natural and superior source of carotenoids
- Improved antioxidant status

Dunaliella is known for its accumulation of large quantities of carotenoids. The antioxidant effects of these carotenoids, specifically from Dunaliella have been demonstrated in rats, and interestingly, the naturally occurring carotenoids from *D. salina* were more effective for this purpose than dose-matched synthetic β -carotene.⁴⁴⁴

Why Dunaliella salina?

Dunaliella is rich in the antioxidant carotenoids and the emerging research suggests that this natural source is superior for antioxidant effects that synthetic β -carotene commonly used as the sole carotenoid in supplements.

VEGETABLES, BERRIES, AND FRUITS

Vegetable blend

Beetroot, broccoli sprout, carrot, spinach

Form:

Whole vegetable powders of *Beta vulgaris* taproot, *Brassica oleracea 'italica'* sprout, *Daucus carota 'sativus'* taproot, *Spinacia oleracea* leaves

Key body systems:

Immune, circulatory, respiratory, nervous

Nutrient-rich vegetables lack in the modern diet. Many people fail to get enough vegetables in their diets, and yet, there is a linear association between vegetable intake and health outcomes.

Key benefits of supplementing with vegetable blends:

- Improved overall nutrient status
- Antioxidant
- Improved endurance performance
- Anti-hypertensive
- Reduced inflammation
- Possible anti-cancer effects
- Improved cognition

Vegetables are rich sources of both primary, essential nutrients and secondary nutrients critical to health.

Beets are high in folate and manganese and also provide rich 'red' anthocyanins which have antioxidant effects. Beetroot also contains high levels of nitrates that have been demonstrated to reduce high blood pressure,⁴⁴⁵ and improve endurance performance.⁴⁴⁶

Broccoli is rich in vitamins B, C and K, the carotenoids lutein and zeaxanthin, and the sprouts of the broccoli plant are high in the prospective anti-cancer compound sulforaphane. Early research suggests that sulforaphane-rich broccoli sprout extracts positively modify innate oxidative responses,⁴⁴⁷ reduce inflammatory markers in those with diabetes,⁴⁴⁸ and might be useful for cancer treatment.⁴⁴⁹ They might also improve cognitive decline in people with schizophrenia.⁴⁵⁰

Carrots are especially high in vitamin-A precursor carotenoids β -carotene and α -carotene, along with γ -carotene, lutein, zeaxanthin, and vitamin K and B-vitamins. Insufficient intake of vitamin-A and its precursors can lead to problems with night-vision, along with immunity and gene expression.

Spinach is a rich source of vitamins A, C, E, and K, magnesium, manganese, iron, calcium, potassium, folate and the B-vitamins riboflavin and vitamin B6. Animal and other research have suggested that spinach, due to the combination of essential nutrients and secondary antioxidants it contains, could help to protect against oxidation, neurodegenerative disorders, and improve cognition.⁴⁵¹

Why added vegetables and extracts?

Many people do not routinely eat all the vegetables that they require for optimal health. Vegetable extracts and powders can help to address this and provide a range of synergistic primary and secondary nutrients for the whole-food base of this formula.

Fruit and berry blend

Acerola, apple, bilberry, blackcurrant, goji berry, papaya

Form:

Fruit powders of Malus pumila and Carica papaya. High-potency extracts from the fruit of Malpighia emarginata, Vaccinium myrtillus, Ribes nigrum, and Lycium barbarum

Key body systems:

Immune, circulatory, respiratory, nervous

Fruits and berries contain many essential and 'conditionally essential' nutrients for health. Fruit powders provide additional nutrients, while berries provide a range of antioxidants beneficial to both health and performance and are considered both foods and traditional medicines.

Key benefits of supplementing with fruit and berry blends:

- Improved overall nutrient status
- Antioxidant
- Improved endurance performance
- Reduced inflammation
- Possible anti-cancer effects
- Improved cognition
- Improved eye health

Acerola is one of the richest sources of vitamin C (50-100 times that of oranges) and has extremely high antioxidant properties which have led to it being researched for anti-ageing properties and benefits to overall health.⁴⁵²

Apples contain a balance of essential micronutrients to increase the nutrient-density of the diet.

Bilberry is rich in anthocyanins and, while further research is required, might help play a protective role for a range of conditions including cataracts, heart disease, diabetes, dysmenorrhoea, and retinopathies.⁴⁵³

Blackcurrants are rich in vitamin C, iron, and manganese, along with extremely high levels of anthocyanin polyphenols that are being researched for their antioxidant effects and other health benefits. Early human studies have shown reduced visual deterioration in glaucoma,⁴⁵⁴ and benefits to overall performance in repeated exercise activities,⁴⁵⁵ from blackcurrant extracts.

Goji or wolfberry is another berry, rich in antioxidants, which has been used extensively in cuisine and medicine in Asia since ancient times. Current research suggests that goji might offer benefit to health overall and conditions such as asthma, prevention of cancer, cognition, immunity, vision, and anti-ageing.⁴⁵⁶

Papaya is a traditional food and medicine, high in carotenoids, vitamin C and folate, along with antioxidant phytochemicals and papain and chymopapain, protein-digesting enzymes that have anti-microbial properties.⁴⁵⁷ In vitro research has suggested a potential anti-cancer role for papaya and this is being further investigated.⁴⁵⁸

Why added fruit and berry extracts?

Fruits and berries provide a vast array of antioxidant phenols and other phytochemicals that exhibit an array of benefits to health. Whole food derived extracts of fruits and berries help to support overall nutrition more than simply providing the primary, essential vitamins and minerals.

Hawthorn

Form:

Dried extract from Crataegus monogyna

Key body systems: Immune, circulatory

The leaves and fruits of hawthorn have been used in traditional cookery throughout Asia, Europe, and North America. The leaves and fruit have also been used in traditional medicine systems in these areas as a digestive aid and for the improvement of cardiovascular function. Hawthorn is rich in various phytochemicals; tannins, flavonoids, oligomeric proanthocyanidins, and phenolic acids.

Key benefits of hawthorn supplementation:

- Antioxidant
- Increased cardiovascular health

Hawthorn has been mostly studied for its benefits in cardiovascular disease. A 2010 review of these studies concluded current research to date suggests that hawthorn may potentially represent a safe, effective, nontoxic agent in the treatment of cardiovascular disease and ischemic heart disease.⁴⁵⁹

Why hawthorn extract?

Extracts provide greater amounts of active ingredient by volume. Using a hawthorn extract allows for the inclusion of the cardiovascular supporting effects of hawthorn in the formula.



1

Gut health – why apple pectin and not inulin or FOS as a prebiotic?

Apple pectin is typically more easily tolerated by those who are sensitive to fibres and resistant starches (like those following a FODMAP restricted diet) than fructo-oligosaccharides or inulin.

2

Why use vitamin D3 from lichen? – why not use D2 as a vegan solution?

D3 is considered to be a superior source for health and is the naturally occurring and produced form in the human body. However, most vitamin D3 is produced from sheep's lanolin and so, cannot be used by those following a vegan lifestyle. We use vegan vitamin D3 extracted from lichen plants so that all of our users can benefit from the superior form of this essential vitamin.

3

Why vitamin K2 (as menaquinone 7)? – why not just rely on the K1 already present in the plant ingredients?

Both K1 and K2 are highly valuable for the body. However, specific benefits for circulatory health have been noted for vitamin K2, especially from the MK-7 form. It is also not very plentiful in most diets and so, both K1 and K2 MK-7 are used in the formula to give a spectrum of benefits not always provided by the modern diet.

4

What is the advantage using red marine algae as the calcium source?

Red marine algae in the form of *L. calcareum* provides an absorbable form of calcium from an entirely natural, traditionally used-source. It also provides a complex of synergistic minerals and trace nutrients beneficial for overall health.

5

What is the advantage of using kelp as the iodine source?

Kelp is nature's very best source of the essential mineral iodine. It also contains an array of other beneficial essential and secondary nutrients.

6

Why include mixed natural tocopherols and mixed natural carotenoids?

While alpha-tocopherol has been considered the 'active' vitamin E and is very important for health, all of the vitamin E family have benefits to human function. For example, alpha and gamma tocopherols provide contrasting and complementary actions for immune and inflammatory modulation. Gamma forms have also been shown to be more effective antioxidants and excessive amounts of alpha-tocopherol alone might inhibit these effects. For the balance of our innate immune, inflammatory and antioxidant pathways, we have included a mixed, natural vitamin E blend.

7

Why have we avoided rice bran, soy lecithin and alfalfa?

While these foods can be healthy additions to the diet, they can also contain anti-nutrients and allergens (in the case of soy and rice bran) which can affect the digestion and absorption of nutrients for some people. Alfalfa is also a nutrient-dense food but high intakes and isolated extracts might be of concern for triggering relapses of autoimmune conditions.

8

Why is there no added iron?

Iron is an essential nutrient and many people are deficient in it. However, a large minority of people might also experience a sub-clinical iron overload that can out them at risk of increased risk of poor health (especially poorer cardiovascular health) over time. There is a small, supportive amount of iron derived from the range of whole-food ingredients but additional iron has not been added due to the risk of iron overload for some. It is recommended that anyone who suspects they may require additional iron seeks advice from a qualified health practitioner. **9**

Why has no significant level of protein been added?

This formula is intended as a supportive micronutrient formula, not a protein drink. A small amount of

9

protein has been added to aid digestion and supply some amount of the essential amino acids. Clean Lean Protein, containing high-quality (great tasting!) pea protein isolate is the perfect accompaniment to Good Green Vitality for anyone wanting to supplement their protein intake.

10

How and when is Good Green Vitality best taken?

Good Green Vitality is best taken every day, in the morning. Many people start their day with Good Green Vitality in water or mixed with water and Clean Lean Protein as a healthy smoothie, or after breakfast if they have especially sensitive digestion. It is also a great addition to a protein drink before or after exercise.

11

Do I still need to take a multi vitamin?

Good Green Vitality IS a multi-vitamin. In fact, it's a multi that's much more than a multi because it also contains a range of nutrient-dense whole food ingredients, including berries, vegetables, fruits, herbs, and more!

12

Is it OK to take Good Green Vitality while pregnant or breast feeding?

According to our expert advisory team, Good Green Vitality is safe to use during pregnancy and breastfeeding. However, everyone is different and during pregnancy you may need to increase your intake of some vitamins and minerals (especially folate). If anyone is pregnant or breastfeeding it is recommended that they consult their health practitioner to find a supplement prescription that works best for them.

13

I am a large person, should I adjust my serve size due to my size?

Nutrient requirements do change with body size. While a serving is going to be effective for almost all people, you can adjust the serving if you are much larger or smaller than average.

14

Is Good Green Vitality safe for children?

While Good Green Vitality is safe for children, they do have lower nutrient requirements due to their smaller body size. It is recommended to use a childspecific formula like Kids Good Stuff.

15

I am a person who exercises regularly and often at reasonably intense levels. What size serve should I take, and should I consider additional supplementation?

Athletes do have nutrient requirements higher than sedentary people. Many of our athletes choose to take two servings of Good Green Vitality per day; in the morning and again before or after training or in the early afternoon. Athletes can also have a higher requirement for other nutrients too and many athletes combine Good Green Vitality with additional vitamin C, magnesium, omega-3s, and other nutrients as recommended by their healthcare practitioner.

REFERENCES

1 University of Otago and Ministry of Health. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington; 2011.

ABS. Australian Health Survey: Nutrition First Results-Foods and Nutrients, 2011-12. Australian Bureau of Statistics Canberra; 2014.

3 Annual Update of Key Results 2014/15. Wellington: New Zealand Ministry of Health. ; 2015.

4 Davis DR, Epp MD, Riordan HD. Changes in USDA Food Composition Data for 43 Garden Crops, 1950 to 1999. Journal of the American College of Nutrition. 2004;23(6):669-82.

5 **Biesalski HK, Tinz J.** Multivitamin/mineral supplements: rationale and safety – A systematic review. Nutrition.

6 Huang H-Y, Caballero B, Chang S, Alberg AJ, Semba RD, Schneyer CR, et al. The Efficacy and Safety of Multivitamin and Mineral Supplement Use To Prevent Cancer and Chronic Disease in Adults: A Systematic Review for a National Institutes of Health State-ofthe-Science Conference. Annals of Internal Medicine. 2006;145(5):372-85.

7 Alexander DD, Weed DL, Chang ET, Miller PE, Mohamed MA, Elkayam L. A Systematic Review of Multivitamin–Multimineral Use and Cardiovascular Disease and Cancer Incidence and Total Mortality. Journal of the American College of Nutrition. 2013;32(5):339-54.

8 Macpherson H, Rowsell R, Cox KHM, Scholey A, Pipingas A. Acute mood but not cognitive improvements following administration of a single multivitamin and mineral supplement in healthy women aged 50 and above: a randomised controlled trial. AGE. 2015;37(3):1-10.

9 Sarris J, Cox KHM, Camfield DA, Scholey A, Stough C, Fogg E, et al. Participant experiences from chronic administration of a multivitamin versus placebo on subjective health and wellbeing: a double-blind qualitative analysis of a randomised controlled trial. Nutrition Journal. 2012;11(1):1-10.

10 Harris E, Macpherson H, Vitetta L, Kirk J, Sali A, Pipingas A. Effects of a multivitamin, mineral and herbal supplement on cognition and blood biomarkers in older men: a randomised, placebo-controlled trial. Human Psychopharmacology: Clinical and Experimental. 2012;27(4):370-7. **11 Wiseman EM, Bar-El Dadon S, Reifen R.** The vicious cycle of vitamin a deficiency: A review. Critical Reviews in Food Science and Nutrition. 2017;57(17):3703-14.

12 Mayo-Wilson E, Imdad A, Herzer K, Yakoob MY, Bhutta ZA. Vitamin A supplements for preventing mortality, illness, and blindness in children aged under 5: systematic review and meta-analysis. BMJ. 2011;343:d5094.

13 Cruz S, da Cruz SP, Ramalho A. Impact of Vitamin A Supplementation on Pregnant Women and on Women Who Have Just Given Birth: A Systematic Review. Journal of the American College of Nutrition. 2018;37(3):243-50.

14 Song P, Wang J, Wei W, Chang X, Wang M, An L. The Prevalence of Vitamin A Deficiency in Chinese Children: A Systematic Review and Bayesian Meta-Analysis. Nutrients. 2017;9(12).

15 da Cunha MdSB, Campos Hankins NA, Arruda SF. Effect of vitamin A supplementation on iron status in humans: A systematic review and meta-analysis. Critical Reviews in Food Science and Nutrition. 2018:1-15.

16 Wang J, Wang Y, Wang Z, Li L, Qin J, Lai W, et al. Vitamin A equivalence of spirulina β -carotene in Chinese adults as assessed by using a stable-isotope reference method. The American Journal of Clinical Nutrition. 2008;87(6):1730-7.

17 Tang G, Qin J, Dolnikowski GG, Russell RM, Grusak MA. Golden Rice is an effective source of vitamin A. The American Journal of Clinical Nutrition. 2009;89(6):1776-83.

 $\begin{array}{ll} \mbox{Tang G, Qin J, Dolnikowski GG, Russell RM.} \\ \mbox{Short-term (intestinal) and long-term (postintestinal)} \\ \mbox{conversion of } \beta\mbox{-carotene to retinol in adults as assessed by} \\ \mbox{a stable-isotope reference method. The American Journal} \\ \mbox{of Clinical Nutrition. 2003;78(2):259-66.} \end{array}$

19 DiNicolantonio JJ, Liu J, O'Keefe JH. Thiamine and Cardiovascular Disease: A Literature Review. Progress in Cardiovascular Diseases. 2018;61(1):27-32.

20 Jain A, Mehta R, Al-Ani M, Hill JA, Winchester DE. Determining the Role of Thiamine Deficiency in Systolic Heart Failure: A Meta-Analysis and Systematic Review. Journal of Cardiac Failure. 2015;21(12):1000-7.

REFERENCES

21 DiNicolantonio JJ, Niazi AK, Lavie CJ, O'Keefe JH, Ventura HO. Thiamine Supplementation for the Treatment of Heart Failure: A Review of the Literature. Congestive Heart Failure. 2013;19(4):214-22.

22 DiNicolantonio JJ, Lavie CJ, Niazi AK, Keefe JH, Hu T. Effects of Thiamine on Cardiac Function in Patients With Systolic Heart Failure: Systematic Review and Metaanalysis of Randomized, Double-Blind, Placebo-Controlled Trials. Ochsner Journal. 2013;13(4):495.

23 Maguire D, Talwar D, Shiels PG, McMillan D. The role of thiamine dependent enzymes in obesity and obesity related chronic disease states: A systematic review. Clinical Nutrition ESPEN. 2018;25:8-17.

24 Thakur K, Tomar SK, Singh AK, Mandal S, Arora S. Riboflavin and health: A review of recent human research. Critical Reviews in Food Science and Nutrition. 2017;57(17):3650-60.

25 Saedisomeolia A, Ashoori M. Chapter Two - Riboflavin in Human Health: A Review of Current Evidences. In: Eskin NAM, editor. Advances in Food and Nutrition Research. 83: Academic Press; 2018. p. 57-81.

26 Ashoori M, Saedisomeolia A. Riboflavin (vitamin B2) and oxidative stress: a review. British Journal of Nutrition. 2014;111(11):1985-91.

27 Thompson DF, Saluja HS. Prophylaxis of migraine headaches with riboflavin: A systematic review. Journal of clinical pharmacy and therapeutics. 2017;42(4):394-403.

28 Arora J, Jeon M, Marvasti Y, Holz E, Yuvaraj S, Morris L, et al. 133 the effectiveness of riboflavin (vitamin b2) in preventing migraine episodes in the paediatric popu lation: a comprehensive review. Journal of Investigative Medicine. 2018;66(1):A121.

29 Strain J, Hughes CF, McNulty H, Ward M. Riboflavin Lowers Blood Pressure: A Review of a Novel Gene-nutrient Interaction. Nutrition and Food Sciences Research. 2015;2(2):3-6.

30 Naghashpour M, Jafarirad S, Amani R, Sarkaki A, Saedisomeolia A. Update on riboflavin and multiple sclerosis: a systematic review. Iranian journal of basic medical sciences. 2017;20(9):958-66. **Lavigne PM KR.** The current state of niacin in cardiovascular disease prevention. Journal of the American College of Cardiology. 2013;61(4).

32 Yadav R FM, Younis N, Hama S, Ammori BJ, Kwok S, Soran H. Extended-release niacin with laropiprant: a review on efficacy, clinical effectiveness and safety. Expert Opinion on Pharmacotherapy. 2012;13(9):1345-62.

A S. Effect of niacin on endothelial function: a systematic review and meta-analysis of randomized controlled trials. Vascular Medicine. 2014;19(1):54-66.

34 Ding Y LY, Wen A. Effect of niacin on lipids and glucose in patients with type 2 diabetes: a meta-analysis of randomized, controlled clinical trials. Clinical Nutrition. 2015;34(5):838-44.

35 Mendel RW, Blegen M, Cheatham C, Antonio J, Ziegenfuss T. Effects of creatine on thermoregulatory responses while exercising in the heat. Nutrition. 2005;21.

36 Xu XJ JG. Niacin-respondent subset of schizophrenia - a therapeutic review. European Review for Medical and Pharmacological Sciences. 2015;19:988-97.

37 Jayedi A, Zargar MS. Intake of vitamin B6, folate, and vitamin B12 and risk of coronary heart disease: a systematic review and dose-response meta-analysis of prospective cohort studies. Critical Reviews in Food Science and Nutrition. 2018:1-11.

38 Ho J-AA LY-H, Wu L-C, Liang S-H, Wong S-L, Liou J-J. Analysis of biotin (vitamin B7) and folic acid (vitamin B9): a focus on immunosensor development with liposomal amplification. B vitamins and folate: chemistry, analysis, function and effects2012. p. 353-76.

39 Soleymani T LSK, Shapiro J. The infatuation with biotin supplementation: is there truth behind its rising popularity? A comparitive analysis of clinical efficacy versus social popularity. Journal of Drugs in Dermatology. 2017;16(5):496-500.

40 Hochman LG, Scher RK, Meyerson MS. Brittle nails: response to daily biotin supplementation. Cutis. 1993;51(4):303-5.

41 Revilla-Monsalve C, Zendejas-Ruiz I, Islas-Andrade S, Báez-Saldaña A, Palomino-Garibay MA, Hernández-Quiróz PM, et al. Biotin supplementation reduces plasma triacylglycerol and VLDL in type 2 diabetic patients and in nondiabetic subjects with hypertriglyceridemia. Biomedicine & Pharmacotherapy. 2006;60(4):182-5.

42 Singer GM, Geohas J. The Effect of Chromium Picolinate and Biotin Supplementation on Glycemic Control in Poorly Controlled Patients with Type 2 Diabetes Mellitus: A Placebo-Controlled, Double-Blinded, Randomized Trial. Diabetes Technology & Therapeutics. 2006;8(6):636-43.

43 Sudchada P, Saokaew S, Sridetch S, Incampa S, Jaiyen S, Khaithong W. Effect of folic acid supplementation on plasma total homocysteine levels and glycemic control in patients with type 2 diabetes: A systematic review and meta-analysis. Diabetes Research and Clinical Practice. 2012;98(1):151-8.

44 Zhao JV, Schooling CM, Zhao JX. The effects of folate supplementation on glucose metabolism and risk of type 2 diabetes: a systematic review and meta-analysis of randomized controlled trials. Annals of Epidemiology. 2018;28(4):249-57.e1.

45 Viswanathan M, Treiman KA, Kish-Doto J, Middleton JC, Coker-Schwimmer EJL, Nicholson WK.

Folic Acid Supplementation for the Prevention of Neural Tube Defects: An Updated Evidence Report and Systematic Review for the US Preventive Services Task ForceEvidence Report: Folic Acid Supplementation to Prevent Neural Tube DefectsEvidence Report: Folic Acid Supplementation to Prevent Neural Tube Defects. JAMA. 2017;317(2):190-203.

46 Bulloch RE, Lovell AL, Jordan VMB, McCowan LME, Thompson JMD, Wall CR. Maternal folic acid supplementation for the prevention of preeclampsia: A systematic review and meta-analysis. Paediatric and Perinatal Epidemiology. 2018;32(4):346-57.

47 Fatahi S, Pezeshki M, Mousavi SM, Teymouri A, Rahmani J, Kord Varkaneh H, et al. Effects of folic acid supplementation on C-reactive protein: A systematic review and meta-analysis of randomized controlled trials. Nutrition, Metabolism and Cardiovascular Diseases. 2018.

48 Ashokkumar B, Mohammed ZM, Vaziri ND, Said HM. Effect of folate oversupplementation on folate uptake by human intestinal and renal epithelial cells. The American journal of clinical nutrition. 2007;86(1):159-66.

49 Kelly P, McPartlin J, Goggins M, Weir DG, Scott JM. Unmetabolized folic acid in serum: acute studies in subjects consuming fortified food and supplements. The American journal of clinical nutrition. 1997;65(6):1790-5.

50 Smith AD, Kim Y-I, Refsum H. Is folic acid good for everyone? The American journal of clinical nutrition. 2008;87(3):517-33.

51 Wright AJ, Dainty JR, Finglas PM. Folic acid metabolism in human subjects revisited: potential implications for proposed mandatory folic acid fortification in the UK. British Journal of Nutrition. 2007;98(04):667-75.

52 Troen AM, Mitchell B, Sorensen B, Wener MH, Johnston A, Wood B, et al. Unmetabolized folic acid in plasma is associated with reduced natural killer cell cytotoxicity among postmenopausal women. The Journal of nutrition. 2006;136(1):189-94.

53 Jessica B, Nitish A, Janet S. The Bioavailability of Various Oral Forms of Folate Supplementation in Healthy Populations and Animal Models: A Systematic Review. The Journal of Alternative and Complementary Medicine. 2019;25(2):169-80.

54 Andres E LN, Noel E, Kaltenbach G, Abdelgheni MB, Perrin AE, et al. Vitamin B12 (cobalamin) deficiency in elderly patients. Canadian Medical Association Journal. 2004;171(3):251-9.

55 Andres E ZA-A, Vogel T. State of the art review: oral and nasal vitamin B12 therapy in the elderly. QJM: An International Journal of Medicine. 2019.

56 Wang JY WY, Liu SJ, Lin YS, Lu PH. Vitamin B12 for herpetic neuralgia: a meta-analysis of randomised controlled trials. Complementary Therapies in Medicine. 2018;41:277-82.

57 van de Lagemaat EE dGL, van den Heuvel EGHM. Vitamin B12 in relation to oxidative stress: a systematic review. Nutrients. 2019;11(2):482.

58 Vitamin B12 Deficiency. New England Journal of Medicine. 2013;368(21):2040-2.

59 Freeman AG. Cyanocobalamin--a case for withdrawal: discussion paper. Journal of the Royal Society of Medicine. 1992;85(11):686-7.

60 Pfohl-Leszkowicz A, Keith G, Dirheimer G. Effect of cobalamin derivatives on in vitro enzymic DNA methylation: methylcobalamin can act as a methyl donor. Biochemistry. 1991;30(32):8045-51.

61 Matte JJ, Guay F, Girard CL. Bioavailability of vitamin B12 in cows' milk. British Journal of Nutrition. 2012;107(01):61-6.

62 Chambial S DS, Shukla KK, John PJ, Sharma P. Vitamin C in disease prevention and cure: an overview. Indian J Clin Biochem. 2013;28(4):314-28. 63 Chen G-C LD-B, Pang Z, Liu Q-F. Vitamin C intake, circulating vitamin C and risk of stroke: a meta-analysis of prospective studies. Journal of the American Heart Association. 2013;2(6).

FE H. A critical review of vitamin C for the prevention of age-related cognitive decline and Alzheimer's disease. Journal of Alzheimer's Disease. 2012;29(4):711-26.

65 Grosso G BR, Mistretta A, Marventano S, Calabrese G, Masuelli L, Giganti MG, Modesti A, Galvano F, Gazzolo D. Effects of vitamin C on health: a review of evidence. Front Biosci. 2013;1(18):1017-29.

66 Harris HR ON, Wolk A. Vitamin C and survival among women with breast cancer: a meta-analysis. European Journal of Cancer. 2014;50(7):1223-31.

67 Iqbal K KA, Muzaffar Ali Khan Khattak M. Biological significance of ascorbic acid (vitamin C) in human health- a review. Pakistan Journal of Nutrition. 2004;3(1):5-13.

68 Luo J SL, Zheng D. Association between vitamin C intake and lung cancer: a dose-response meta-analysis. Scientific Reports. 2014;4.

69 Juraschek SP GE, Appel LJ, Miller ER. Effects of vitamin C supplementation on blood pressure: a meta-analysis of randomized controlled trials. The American Journal of Clinical Nutrition. 2012;95(5):1079-88.

70 Juraschek SP ME, Gelber AC. Effect of oral vitamin C supplementation on serum uric acid: a meta-analysis of randomized controlled trials. Arthritis Care & Research. 2011;63(9):1295-306.

71 Ashor AW LJ, Mathers JC, Siervo M. Effect of vitamin C on endothelial function in health and disease: a systematic review and meta-analysis of randomised controlled trials. Atherosclerosis. 2015;235(1):9-20.

72 Hemila H, Chalker E. Vitamin C for preventing and treating the common cold. The Cochrane database of systematic reviews. 2013;1:CD000980.

73 Van Straten M, Josling P. Preventing the common cold with a vitamin C supplement: a double-blind, placebo-controlled survey. Advances in therapy. 2002;19(3):151-9.

74 Sasazuki S, Sasaki S, Tsubono Y, Okubo S, Hayashi M, Tsugane S. Effect of vitamin C on common cold: randomized controlled trial. Eur J Clin Nutr. 2006;60(1):9-17.

75 Shaffer JA, Edmondson D, Wasson LT, Falzon L, Homma K, Ezeokoli N, et al. Vitamin D supplementation for depressive symptoms: a systematic review and meta-analysis of randomized controlled trials. Psychosomatic medicine. 2014;76(3):190-6. **76 Riverin BD, Maguire JL, Li P.** Vitamin D Supplementation for Childhood Asthma: A Systematic Review and Meta-Analysis. PloS one. 2015;10(8):e0136841.

77 Tomlinson PB, Joseph C, Angioi M. Effects of vitamin D supplementation on upper and lower body muscle strength levels in healthy individuals. A systematic review with meta-analysis. Journal of Science and Medicine in Sport. 2015;18(5):575-80.

78 Chiang C-m, Ismaeel A, Griffis RB, Weems S. Effects of Vitamin D Supplementation on Muscle Strength in Athletes: A Systematic Review. The Journal of Strength & Conditioning Research. 2017;31(2):566-74.

79 Fang F, Ni K, Cai Y, Shang J, Zhang X, Xiong C. Effect of vitamin D supplementation on polycystic ovary syndrome: A systematic review and meta-analysis of randomized controlled trials. Complementary Therapies in Clinical Practice. 2017;26:53-60.

80 Franco AS, Freitas TQ, Bernardo WM, Pereira RMR. Vitamin D supplementation and disease activity in patients with immune-mediated rheumatic diseases: A systematic review and meta-analysis. Medicine. 2017;96(23):e7024-e.

Bi WG, Nuyt AM, Weiler H, Leduc L, Santamaria C, Wei SQ. Association Between Vitamin D Supplementation During Pregnancy and Offspring Growth, Morbidity, and Mortality: A Systematic Review and Meta-analysisVitamin D Supplementation During Pregnancy and Offspring Growth, Morbidity, and MortalityVitamin D Supplementation During Pregnancy and Offspring Growth, Morbidity, and Mortality. JAMA Pediatrics. 2018;172(7):635-45.

82 Zittermann A, Ernst JB, Gummert JF, Börgermann J. Vitamin D supplementation, body weight and human serum 25-hydroxyvitamin D response: a systematic review. Eur J Nutr. 2014;53(2):367-74.

83 Cordero Z, Drogan D, Weikert C, Boeing H. Vitamin E and Risk of Cardiovascular Diseases: A Review of Epidemiologic and Clinical Trial Studies. Critical Reviews in Food Science and Nutrition. 2010;50(5):420-40.

84 Dutta A, Dutta SK. Vitamin E and its Role in the Prevention of Atherosclerosis and Carcinogenesis: A Review. Journal of the American College of Nutrition. 2003;22(4):258-68.

85 Mocchegiani E, Costarelli L, Giacconi R, Malavolta M, Basso A, Piacenza F, et al. Vitamin E-gene interactions in aging and inflammatory age-related diseases: Implications for treatment. A systematic review. Ageing Research Reviews. 2014;14:81-101. **86 Oliver CJ, Myers SP.** Validity of a Cochrane Systematic Review and meta-analysis for determining the safety of vitamin E. BMC complementary and alternative medicine. 2017;17(1):408.

87 Ashor AW, Siervo M, Lara J, Oggioni C, Afshar S, Mathers JC. Effect of vitamin C and vitamin E supplementation on endothelial function: a systematic review and meta-analysis of randomised controlled trials. British Journal of Nutrition. 2015;113(8):1182-94.

88 Emami MR, Safabakhsh M, Alizadeh S, Asbaghi O, Khosroshahi MZ. Effect of vitamin E supplementation on blood pressure: a systematic review and meta-analysis. Journal of Human Hypertension. 2019.

89 Suksomboon N, Poolsup N, Sinprasert S. Effects of vitamin E supplementation on glycaemic control in type 2 diabetes: systematic review of randomized controlled trials. Journal of clinical pharmacy and therapeutics. 2011;36(1):53-63.

90 Patel N, Amin P, Shenoy A. Is vitamin E supplementation effective in reducing mortality related to cardiovascular events in people with type 2 diabetes mellitus? A systematic review. IJC Metabolic & Endocrine. 2016;12:42-5.

91 Iqubal MA, Khan M, Kumar P, Kumar A, Ajai K. Role of vitamin e in prevention of oral cancer:-a review. Journal of clinical and diagnostic research : JCDR. 2014;8(10):ZE05-ZE7.

92 Wu H, Zhang C, Wang Y, Li Y. Does vitamin E prevent asthma or wheeze in children: A systematic review and meta-analysis. Paediatric Respiratory Reviews. 2018;27:60-8.

93 Chin K-Y, Ima-Nirwana S. The Role of Vitamin E in Preventing and Treating Osteoarthritis – A Review of the Current Evidence. Frontiers in Pharmacology. 2018;9(946).

94 Nazrun Shuid A, Das S, Mohamed IN. Therapeutic effect of Vitamin E in preventing bone loss: An evidence-based review. International Journal for Vitamin and Nutrition Research. 2019:1-14.

95 BI X, YANG Y, LIU Y. The Efficacy and Safety of Vitamin E in the Treatment of Primary Dysmenorrhea: A Systematic Review. Journal of Practical Obstetrics and Gynecology. 2008(2):15.

Cook-Mills JM. Isoforms of Vitamin E Differentially Regulate PKC α and Inflammation: A Review. J Clin Cell Immunol. 2013;4(137):1000137. **97 Usoro OB, Mousa SA.** Vitamin E Forms in Alzheimer's Disease: A Review of Controversial and Clinical Experiences. Critical Reviews in Food Science and Nutrition. 2010;50(5):414-9.

98 Lees JS CF, Witham MD, Jardine AG, Mark PB. Vitamin K status, supplementation and vascular disease: a systematic review and meta-analysis. Heart. 2018.

99 Manna P KJ. Beneficial role of vitamin K supplementation on insulin sensitivty, glucose metabolism, and the reduced risk of type 2 diabetes: a review. Nutrition. 2016;32(7-8):732-39.

100 Evans CE GK, Ivy DR. Proposed critieria for the use of low-dose vitamin K supplementation in patients using vitamin K antagonists: a literature review of a clinical controversy. Journal of Pharmacy Practice. 2017;31(2).

101 Cockayne S AJ, Lanham-New S. Vitamin K and the prevention of fractures systematic review and meta-analysis of randomized controlled trials. Arch Intern Med. 2006;166(12):1256-61.

102 Iwamoto J SY, Takeda T, Matsumoto H. Highdose vitamin K supplementation reduces fracture incidence in postmenopausal women: a review of the literature. Nutrition Research. 2009;29(4):221-8.

103 Schurgers LJ, Teunissen KJ, Hamulyák K, Knapen MH, Vik H, Vermeer C. Vitamin K-containing dietary supplements: comparison of synthetic vitamin K1 and nat-to-derived menaquinone-7. Blood. 2007;109(8):3279-83.

104 Knapen MHJ, Braam LAJLM, Drummen NE, Bekers O, Hoeks APG, Vermeer C. Menaquinone-7 supplementation improves arterial stiffness in healthy postmenopausal women. Thromb Haemost. 2015;113(05):1135-44.

105 Knapen M, Drummen N, Smit E, Vermeer C, Theuwissen E. Three-year low-dose menaquinone-7 supplementation helps decrease bone loss in healthy postmenopausal women. Osteoporos Int. 2013;24(9):2499-507.

106 San Mauro Martin I RLA, Camina Martin MA, Garicano Vilar E, Collado-Yurrita L, de Mateo-Silleras B, Redondo del Rio MdP. Chromium supplementation in patients with type 2 diabetes and high risk of type 2 diabetes: a meta-analysis of randomized controlled trials. Nutricion Hospitalaria. 2016;33(1):156-61.

107 Broadhurst CL DP. Clinical studies on chromium picolinate supplementation in diabetes mellitus- a review. Diabetes Technology & Therapeutics. 2006;8(6).

108 Balk EM TA, Lichtenstein AH, Lau J, Pittas AG. Effect of chromium supplementation on glucose metabolism and lipids: a systematic review of randomized controlled trials. Diabetes Care. 2007;30(8):2154-63. **109** Suksomboon N PN, Yuwanakorn A. Systematic review and meta-analysis of the efficacy and safety of chromium supplementation in diabetes. Journal of Clinical Pharmacy and Therapeutics. 2014;39(3):292-306.

110 Marmett B BNR. Effects of chromium picolinate supplementation on control of metabolic variables: a systematic review. Journal of Food and Nutrition Research. 2016;4(10):633-39.

111 Onakpoya I PP, Ernst E. Chromium supplementation in overweight and obesity: a systematic review and meta-analysis of randomized clinical trials. Obesity Reviews. 2013;14(6):496-507.

112 Fazelian S RM, Bank SS, Amani R. Chromium supplementation and polycystic ovary syndrome: a systematic review and meta-analysis. Journal of Trace Elements in Medicine and Biology. 2017;42:92-6.

113 Kajanachumpol S, Srisurapanon S, Supanit I, Roongpisuthipong C, Apibal S. Effect of zinc supplementation on zinc status, copper status and cellular immunity in elderly patients with diabetes mellitus. J Med Assoc Thai. 1995;78(7):344-9.

114 Bonham M, O'Connor JM, McAnena LB, Walsh PM, Stephen Downes C, Hannigan BM, et al. Zinc supplementation has no effect on lipoprotein metabolism, hemostasis, and putative indices of copper status in healthy men. Biological Trace Element Research. 2003;93(1):75-86.

Bertinato J, Simpson JR, Sherrard L, Taylor
 J, Plouffe LJ, Van Dyke D, et al. Zinc Supplementation
 Does Not Alter Sensitive Biomarkers of Copper Status in
 Healthy Boys. The Journal of Nutrition. 2013;143(3):284-9.

116 Sazawal S, Malik P, Jalla S, Krebs N, Bhan M, Black R. Zinc supplementation for four months does not affect plasma copper concentration in infants. Acta Paediatrica. 2004;93(5):599-602.

117 Marques LFJC, Donangelo CM, Franco JG, Pires L, Luna AS, Casimiro-Lopes G, et al. Plasma Zinc, Copper, and Serum Thyroid Hormones and Insulin Levels After Zinc Supplementation Followed by Placebo in Competitive Athletes. Biological Trace Element Research. 2011;142(3):415-23.

118 Abdulla M, Suck C. Blood levels of copper, iron, zinc, and lead in adults in India and Pakistan and the effect of oral zinc supplementation for six weeks. Biological Trace Element Research. 1998;61(3):323-31.

119 Yadrick MK, Kenney MA, Winterfeldt EA. Iron, copper, and zinc status: response to supplementation with zinc or zinc and iron in adult females. The American Journal of Clinical Nutrition. 1989;49(1):145-50. **120** Finley EB, Cerklewski FL. Influence of ascorbic acid supplementation on copper status in young adult men. The American Journal of Clinical Nutrition. 1983;37(4):553-6.

121 Olivares M, Pizarro F, de Romaña DL, Ruz M. Acute Copper Supplementation Does Not Inhibit Non-Heme Iron Bioavailability in Humans. Biological Trace Element Research. 2010;136(2):180-6.

122 Alarcón-Corredor OM, Guerrero Y, Ramírez de Fernández M, D'Jesús I, Burguera M, Burguera JL, et al. [Effect of copper supplementation on lipid profile of Venezuelan hyperlipemic patients]. Arch Latinoam Nutr. 2004;54(4):413-8.

Hermann J, Chung H, Arquitt A, Goad C, Burns
 M, Chan B. Effects of Chromium or Copper Supplementation on Plasma Lipids, Plasma Glucose and Serum Insulin in Adults Over Age Fifty. Journal of Nutrition For the Elderly. 1999;18(1):27-45.

124 Kawada E, Moridaira K, Sato H, Ukita T, Itoh K, Tatsumi T, et al. [Effects of copper supplementation on lipid profiles in elderly patients with copper deficiency]. Nihon Ronen Igakkai Zasshi. 2007;44(3):375-9.

125 Jones AA, DiSilvestro RA, Coleman M, Wagner TL. Copper supplementation of adult men: Effects on blood copper enzyme activities and indicators of cardio-vascular disease risk. Metabolism. 1997;46(12):1380-3.

126 Goodman BP, Chong BW, Patel AC, Fletcher GP, Smith BE. Copper Deficiency Myeloneuropathy Resembling B<sub>12</sub> Deficiency: Partial Resolution of MR Imaging Findings with Copper Supplementation. American Journal of Neuroradiology. 2006;27(10):2112.

127 Best K, McCoy K, Gemma S, DiSilvestro RA. Copper enzyme activities in cystic fibrosis before and after copper supplementation plus or minus zinc. Metabolism. 2004;53(1):37-41.

128 Burns J, Paterson CR. Effect of iron-folate supplementation on serum copper concentration in late pregnancy. Acta Obstetricia et Gynecologica Scandinavica. 1993;72(8):616-8.

129 Taper LJ, Oliva JT, Ritchey SJ. Zinc and copper retention during pregnancy: the adequacy of prenatal diets with and without dietary supplementation. The American Journal of Clinical Nutrition. 1985;41(6):1184-92.

130 Eaton-Evans J, McIlrath EM, Jackson WE, McCartney H, Strain JJ. Copper supplementation and the maintenance of bone mineral density in middle-aged women. The Journal of Trace Elements in Experimental Medicine. 1996;9(3):87-94. **131 Rosanoff A, Weaver CM, Rude RK.** Suboptimal magnesium status in the United States: are the health consequences underestimated? Nutrition reviews. 2012;70(3):153-64.

132 Salaminia S, Sayehmiri F, Angha P, Sayehmiri K, Motedayen M. Evaluating the effect of magnesium supplementation and cardiac arrhythmias after acute coronary syndrome: a systematic review and meta-analysis. BMC Cardiovascular Disorders. 2018;18(1):129.

133 Darooghegi Mofrad M, Djafarian K, Mozaffari H, Shab-Bidar S. Effect of magnesium supplementation on endothelial function: A systematic review and meta-analysis of randomized controlled trials. Atherosclerosis. 2018;273:98-105.

134 Verma H, Garg R. Effect of magnesium supplementation on type 2 diabetes associated cardiovascular risk factors: a systematic review and meta-analysis. Journal of Human Nutrition and Dietetics. 2017;30(5):621-33.

135 Morais JBS, Severo JS, de Alencar GRR, de Oliveira ARS, Cruz KJC, Marreiro DdN, et al. Effect of magnesium supplementation on insulin resistance in humans: A systematic review. Nutrition. 2017;38:54-60.

136 Veronese N, Watutantrige-Fernando S, Luchini C, Solmi M, Sartore G, Sergi G, et al. Effect of magnesium supplementation on glucose metabolism in people with or at risk of diabetes: a systematic review and meta-analysis of double-blind randomized controlled trials. European Journal Of Clinical Nutrition. 2016;70:1354.

137 Simental-Mendía LE, Sahebkar A, Rodríguez-Morán M, Guerrero-Romero F. A systematic review and meta-analysis of randomized controlled trials on the effects of magnesium supplementation on insulin sensitivity and glucose control. Pharmacological Research. 2016;111:272-82.

Boyle NB, Lawton C, Dye L. The Effects of Magnesium Supplementation on Subjective Anxiety and Stress–A Systematic Review. Nutrients. 2017;9(5):429.

139 Pace A. The effects of magnesium supplementation on muscle strength and body composition: a review of the literature: University of Chester.

140 Lindberg JS, Zobitz MM, Poindexter JR, Pak CY. Magnesium bioavailability from magnesium citrate and magnesium oxide. Journal of the American College of Nutrition. 1990;9(1):48-55.

141 Barri YM WC. The effects of potassium depletion and supplementation on blood pressure: a clinical review. The American Journal of the Medical Sciences. 1997;314(1):37-40.

142 Cappuccio FP MG. Does potassium supplementation lower blood pressure? A meta-analysis of published trials. Journal of Hypertension. 1991;9(5):465-73.

143 Poorolajal J ZF, Soltanian AR, Sheikh V, Hooshmand E, Maleki A. Oral potassium supplementation for management of essential hypertension: A meta-analysis of randomized controlled trials. PLOS ONE. 2017;12(4):e0174967.

144 Filippini T FV, D'Amico R, Vinceti M. The effect of potassium supplementation on blood pressure in hypertensive subjects: a systematic review and meta-analysis. International Journal of Cardiology. 2017;230:127-35.

145 Tang X WB, Luo Y, Peng L, Chen Y, Zhu J, Peng C, Li S, Liu J. Effect of potassium supplementation on vascular function: a meta-analysis of randomized controlled trials. International Journal of Cardiology. 2017;228:225-32.

146 Gijsbers L MF, Bakker SJL, Geleijnse JM. Potassium supplementation and heart rate: a meta-analysis of randomized controlled trials. Nutrition, Metabolism, and Cardiovascular Diseases. 2016;26(8):674-82.

147 Lambert H FL, Moore JB, Torgerson D, Gannon R, Burckhardt P, Lanham-New S. The effect of supplementation with alkaline potassium salts on bone metabolism: a meta-analysis. Osteoporosis International. 2015;26(4):1311-8.

148 Goss F, Robertson R, Riechman S, Zoeller R, Dabayebeh ID, Moyna N, et al. Effect of potassium phosphate supplementation on perceptual and physiological responses to maximal graded exercise. Int J Sport Nutr Exerc Metab. 2001;11(1):53-62.

149 Hurst R, Hooper L, Norat T, Lau R, Aune D, Greenwood DC, et al. Selenium and prostate cancer: systematic review and meta-analysis. The American Journal of Clinical Nutrition. 2012;96(1):111-22.

150 Etminan M, FitzGerald JM, Gleave M, Chambers K. Intake of Selenium in the Prevention of Prostate Cancer: a Systematic Review and Meta-analysis*. Cancer Causes & Control. 2005;16(9):1125-31.

151 Babaknejad N, Sayehmiri F, Sayehmiri K, Rahimifar P, Bahrami S, Delpesheh A, et al. The Relationship Between Selenium Levels and Breast Cancer: A Systematic Review and Meta-Analysis. Biological Trace Element Research. 2014;159(1):1-7.

152 Fritz H, Kennedy D, Fergusson D, Fernandes R, Cooley K, Seely A, et al. Selenium and Lung Cancer: A Systematic Review and Meta Analysis. PloS one. 2011;6(11):e26259.

153 Askari G, Iraj B, Salehi-Abargouei A, Fallah AA, Jafari T. The association between serum selenium and gestational diabetes mellitus: A systematic review and meta-analysis. Journal of Trace Elements in Medicine and Biology. 2015;29:195-201.

154 Xu M, Guo D, Gu H, Zhang L, Lv S. Selenium and Preeclampsia: a Systematic Review and Meta-analysis. Biological Trace Element Research. 2016;171(2):283-92.

155 Toulis KA, Anastasilakis AD, Tzellos TG, Goulis DG, Kouvelas D. Selenium Supplementation in the Treatment of Hashimoto's Thyroiditis: A Systematic Review and a Meta-analysis. Thyroid : official journal of the American Thyroid Association. 2010;20(10):1163-73.

156 Wichman J, Winther KH, Bonnema SJ, Hegedüs L. Selenium Supplementation Significantly Reduces Thyroid Autoantibody Levels in Patients with Chronic Autoimmune Thyroiditis: A Systematic Review and Meta-Analysis. Thyroid : official journal of the American Thyroid Association. 2016;26(12):1681-92.

157 Alhazzani W, Jacobi J, Sindi A, Hartog C, Reinhart K, Kokkoris S, et al. The Effect of Selenium Therapy on Mortality in Patients With Sepsis Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials*. Critical Care Medicine. 2013;41(6):1555-64.

158 Ju W, Li X, Li Z, Wu GR, Fu XF, Yang XM, et al. The effect of selenium supplementation on coronary heart disease: A systematic review and meta-analysis of randomized controlled trials. Journal of Trace Elements in Medicine and Biology. 2017;44:8-16.

159 Hasani M, Djalalinia S, Sharifi F, Varmaghani M, Zarei M, Abdar ME, et al. Effect of Selenium Supplementation on Lipid Profile: A Systematic Review and Meta-Analysis. Horm Metab Res. 2018;50(10):715-27.

160 Wang X, Wu W, Zheng W, Fang X, Chen L, Rink L, et al. Zinc supplementation improves glycemic control for diabetes prevention and management: a systematic review and meta-analysis of randomized controlled trials. The American Journal of Clinical Nutrition. 2019.

161 Cruz KJC, Morais JBS, de Oliveira ARS, Severo JS, Marreiro DdN. The Effect of Zinc Supplementation on Insulin Resistance in Obese Subjects: a Systematic Review. Biological Trace Element Research. 2017;176(2):239-43.

162 Ranasinghe P, Wathurapatha W, Ishara M, Jayawardana R, Galappatthy P, Katulanda P, et al. Effects of Zinc supplementation on serum lipids: a systematic review and meta-analysis. Nutrition & Metabolism. 2015;12(1):26. **163** Mousavi SM, Djafarian K, Mojtahed A, Varkaneh HK, Shab-Bidar S. The effect of zinc supplementation on plasma C-reactive protein concentrations: A systematic review and meta-analysis of randomized controlled trials. European Journal of Pharmacology. 2018;834:10-6.

164 Thomas T. Zinc supplementation in diarrhea: Summary of cochrane database review. Current Medical Issues. 2017;15(2):142-3.

165 Tang Z, Wei Z, Wen F, Wu Y. Efficacy of zinc supplementation for neonatal sepsis: a systematic review and meta-analysis. The Journal of Maternal-Fetal & Neonatal Medicine. 2019;32(7):1213-8.

166 Gunanti IR, Al-Mamun A, Schubert L, Long KZ. The effect of zinc supplementation on body composition and hormone levels related to adiposity among children: a systematic review. Public Health Nutrition. 2016;19(16):2924-39.

167 Pimpin L, Liu E, Shulkin M, Duggan C, Fawzi W, Mozaffarian D. The Effect of Zinc Supplementation during Pregnancy and Youth on Child Growth up to 5 Years: A Systematic Review and Meta-Analysis. The FASEB Journal. 2016;30(1_supplement):671.7-.7.

168 Lai J, Moxey A, Nowak G, Vashum K, Bailey K, McEvoy M. The efficacy of zinc supplementation in depression: Systematic review of randomised controlled trials. Journal of Affective Disorders. 2012;136(1):e31-e9.

169 Wegmüller R, Tay F, Zeder C, Brnic M, Hurrell RF. Zinc absorption by young adults from supplemental zinc citrate is comparable with that from zinc gluconate and higher than from zinc oxide. The Journal of nutrition. 2014;144(2):132-6.

170 Mourad AM, de Carvalho Pincinato E, Mazzola PG, Sabha M, Moriel P. Influence of soy lecithin administration on hypercholesterolemia. Cholesterol. 2010;2010:824813.

171 Hellhammer J, Fries E, Buss C, Engert V, Tuch A, Rutenberg D, et al. Effects of soy lecithin phosphatidic acid and phosphatidylserine complex (PAS) on the endocrine and psychological responses to mental stress. Stress (Amsterdam, Netherlands). 2004;7(2):119-26.

172 Khalesi S, Irwin C, Schubert M. Flaxseed Consumption May Reduce Blood Pressure: A Systematic Review and Meta-Analysis of Controlled Trials. The Journal of Nutrition. 2015;145(4):758-65. **173** Ursoniu S, Sahebkar A, Andrica F, Serban C, Banach M. Effects of flaxseed supplements on blood pressure: A systematic review and meta-analysis of controlled clinical trial. Clinical Nutrition. 2016;35(3):615-25.

174 Mohammadi-Sartang M, Mazloom Z, Raeisi-Dehkordi H, Barati-Boldaji R, Bellissimo N, Totosy de Zepetnek J. The effect of flaxseed supplementation on body weight and body composition: a systematic review and meta-analysis of 45 randomized placebo-controlled trials. Obesity Reviews. 2017;18(9):1096-107.

175 Mohammadi-Sartang M, Sohrabi Z, Barati-Boldaji R, Raeisi-Dehkordi H, Mazloom Z. Flaxseed supplementation on glucose control and insulin sensitivity: a systematic review and meta-analysis of 25 randomized, placebo-controlled trials. Nutrition reviews. 2017;76(2):125-39.

176 Suen J, Thomas J, Kranz A, Vun S, Miller M. Effect of Flavonoids on Oxidative Stress and Inflammation in Adults at Risk of Cardiovascular Disease: A Systematic Review. Healthcare. 2016;4(3):69.

177 Wang X, Ouyang YY, Liu J, Zhao G. Flavonoid intake and risk of CVD: a systematic review and meta-analysis of prospective cohort studies. British Journal of Nutrition. 2014;111(1):1-11.

178 Grosso G, Sciacca S, Godos J, Micek A, Pajak A, Galvano F, et al. Dietary Flavonoid and Lignan Intake and Mortality in Prospective Cohort Studies: Systematic Review and Dose-Response Meta-Analysis. American Journal of Epidemiology. 2017;185(12):1304-16.

179 Liu X-m, Liu Y-j, Huang Y, Yu H-j, Yuan S, Tang B-w, et al. Dietary total flavonoids intake and risk of mortality from all causes and cardiovascular disease in the general population: A systematic review and meta-analysis of cohort studies. Molecular Nutrition & Food Research. 2017;61(6):1601003.

Braakhuis AJ, Somerville VS, Hopkins WG. Effect of Flavonoids on Upper Respiratory Tract Infections and Immune Function: A Systematic Review and Meta-Analysis. Advances in Nutrition. 2016;7(3):488-97.

181 Garcia-Tirado J, Rieger-Reyes C, Saz-Peiro P. Effect of flavonoids in the prevention of lung cancer: systematic review. Medicina clinica. 2012;139(8):358-63.

182 Bo Y, Sun J, Wang M, Ding J, Lu Q, Yuan L. Dietary flavonoid intake and the risk of digestive tract cancers: a systematic review and meta-analysis. Scientific Reports. 2016;6:24836.

183 Lamport DJ, Dye L, Wightman JD, Lawton CL. The effects of flavonoid and other polyphenol consumption on cognitive performance: a systematic research review of human experimental and epidemiological studies. Nutrition and Aging. 2012;1(1):5-25. **184 Patel S, Mathan JJ, Vaghefi E, Braakhuis AJ.** The effect of flavonoids on visual function in patients with glaucoma or ocular hypertension: a systematic review and meta-analysis. Graefe's Archive for Clinical and Experimental Ophthalmology. 2015;253(11):1841-50.

185 Nuttall SL, Kendall MJ, Bombardelli E, Morazzoni P. An evaluation of the antioxidant activity of a standardized grape seed extract, Leucoselect. Journal of clinical pharmacy and therapeutics. 1998;23(5):385-9.

186 Sivaprakasapillai B, Edirisinghe I, Randolph J, Steinberg F, Kappagoda T. Effect of grape seed extract on blood pressure in subjects with the metabolic syndrome. Metabolism. 2009;58(12):1743-6.

187 Feringa HH, Laskey DA, Dickson JE, Coleman CI. The effect of grape seed extract on cardiovascular risk markers: a meta-analysis of randomized controlled trials. J Am Diet Assoc. 2011;111(8):1173-81.

188 Clifton PM. Effect of Grape Seed Extract and Quercetin on Cardiovascular and Endothelial Parameters in High-Risk Subjects. Journal of biomedicine & biotechnology. 2004;2004(5):272-8.

189 Sano A, Tokutake S, Seo A. Proanthocyanidin-rich grape seed extract reduces leg swelling in healthy women during prolonged sitting. J Sci Food Agric. 2013;93(3):457-62.

190 Kar P, Laight D, Rooprai HK, Shaw KM, Cummings M. Effects of grape seed extract in Type 2 diabetic subjects at high cardiovascular risk: a double blind randomized placebo controlled trial examining metabolic markers, vascular tone, inflammation, oxidative stress and insulin sensitivity. Diabet Med. 2009;26(5):526-31.

191 Kijima I, Phung S, Hur G, Kwok SL, Chen S. Grape seed extract is an aromatase inhibitor and a suppressor of aromatase expression. Cancer research. 2006;66(11):5960-7.

192 Namal Senanayake SPJ. Green tea extract: Chemistry, antioxidant properties and food applications – A review. Journal of Functional Foods. 2013;5(4):1529-41.

193 Cabrera C, Artacho R, Giménez R. Beneficial Effects of Green Tea—A Review. Journal of the American College of Nutrition. 2006;25(2):79-99.

194 Cooper R, Morré DJ, Morré DM. Medicinal Benefits of Green Tea: Part I. Review of Noncancer Health Benefits. The Journal of Alternative and Complementary Medicine. 2005;11(3):521-8.

Bushman JL. Green tea and cancer in humans: A review of the literature. Nutrition and Cancer. 1998;31(3):151-9.
Liu J, Xing J, Fei Y. Green tea (Camellia sinensis) and cancer prevention: a systematic review of randomized trials and epidemiological studies. Chinese Medicine. 2008;3(1):12.

197 Clement Y. Can green tea do that? A literature review of the clinical evidence. Preventive Medicine. 2009;49(2):83-7.

198 Seely D, Mills EJ, Wu P, Verma S, Guyatt GH. The Effects of Green Tea Consumption on Incidence of Breast Cancer and Recurrence of Breast Cancer: A Systematic Review and Meta-analysis. Integrative Cancer Therapies. 2005;4(2):144-55.

199 Rains TM, Agarwal S, Maki KC. Antiobesity effects of green tea catechins: a mechanistic review. The Journal of Nutritional Biochemistry. 2011;22(1):1-7.

200 Thorne A, Matthews LJ, Lanosa M, Phung OJ, Baker WL, Coleman Cl. Effect of green tea catechins with or without caffeine on anthropometric measures: a systematic review and meta-analysis. The American Journal of Clinical Nutrition. 2009;91(1):73-81.

201 Thavanesan N. The putative effects of green tea on body fat: an evaluation of the evidence and a review of the potential mechanisms. British Journal of Nutrition. 2011;106(9):1297-309.

202 Thielecke F, Boschmann M. The potential role of green tea catechins in the prevention of the metabolic syndrome – A review. Phytochemistry. 2009;70(1):11-24.

203 Kim A, Chiu A, Barone MK, Avino D, Wang F, Coleman Cl, et al. Green Tea Catechins Decrease Total and Low-Density Lipoprotein Cholesterol: A Systematic Review and Meta-Analysis. Journal of the American Dietetic Association. 2011;111(11):1720-9.

204 Onakpoya I, Spencer E, Heneghan C, Thompson M. The effect of green tea on blood pressure and lipid profile: A systematic review and meta-analysis of randomized clinical trials. Nutrition, Metabolism and Cardiovascular Diseases. 2014;24(8):823-36.

205 Khalesi S, Sun J, Buys N, Jamshidi A, Nikbakht-Nasrabadi E, Khosravi-Boroujeni H. Green tea catechins and blood pressure: a systematic review and meta-analysis of randomised controlled trials. Eur J Nutr. 2014;53(6):1299-311.

206 Momose Y, Maeda-Yamamoto M, Nabetani H. Systematic review of green tea epigallocatechin gallate in reducing low-density lipoprotein cholesterol levels of humans. International journal of food sciences and nutrition. 2016;67(6):606-13. **207** Jin X, Zheng R-h, Li Y-m. Green tea consumption and liver disease: a systematic review. Liver International. 2008;28(7):990-6.

208 Rameshrad M, Razavi BM, Hosseinzadeh H. Protective effects of green tea and its main constituents against natural and chemical toxins: A comprehensive review. Food and Chemical Toxicology. 2017;100:115-37.

209 Mancini E, Beglinger C, Drewe J, Zanchi D, Lang UE, Borgwardt S. Green tea effects on cognition, mood and human brain function: A systematic review. Phytomedicine. 2017;34:26-37.

210 Patel S. Rose hip as an underutilized functional food: Evidence-based review. Trends in Food Science & Technology. 2017;63:29-38.

211 Espinoza T, Valencia E, Quevedo R, Díaz O. Physical and chemical properties importance of Rose hip (R. canina, R. rubiginosa): a review. Scientia Agropecuaria. 2016;7(1):67-78.

212 Chrubasik C, Duke RK, Chrubasik S. The evidence for clinical efficacy of rose hip and seed: a systematic review. Phytotherapy Research. 2006;20(1):1-3.

213 Chrubasik S, Chrubasik C, Neumann E, Müller-Ladner U. The anti-inflammatory efficacy of powdered rose hip - a review. Zeitschrift für Phytotherapie. 2009;30(5):227-31.

214 Roll S, Rossnagel K, Willich SN. Clinical efficacy of rose hip powder in patients with arthrosis—A systematic review. European Journal of Integrative Medicine. 2008;1:17.

215 Rossnagel K, Roll S, Willich SN. [The clinical effectiveness of rosehip powder in patients with osteoarthritis. A systematic review]. MMW Fortschr Med. 2007;149(27-28 Suppl):51-6.

216 Ayati Z, Amiri MS, Ramezani M, Delshad E, Sahebkar A, Emami SA. Phytochemistry, Traditional Uses and Pharmacological Profile of Rose Hip: A Review. Current pharmaceutical design. 2018;24(35):4101-24.

217 Hu XY, Corp N, Quicke J, Lai L, Blondel C, Stuart B, et al. Rosa canina fruit (rosehip) for osteoarthritis: a cochrane review. Osteoarthritis and Cartilage. 2018;26:S344.

218 Shin HR, Kim JY, Yun TK, Morgan G, Vainio H. The cancer-preventive potential of Panax ginseng: a review of human and experimental evidence. Cancer Causes & Control. 2000;11(6):565-76. **219** Sievenpiper JL, Djedovic V, Cozma AI, Ha V, Jayalath VH, Jenkins DJ, et al. The effect of ginseng (the genus panax) on glycemic control: a systematic review and meta-analysis of randomized controlled clinical trials. PloS one. 2014;9(9):e107391.

220 Shergis JL, Zhang AL, Zhou W, Xue CC. Panax ginseng in Randomised Controlled Trials: A Systematic Review. Phytotherapy Research. 2013;27(7):949-65.

221 Shergis J, Zhang T, Zhou W, Xue C. P04.27. Panax ginseng in randomized controlled trials: a systematic review. BMC complementary and alternative medicine. 2012;12(1):P297.

222 Lee DC, Lau AS. Effects of Panax ginseng on tumor necrosis factor- α -mediated inflammation: a mini-review. Molecules (Basel, Switzerland). 2011;16(4):2802-16.

223 Araujo QRD, Gattward JN, Almoosawi S, Parada Costa Silva MdGC, Dantas PADS, Araujo Júnior QRD. Cocoa and Human Health: From Head to Foot—A Review. Critical Reviews in Food Science and Nutrition. 2016;56(1):1-12.

224 Martín MÁ, Ramos S. Health beneficial effects of cocoa phenolic compounds: a mini-review. Current Opinion in Food Science. 2017;14:20-5.

225 Cassidy A, Abdelhamid A, Kay C, Rimm EB, Cohn JS, Kroon PA, et al. Effects of chocolate, cocoa, and flavan-3-ols on cardiovascular health: a systematic review and meta-analysis of randomized trials. The American Journal of Clinical Nutrition. 2012;95(3):740-51.

226 Bauer SR, Ding EL, Smit LA. Cocoa Consumption, Cocoa Flavonoids, and Effects on Cardiovascular Risk Factors: An Evidence-Based Review. Current Cardiovascular Risk Reports. 2011;5(2):120-7.

227 Kobler D, Schuler G, Thiele H, Eitel I, Schmidt J, Sareban M, et al. Effect of Cocoa Products on Blood Pressure: Systematic Review and Meta-Analysis. American Journal of Hypertension. 2010;23(1):97-103.

228 Zhang I, Lin X, Liu S, Li A, Wang L, Sesso HD, et al. Cocoa Flavanol Intake and Biomarkers for Cardiometabolic Health: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. The Journal of Nutrition. 2016;146(11):2325-33.

229 Ellinger S, Stehle P. Impact of cocoa consumption on inflammation processes—a critical review of randomized controlled trials. Nutrients. 2016;8(6):321.

230 Maskarinec G. Cancer Protective Properties of Cocoa: A Review of the Epidemiologic Evidence. Nutrition and Cancer. 2009;61(5):573-9.

231 Decroix L, Soares DD, Meeusen R, Heyman E, Tonoli C. Cocoa Flavanol Supplementation and Exercise: A Systematic Review. Sports Medicine. 2018;48(4):867-92.

232 Smith DF. Benefits of flavanol-rich cocoa-derived products for mental well-being: A review. Journal of Functional Foods. 2013;5(1):10-5.

233 Nieto G, Ros G, Castillo J. Antioxidant and Antimicrobial Properties of Rosemary (Rosmarinus officinalis, L.): A Review. Medicines. 2018;5(3):98.

234 Abascal K, Yarnell E. Herbs and breast cancer: Research review of seaweed, rosemary, and ginseng. Alternative & Complementary Therapies. 2001;7(1):32-6.

235 De Raadt P, Wirtz S, Vos E, Verhagen H. Short review of extracts of rosemary as a food additive. European Journal of Nutrition & Food Safety. 2015:126-37.

236 Hassani FV, Shirani K, Hosseinzadeh H. Rosemary (Rosmarinus officinalis) as a potential therapeutic plant in metabolic syndrome: a review. Naunyn-Schmiedeberg's Archives of Pharmacology. 2016;389(9):931-49.

237 Sedighi R, Zhao Y, Yerke A, Sang S. Preventive and protective properties of rosemary (Rosmarinus officinalis L.) in obesity and diabetes mellitus of metabolic disorders: a brief review. Current Opinion in Food Science. 2015;2:58-70.

238 Amalraj A, Pius A, Gopi S, Gopi S. Biological activities of curcuminoids, other biomolecules from turmeric and their derivatives – A review. Journal of traditional and complementary medicine. 2017;7(2):205-33.

239 Hosseini A, Hosseinzadeh H. Antidotal or protective effects of Curcuma longa (turmeric) and its active ingredient, curcumin, against natural and chemical toxicities: A review. Biomedicine & Pharmacotherapy. 2018;99:411-21.

240 Fallah Huseini H, Zahmatkash M, Haghighi M. A review on pharmacological effects of Curcuma longa L.(turmeric). Journal of Medicinal Plants. 2010;1(33):1-15.

241 Daily JW, Yang M, Park S. Efficacy of Turmeric Extracts and Curcumin for Alleviating the Symptoms of Joint Arthritis: A Systematic Review and Meta-Analysis of Randomized Clinical Trials. Journal of medicinal food. 2016;19(8):717-29.

242 Vaughn AR, Branum A, Sivamani RK. Effects of Turmeric (Curcuma longa) on Skin Health: A Systematic Review of the Clinical Evidence. Phytotherapy Research. 2016;30(8):1243-64.

243 Stoyell KA, Mappus JL, Gandhi MA. Clinical efficacy of turmeric use in gingivitis: A comprehensive review. Complementary Therapies in Clinical Practice. 2016;25:13-7.

244 Gohil KJ, Patel JA, Gajjar AK. Pharmacological Review on Centella asiatica: A Potential Herbal Cure-all. Indian journal of pharmaceutical sciences. 2010;72(5):546-56.

245 Jamil SS, Nizami Q, Salam M. Centella asiatica (Linn.) Urban–a review. 2007.

246 Arora D, Kumar M, Dubey S. Centella asiatica-A Review of it's Medicinal Uses and Pharmacological Effects. Journal of Natural remedies. 2002;2(2):143-9.

247 Chong NJ, Aziz Z. A Systematic Review of the Efficacy of Centella asiatica for Improvement of the Signs and Symptoms of Chronic Venous Insufficiency. Evidence-Based Complementary and Alternative Medicine. 2013;2013:10.

248 Puttarak P, Dilokthornsakul P, Saokaew S, Dhippayom T, Kongkaew C, Sruamsiri R, et al. Effects of Centella asiatica (L.) Urb. on cognitive function and mood related outcomes: A Systematic Review and Meta-analysis. Scientific Reports. 2017;7(1):10646.

249 Hung SK, Perry R, Ernst E. The effectiveness and efficacy of Rhodiola rosea L: A systematic review of randomized clinical trials. Phytomedicine. 2011;18(4):235-44.

250 Yu L, Qin Y, Wang Q, Zhang L, Liu Y, Wang T, et al. The efficacy and safety of Chinese herbal medicine, Rhodiola formulation in treating ischemic heart disease: A systematic review and meta-analysis of randomized controlled trials. Complementary Therapies in Medicine. 2014;22(4):814-25.

251 Anghelescu I-G, Edwards D, Seifritz E, Kasper S. Stress management and the role of Rhodiola rosea: a review. International Journal of Psychiatry in Clinical Practice. 2018;22(4):242-52.

252 Tiwari R, Chakraborty S, Saminathan M, Dhama K, Singh SV. Ashwagandha (Withania somnifera): Role in safeguarding health, immunomodulatory effects, combating infections and therapeutic applications: A review. J Biol Sci. 2014;14(2):77-94.

253 A. PM, B. NK, Virginia Y, P. MC. An Alternative Treatment for Anxiety: A Systematic Review of Human Trial Results Reported for the Ayurvedic Herb Ashwagandha (Withania somnifera). The Journal of Alternative and Complementary Medicine. 2014;20(12):901-8.

254 Nasimi Doost Azgomi R, Zomorrodi A, Nazemyieh H, Fazljou SMB, Sadeghi Bazargani H, Nejatbakhsh F, et al. Effects of Withania somnifera on Reproductive System: A Systematic Review of the Available Evidence. BioMed Research International. 2018;2018:17.

255 Durg S, Shivaram SB, Bavage S. Withania somnifera (Indian ginseng) in male infertility: An evidence-based systematic review and meta-analysis. Phytomedicine. 2018;50:247-56.

256 Li X, Qu L, Dong Y, Han L, Liu E, Fang S, et al. A Review of Recent Research Progress on the Astragalus Genus. Molecules (Basel, Switzerland). 2014;19(11):18850.

257 Zhang J, Xie X, Li C, Fu P. Systematic review of the renal protective effect of Astragalus membranaceus (root) on diabetic nephropathy in animal models. Journal of Ethnopharmacology. 2009;126(2):189-96.

258 Block KI, Mead MN. Immune System Effects of Echinacea, Ginseng, and Astragalus: A Review. Integrative Cancer Therapies. 2003;2(3):247-67.

259 Auyeung KK, Han Q-B, Ko JK. Astragalus membranaceus: A Review of its Protection Against Inflammation and Gastrointestinal Cancers. The American Journal of Chinese Medicine. 2016;44(01):1-22.

260 Miraj S, Kiani S. Astragalus membranaceus: A review study of its anti-carcinoma activities. Der Pharmacia Lettre. 2016;8(6):59-65.

261 Yeung KS, Gubili J, Cassileth BR. An Evidence-based Review of Astragalus membranaceus (Astragalus) for Cancer Patients. In: Cho WCS, editor. Evidence-based Anticancer Materia Medica. Dordrecht: Springer Netherlands; 2011. p. 65-84.

262 Namazi N, Larijani B, Azadbakht L. Alpha-lipoic acid supplement in obesity treatment: A systematic review and meta-analysis of clinical trials. Clinical Nutrition. 2018;37(2):419-28.

263 Akbari M, Ostadmohammadi V, Lankarani KB, Tabrizi R, Kolahdooz F, Khatibi SR, et al. The effects of alpha-lipoic acid supplementation on glucose control and lipid profiles among patients with metabolic diseases: A systematic review and meta-analysis of randomized controlled trials. Metabolism. 2018;87:56-69.

264 Haghighatdoost F, Hariri M. Does alpha-lipoic acid affect lipid profile? A meta-analysis and systematic review on randomized controlled trials. European Journal of Pharmacology. 2019;847:1-10.

265 Mousavi SM, Shab-Bidar S, Kord-Varkaneh H, Khorshidi M, Djafarian K. Effect of alpha-lipoic acid supplementation on lipid profile: A systematic review and meta-analysis of controlled clinical trials. Nutrition. 2019;59:121-30.

266 Akbari M, Ostadmohammadi V, Tabrizi R, Mobini M, Lankarani KB, Moosazadeh M, et al. The effects of alpha-lipoic acid supplementation on inflammatory markers among patients with metabolic syndrome and related disorders: a systematic review and meta-analysis of randomized controlled trials. Nutrition & Metabolism. 2018;15(1):39. **267** Saboori S, Falahi E, Eslampour E, Zeinali Khosroshahi M, Yousefi Rad E. Effects of alpha-lipoic acid supplementation on C-reactive protein level: A systematic review and meta-analysis of randomized controlled clinical trials. Nutrition, Metabolism and Cardiovascular Diseases. 2018;28(8):779-86.

268 de Sousa CNS, da Silva Leite CMG, da Silva Medeiros I, Vasconcelos LC, Cabral LM, Patrocínio CFV, et al. Alpha-lipoic acid in the treatment of psychiatric and neurological disorders: a systematic review. Metabolic brain disease. 2019;34(1):39-52.

269 Hobbs C. Medicinal Value of *Lentinus edodes* (Berk.) Sing. (Agaricomycetideae). A Literature Review. 2000;2(4):16.

270 Sasaki T, Takasuka N. Further study of the structure of lentinan, an anti-tumor polysaccharide from Lentinus edodes. Carbohydrate Research. 1976;47(1):99-104.

271 LIU C-f, TIAN G-h, NIE F, LAI P-h. Study on biologic activities of active components obtained from the root of Lentinus edodes [J]. Science and Technology of Food Industry. 2008;1.

272 Li-hua L. Study on Antioxidantant Activity of Ethanoic Extracts from Different Parts of Lentinus edodes [J]. Food and Fermentation Industries. 2010;10.

273 You R, Wang K, Liu J, Liu M, Luo L, Zhang Y. A comparison study between different molecular weight polysaccharides derived from Lentinus edodes and their antioxidant activities in vivo. Pharmaceutical Biology. 2011;49(12):1298-305.

274 Lee HH, Lee JS, Cho JY, Kim YE, Hong EK. Study on immunostimulating activity of macrophage treated with purified polysaccharides from liquid culture and fruiting body of Lentinus edodes. Journal of microbiology and biotechnology. 2009;19(6):566-72.

275 Gaullier J-M, Sleboda J, Ofjord ES, Ulvestad E, Nurminiemi M, Moe C, et al. Supplementation with a Soluble Beta-Glucan Exported from Shiitake Medicinal Mushroom, <i>Lentinus edodes</i> (Berk.) Singer Mycelium: a Crossover, Placebo-Controlled Study in Healthy Elderly. 2011;13(4):319-26.

Yang J, Wu M, Zhang S, Liang G. Study on the antifatigue effects of protein-bond polysaccharide from Lentinus edodes. [Ying yang xue bao] Acta nutrimenta Sinica. 2001;23(4):350-3.

277 Athar M, Back JH, Tang X, Kim KH, Kopelovich L, Bickers DR, et al. Resveratrol: A review of preclinical studies for human cancer prevention. Toxicology and Applied Pharmacology. 2007;224(3):274-83.

278 Wiciński M, Leis K, Szyperski P, Węclewicz MM, Mazur E, Pawlak-Osińska K. Impact of resveratrol on exercise performance: A review. Science & Sports. 2018;33(4):207-12.

279 Zhao H, Song A, Zhang Y, Shu L, Song G, Ma H. Effect of Resveratrol on Blood Lipid Levels in Patients with Type 2 Diabetes: A Systematic Review and Meta-Analysis. Obesity. 2019;27(1):94-102.

280 Mousavi SM, Milajerdi A, Sheikhi A, Kord-Varkaneh H, Feinle-Bisset C, Larijani B, et al. Resveratrol supplementation significantly influences obesity measures: a systematic review and dose-response meta-analysis of randomized controlled trials. Obesity Reviews. 2019;20(3):487-98.

281 Dorri Mashhadi F, Salari R, Ghorbanzadeh H. The effect of resveratrol dose and duration of treatment on blood pressure in patients with cardiovascular disorders: A systematic review. Curr Drug Discov Technol. 2019.

282 Fogacci F, Tocci G, Presta V, Fratter A, Borghi C, Cicero AFG. Effect of resveratrol on blood pressure: A systematic review and meta-analysis of randomized, controlled, clinical trials. Critical Reviews in Food Science and Nutrition. 2018:1-14.

283 Haghighatdoost F, Hariri M. Can resveratrol supplement change inflammatory mediators? A systematic review and meta-analysis on randomized clinical trials. European Journal of Clinical Nutrition. 2019;73(3):345-55.

284 Zhu X, Wu C, Qiu S, Yuan X, Li L. Effects of resveratrol on glucose control and insulin sensitivity in subjects with type 2 diabetes: systematic review and meta-analysis. Nutrition & Metabolism. 2017;14(1):60.

285 Tierney A, Annois B, Itsiopoulos C, Cutajar J, Marx W, Kelly JT, et al. Effect of resveratrol supplementation on cognitive performance and mood in adults: a systematic literature review and meta-analysis of randomized controlled trials. Nutrition reviews. 2018;76(6):432-43.

286 Andrade EF, Vieira Lobato R, Vasques de Araújo T, Zangerônimo MG, de Sousa RV, Pereira LJ. Effect of beta-glucans in the control of blood glucose levels of diabetic patients: a systematic review. Nutr Hosp. 2015;31(1).

287 Pins J, Kaur H. A review of the effects of barley beta-glucan on cardiovascular and diabetic risk. Cereal Foods World. 2006;51(1):8.

288 Ho HVT, Sievenpiper JL, Zurbau AL, Mejia SB, Jovanovski E, Yeung FA, et al. The Effect of Oat Beta-Glucan on Clinical Lipid Markers for Cardiovascular Disease Risk Reduction: A Systematic Review & Meta-Analysis of Randomized Controlled Trials. The FASEB Journal. 2016;30(1_supplement):289.5-.5. **289 Du B, Bian Z, Xu B.** Skin health promotion effects of natural beta-glucan derived from cereals and microorganisms: a review. Phytotherapy Research. 2014;28(2):159-66.

290 Al-Hasso S. Coenzyme Q10: A Review. Hospital Pharmacy. 2001;36(1):51-66.

291 Sarter B. Coenzyme Q10 and Cardiovascular Disease: A Review. Journal of Cardiovascular Nursing. 2002;16(4):9-20.

292 Banach M, Serban C, Ursoniu S, Rysz J, Muntner P, Toth PP, et al. Statin therapy and plasma coenzyme Q10 concentrations—A systematic review and meta-analysis of placebo-controlled trials. Pharmacological Research. 2015;99:329-36.

293 Rosenfeldt F, Hilton D, Pepe S, Krum H. Systematic review of effect of coenzyme Q10 in physical exercise, hypertension and heart failure. BioFactors. 2003;18(1-4):91-100.

294 DiNicolantonio JJ, Bhutani J, McCarty MF, O'Keefe JH. Coenzyme Q10 for the treatment of heart failure: a review of the literature. Open Heart. 2015;2(1):e000326.

295 Rabago G, Hernandez-Estefania R, de Frutos F, Gea A. Prophylactic treatment with coenzyme Q10 in patients undergoing cardiac surgery: could an antioxidant reduce complications? A systematic review and meta-analysis. Interactive CardioVascular and Thoracic Surgery. 2014;20(2):254-9.

296 Suksomboon N, Poolsup N, Juanak N. Effects of coenzyme Q10 supplementation on metabolic profile in diabetes: a systematic review and meta-analysis. Journal of clinical pharmacy and therapeutics. 2015;40(4):413-8.

297 Jorat MV, Tabrizi R, Mirhosseini N, Lankarani KB, Akbari M, Heydari ST, et al. The effects of coenzyme Q10 supplementation on lipid profiles among patients with coronary artery disease: a systematic review and meta-analysis of randomized controlled trials. Lipids in Health and Disease. 2018;17(1):230.

298 Jafari M, Mousavi SM, Asgharzadeh A, Yazdani N. Coenzyme Q10 in the treatment of heart failure: A systematic review of systematic reviews. Indian Heart Journal. 2018;70:S111-S7.

299 Zhang S-y, Yang K-I, Zeng L-t, Wu X-h, Huang H-y. Effectiveness of Coenzyme Q10 Supplementation for Type 2 Diabetes Mellitus: A Systematic Review and Meta-Analysis. International Journal of Endocrinology. 2018;2018:11. **300** Parohan M, Sarraf P, Javanbakht MH, Ranji-Burachaloo S, Djalali M. Effect of coenzyme Q10 supplementation on clinical features of migraine: a systematic review and dose-response meta-analysis of randomized controlled trials. Nutritional neuroscience. 2019:1-8.

301 Young AJ, Johnson S, Steffens DC, Doraiswamy PM. Coenzyme Q10: A Review of Its Promise as a Neuro-protectant. CNS Spectrums. 2007;12(1):62-8.

302 Zhai J, Bo Y, Lu Y, Liu C, Zhang L. Effects of Coenzyme Q10 on Markers of Inflammation: A Systematic Review and Meta-Analysis. PloS one. 2017;12(1):e0170172.

303 Fan L, Feng Y, Chen G-C, Qin L-Q, Fu C-I, Chen L-H. Effects of coenzyme Q10 supplementation on inflammatory markers: A systematic review and meta-analysis of randomized controlled trials. Pharmacological Research. 2017;119:128-36.

304 Mazidi M, Kengne AP, Banach M. Effects of coenzyme Q10 supplementation on plasma C-reactive protein concentrations: A systematic review and meta-analysis of randomized controlled trials. Pharmacological Research. 2018;128:130-6.

305 Mehrabani S, Askari G, Miraghajani M, Tavakoly R, Arab A. Effect of coenzyme Q10 supplementation on fatigue: A systematic review of interventional studies. Complementary Therapies in Medicine. 2019;43:181-7.

306 Roffe L, Schmidt K, Ernst E. Efficacy of Coenzyme Q10 for Improved Tolerability of Cancer Treatments: A Systematic Review. Journal of Clinical Oncology. 2004;22(21):4418-24.

307 Ahmad N, Fazal H, Abbasi BH, Farooq S, Ali M, Khan MA. Biological role of Piper nigrum L. (Black pepper): A review. Asian Pacific Journal of Tropical Biomedicine. 2012;2(3, Supplement):S1945-S53.

308 Chopra B, Dhingra AK, Kapoor RP, Prasad DN. Piperine and its various physicochemical and biological aspects: a review. Open Chemistry Journal. 2016;3(1).

309 Takooree H, Aumeeruddy MZ, Rengasamy KRR, Venugopala KN, Jeewon R, Zengin G, et al. A systematic review on black pepper (Piper nigrum L.): from folk uses to pharmacological applications. Critical Reviews in Food Science and Nutrition. 2019:1-34.

310 Wadhwa S, Singhal S, Rawal S. Bioavailability enhancement by piperine: a review. Asian Journal of Biomedical and Pharmaceutical Sciences. 2014;4(36):1.

311 Srinivasan K. Black Pepper and its Pungent Principle-Piperine: A Review of Diverse Physiological Effects. Critical Reviews in Food Science and Nutrition. 2007;47(8):735-48. **312** Shoba G, Joy D, Joseph T, Majeed M, Rajendran R, Srinivas PSSR. Influence of Piperine on the Pharmacokinetics of Curcumin in Animals and Human Volunteers. Planta Med. 1998;64(04):353-6.

313 Jones-Asgill M. PIPER NIGRUM IN ALZHEI-MER'S AND COGNITIVE DYSFUNCTION: A REVIEW OF THE LITERATURE.

314 Sajjad A, Subhani Sajjad S. Aloe vera: An Ancient Herb for Modern Dentistry—A Literature Review. Journal of Dental Surgery. 2014;2014:6.

315 Nair GR, Naidu GS, Jain S, Nagi R, Makkad RS, Jha A. Clinical Effectiveness of Aloe Vera in the Management of Oral Mucosal Diseases- A Systematic Review. Journal of clinical and diagnostic research : JCDR. 2016;10(8):ZE01-ZE7.

316 Suksomboon N, Poolsup N, Punthanitisarn S. Effect of Aloe vera on glycaemic control in prediabetes and type 2 diabetes: a systematic review and meta-analysis. Journal of clinical pharmacy and therapeutics. 2016;41(2):180-8.

317 Pothuraju R, Sharma RK, Onteru SK, Singh S, Hussain SA. Hypoglycemic and Hypolipidemic Effects of Aloe vera Extract Preparations: A Review. Phytotherapy Research. 2016;30(2):200-7.

318 Zhang Y, Liu W, Liu D, Zhao T, Tian H. Efficacy of Aloe Vera Supplementation on Prediabetes and Early Non-Treated Diabetic Patients: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Nutrients. 2016;8(7):388.

319 Gostin A-I, Waisundara VY. Edible flowers as functional food: A review on artichoke (Cynara cardunculus L.). Trends in Food Science & Technology. 2019;86:381-91.

320 Salekzamani S, Ebrahimi-Mameghani M, Rezazadeh K. The antioxidant activity of artichoke (Cynara scolymus): A systematic review and meta-analysis of animal studies. Phytotherapy Research. 2019;33(1):55-71.

321 Bundy R, Walker AF, Middleton RW, Wallis C, Simpson HCR. Artichoke leaf extract (Cynara scolymus) reduces plasma cholesterol in otherwise healthy hypercholesterolemic adults: A randomized, double blind placebo controlled trial. Phytomedicine. 2008;15(9):668-75.

322 Rondanelli M, Opizzi A, Faliva M, Sala P, Perna S, Riva A, et al. Metabolic Management in Overweight Subjects with Naive Impaired Fasting Glycaemia by Means of a Highly Standardized Extract From Cynara scolymus: A Double-blind, Placebo-controlled, Randomized Clinical Trial. Phytotherapy Research. 2014;28(1):33-41.

323 Licht TR, Hansen M, Bergström A, Poulsen M, Krath BN, Markowski J, et al. Effects of apples and specific apple components on the cecal environment of conventional rats: role of apple pectin. BMC microbiology. 2010;10(1):13.

324 Mallett AK, Rowland IR, Bearne CA, Flynn JC, Fehilly BJ, Udeen S, et al. Effect of Dietary Supplements of Apple Pectin, Wheat Bran or Fat on The Enzyme Activity of the Human Faecal Flora. Microbial Ecology in Health and Disease. 1988;1(1):23-9.

325 Ohkami H, Tazawa K, Yamashita I, Shimizu T, Murai K, Kobashi K, et al. Effects of Apple Pectin on Fecal Bacterial Enzymes in Azoxymethane-induced Rat Colon Carcinogenesis. Japanese Journal of Cancer Research. 1995;86(6):523-9.

326 Gonzalez M, Rivas C, Caride B, Lamas MA, Taboada MC. Effects of orange and apple pectin on cholesterol concentration in serum, liver and faeces. Journal of physiology and biochemistry. 1998;54(2):99-104.

327 Samout N, Bouzenna H, Dhibi S, Ncib S, ElFeki A, Hfaiedh N. Therapeutic effect of apple pectin in obese rats. Biomedicine & Pharmacotherapy. 2016;83:1233-8.

328 Nishijima T, Iwai K, Saito Y, Takida Y, Matsue H. Chronic Ingestion of Apple Pectin Can Enhance the Absorption of Quercetin. Journal of Agricultural and Food Chemistry. 2009;57(6):2583-7.

329 Nishijima T, Takida Y, Saito Y, Ikeda T, Iwai K. Simultaneous ingestion of high-methoxy pectin from apple can enhance absorption of quercetin in human subjects. British Journal of Nutrition. 2015;113(10):1531-8.

330 de la Motte S, Bose-O'Reilly S, Heinisch M, Harrison F. [Double-blind comparison of an apple pectin-chamomile extract preparation with placebo in children with diarrhea]. Arzneimittel-Forschung. 1997;47(11):1247-9.

331 Naghdi Badi H, Dastpak A, Ziai S. A review of psyllium plant. Journal of Medicinal Plants. 2004;1(9):1-14.

332 Jane M, McKay J, Pal S. Effects of daily consumption of psyllium, oat bran and polyGlycopleX on obesity-related disease risk factors: A critical review. Nutrition. 2019;57:84-91.

333 Komishon A, Ho HVT, Sievenpiper J, Blanco Mejia S, Vuksan V, Zurbau A, et al. Effect of psyllium (Plantago ovata) fiber on LDL cholesterol and alternative lipid targets, non-HDL cholesterol and apolipoprotein B: a systematic review and meta-analysis of randomized controlled trials. The American Journal of Clinical Nutrition. 2018;108(5):922-32. 334 Zurbau A, Ho HVT, Jovanvoski E, Mejia SB,

Sievenpiper J, Jenkins A, et al. A systematic review and meta-analysis of RCTs on the effect of psyllium fiber on lipid targets for CVD risk reduction. The FASEB Journal. 2017;31(1_supplement):973.12-.12.

335 Fallah Huseini H, Hemati A, Alavian S. A review of herbal medicine: Silybum marianum. Journal of Medicinal Plants. 2004;3(11):14-24.

336 Tajmohammadi A, Razavi BM, Hosseinzadeh H. Silybum marianum (milk thistle) and its main constituent, silymarin, as a potential therapeutic plant in metabolic syndrome: A review. Phytotherapy Research. 2018;32(10):1933-49.

337 Fanoudi S, Alavi MS, Karimi G, Hosseinzadeh H. Milk thistle (Silybum Marianum) as an antidote or a protective agent against natural or chemical toxicities: a review. Drug and Chemical Toxicology. 2018:1-15.

338 Tamayo C, Diamond S. Review of Clinical Trials Evaluating Safety and Efficacy of Milk Thistle (Silybum marianum [L.] Gaertn.). Integrative Cancer Therapies. 2007;6(2):146-57.

339 Sweeney B, Vora M, Ulbricht C, Basch E. Evidence-Based Systematic Review of Dandelion (*Taraxacum officinale*) by Natural Standard Research Collaboration. Journal of Herbal Pharmacotherapy. 2005;5(1):79-93.

340 Martinez M, Poirrier P, Chamy R, Prüfer D, Schulze-Gronover C, Jorquera L, et al. *Taraxacum officinale* and related species—An ethnopharmacological review and its potential as a commercial medicinal plant. Journal of Ethnopharmacology. 2015;169:244-62.

341 Schütz K, Carle R, Schieber A. *Taraxacum*–A review on its phytochemical and pharmacological profile. Journal of Ethnopharmacology. 2006;107(3):313-23.

342 Nikkhah Bodagh M, Maleki I, Hekmatdoost A. Ginger in gastrointestinal disorders: A systematic review of clinical trials. Food Science & Nutrition. 2019;7(1):96-108.

343 Viljoen E, Visser J, Koen N, Musekiwa A. A systematic review and meta-analysis of the effect and safety of ginger in the treatment of pregnancy-associated nausea and vomiting. Nutr J. 2014;13:20.

344 Ding M, Leach M, Bradley H. The effectiveness and safety of ginger for pregnancy-induced nausea and vomiting: A systematic review. Women and Birth. 2013;26(1):e26-e30.

345 Viljoen E, Visser J, Koen N, Musekiwa A. A systematic review and meta-analysis of the effect and safety of ginger in the treatment of pregnancy-associated nausea and vomiting. Nutrition Journal. 2014;13(1):20.

346 Chen CX, Barrett B, Kwekkeboom KL. Efficacy of Oral Ginger (*Zingiber officinale*) for Dysmenorrhea: A Systematic Review and Meta-Analysis. Evidence-Based Complementary and Alternative Medicine. 2016;2016:10.

347 Daily JW, Zhang X, Kim DS, Park S. Efficacy of Ginger for Alleviating the Symptoms of Primary Dysmenorrhea: A Systematic Review and Meta-analysis of Randomized Clinical Trials. Pain Medicine. 2015;16(12):2243-55.

348 Almatroudi A, Alsahli MA, Alrumaihi F, Allemailem KS, Rahmani AH. Ginger: A novel strategy to battle cancer through modulating cell signalling pathways. Current pharmaceutical biotechnology. 2019.

349 de Lima RMT, dos Reis AC, de Menezes A-APM, Santos JVdO, Filho JWGdO, Ferreira JRdO, et al. Protective and therapeutic potential of ginger (Zingiber officinale) extract and [6]-gingerol in cancer: A comprehensive review. Phytotherapy Research. 2018;32(10):1885-907.

350 Jafarzadeh A, Nemati M. Therapeutic potentials of ginger for treatment of Multiple sclerosis: A review with emphasis on its immunomodulatory, anti-inflammatory and anti-oxidative properties. Journal of Neuroimmunology. 2018;324:54-75.

351 Arablou T, Aryaeian N. The effect of ginger on glycemia and lipid profile: a brief review. Razi Journal of Medical Sciences. 2014;21(125):94-103.

352 Ebrahimzadeh Attari V, Malek Mahdavi A, Javadivala Z, Mahluji S, Zununi Vahed S, Ostadrahimi A. A systematic review of the anti-obesity and weight lowering effect of ginger (Zingiber officinale Roscoe) and its mechanisms of action. Phytotherapy Research. 2018;32(4):577-85.

353 Maharlouei N, Tabrizi R, Lankarani KB, Rezaianzadeh A, Akbari M, Kolahdooz F, et al. The effects of ginger intake on weight loss and metabolic profiles among overweight and obese subjects: A systematic review and meta-analysis of randomized controlled trials. Critical Reviews in Food Science and Nutrition. 2018:1-14.

354 Zhu J, Chen H, Song Z, Wang X, Sun Z. Effects of Ginger (*Zingiber officinale Roscoe*) on Type 2 Diabetes Mellitus and Components of the Metabolic Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evidence-Based Complementary and Alternative Medicine. 2018;2018:11.

355 Daily JW, Yang M, Kim DS, Park S. Efficacy of ginger for treating Type 2 diabetes: A systematic review and meta-analysis of randomized clinical trials. Journal of Ethnic Foods. 2015;2(1):36-43.

356 Mazidi M, Gao H-K, Rezaie P, Ferns GA. The effect of ginger supplementation on serum C-reactive protein, lipid profile and glycaemia: a systematic review and meta-analysis. Food & Nutrition Research. 2016;60(1):32613.

357 Alsherbiny MA, Abd-Elsalam WH, El badawy SA, Taher E, Fares M, Torres A, et al. Ameliorative and protective effects of ginger and its main constituents against natural, chemical and radiation-induced toxicities: A comprehensive review. Food and Chemical Toxicology. 2019;123:72-97.

358 Marx W, Ried K, McCarthy AL, Vitetta L, Sali A, McKavanagh D, et al. Ginger—Mechanism of action in chemotherapy-induced nausea and vomiting: A review. Critical Reviews in Food Science and Nutrition. 2017;57(1):141-6.

Wilson PB. Ginger (*Zingiber officinale*) as an Analgesic and Ergogenic Aid in Sport: A Systemic Review. The Journal of Strength & Conditioning Research. 2015;29(10):2980-95.

360 Asl MN, Hosseinzadeh H. Review of Pharmacological Effects of Glycyrrhiza sp. and its Bioactive Compounds. Phytotherapy Research. 2008;22(6):709-24.

361 Gao X, Wang W, Wei S, Li W. [Review of pharmacological effects of Glycyrrhiza radix and its bioactive compounds]. Zhongguo Zhong Yao Za Zhi. 2009;34(21):2695-700.

362 Hosseinzadeh H, Nassiri-Asl M. Pharmacological Effects of Glycyrrhiza spp. and Its Bioactive Constituents: Update and Review. Phytotherapy Research. 2015;29(12):1868-86.

363 Mantani N, Oka H, Sahashi Y, Suzuki A, Ayabe M, Suzuki M, et al. Relationship between incidence of pseudoaldosteronism and daily dose of Glycyrrhiza: Review of the literature. Kampo Medicine. 2015;66(3):197-202.

364 Kelly GS, editor Bromelain: a literature review and discussion of its therapeutic applications. Alternative Medicine Review; 1996: Citeseer.

365 Pavan R, Jain S, Shraddha, Kumar A. Properties and Therapeutic Application of Bromelain: A Review. Biotechnology Research International. 2012;2012:6.

366 Brien S, Lewith G, Walker A, Hicks SM, Middleton D. Bromelain as a Treatment for Osteoarthritis: a Review of Clinical Studies. Evidence-Based Complementary and Alternative Medicine. 2004;1(3).

367 de A.C. Almeida R, de Sousa Lima FCM, do E. Vasconcelos BC. Is bromelain an effective drug for the control of pain and inflammation associated with impacted third molar surgery? Systematic review and meta-analysis. International Journal of Oral and Maxillofacial Surgery. 2018. **368** Christopher RW, Bernard r. Slippery Elm, its Biochemistry, and use as a Complementary and Alternative Treatment for Laryngeal Irritation. A J Physiol Biochem Pharmacol. 2012;1(1):17.

369 Braun L. Slippery Elm. Journal of Complementary Medicine: CM, The. 2006;5(1):83.

370 Oak SJ, Jha R. The effects of probiotics in lactose intolerance: A systematic review. Critical Reviews in Food Science and Nutrition. 2018:1-9.

371 Hungin APS, Mitchell CR, Whorwell P, Mulligan C, Cole O, Agréus L, et al. Systematic review: probiotics in the management of lower gastrointestinal symptoms – an updated evidence-based international consensus. Alimentary Pharmacology & Therapeutics. 2018;47(8):1054-70.

372 Coriat B J, Azuero O AJ, Gil Tamayo S, Rueda Rodríguez MC, Castañeda Cardona C, Rosselli D. Uso de probióticos en el síndrome de intestino irritable y enfermedad inflamatoria intestinal: una revisión de la literatura. Revista Colombiana de Gastroenterologia. 2017;32:141-9.

373 Saez-Lara MJ, Robles-Sanchez C, Ruiz-Ojeda FJ, Plaza-Diaz J, Gil A. Effects of Probiotics and Synbiotics on Obesity, Insulin Resistance Syndrome, Type 2 Diabetes and Non-Alcoholic Fatty Liver Disease: A Review of Human Clinical Trials. Int J Mol Sci. 2016;17(6).

374 Ejtahed H-S, Angoorani P, Soroush A-R, Atlasi R, Hasani-Ranjbar S, Mortazavian AM, et al. Probiotics supplementation for the obesity management; A systematic review of animal studies and clinical trials. Journal of Functional Foods. 2019;52:228-42.

375 Borgeraas H, Johnson LK, Skattebu J, Hertel JK, Hjelmesæth J. Effects of probiotics on body weight, body mass index, fat mass and fat percentage in subjects with overweight or obesity: a systematic review and meta-analysis of randomized controlled trials. Obesity Reviews. 2018;19(2):219-32.

376 Khalesi S, Johnson DW, Campbell K, Williams S, Fenning A, Saluja S, et al. Effect of probiotics and synbiotics consumption on serum concentrations of liver function test enzymes: a systematic review and meta-analysis. Eur J Nutr. 2018;57(6):2037-53.

377 Barengolts E. GUT MICROBIOTA, PREBIOTICS, PROBIOTICS, AND SYNBIOTICS IN MANAGEMENT OF OBESITY AND PREDIABETES: REVIEW OF RAN-DOMIZED CONTROLLED TRIALS. Endocrine Practice. 2016;22(10):1224-34.

378 Mishra V, Shah C, Mokashe N, Chavan R, Yadav H, Prajapati J. Probiotics as Potential Antioxidants: A Systematic Review. Journal of Agricultural and Food Chemistry. 2015;63(14):3615-26.

379 Heshmati J, Farsi F, Shokri F, Rezaeinejad M, Almasi-Hashiani A, Vesali S, et al. A systematic review and meta-analysis of the probiotics and synbiotics effects on oxidative stress. Journal of Functional Foods. 2018;46:66-84.

380 Pandey KR, Naik SR, Vakil BV. Probiotics, prebiotics and synbiotics- a review. Journal of Food Science and Technology. 2015;52(12):7577-87.

381 Nazemian V, Shadnoush M, Manaheji H, Zaringhalam J. Probiotics and Inflammatory Pain: A Literature Review Study. Middle East J Rehabil Health Stud. 2016;3(2):e36087.

382 Miremadi F, Sherkat F, Stojanovska L. Hypocholesterolaemic effect and anti-hypertensive properties of probiotics and prebiotics: A review. Journal of Functional Foods. 2016;25:497-510.

383 Wallace CJK, Milev R. The effects of probiotics on depressive symptoms in humans: a systematic review. Annals of General Psychiatry. 2017;16(1):14.

384 Huang R, Wang K, Hu J. Effect of Probiotics on Depression: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Nutrients. 2016;8(8).

385 Jennifer M, Helen N, Elham N, Bianca A, Natalie C. Probiotics and Subclinical Psychological Symptoms in Healthy Participants: A Systematic Review and Meta-Analysis. The Journal of Alternative and Complementary Medicine. 2017;23(4):249-58.

386 Wang H, Lee I-S, Braun C, Enck P. Effect of Probiotics on Central Nervous System Functions in Animals and Humans: A Systematic Review. Journal of neurogastroenterology and motility. 2016;22(4):589-605.

387 Miller H, Ferris R, Phelps BR. The effect of probiotics on CD4 counts among people living with HIV: a systematic review. Beneficial Microbes. 2016;7(3):345-51.

388 Huang R, Hu J. Positive Effect of Probiotics on Constipation in Children: A Systematic Review and Meta-Analysis of Six Randomized Controlled Trials. Frontiers in Cellular and Infection Microbiology. 2017;7(153).

389 Martínez-Martínez MI, Calabuig-Tolsá R, Cauli O. The effect of probiotics as a treatment for constipation in elderly people: A systematic review. Archives of Gerontology and Geriatrics. 2017;71:142-9.

390 Chen Z, Zhang L, Zeng L, Yang X, Jiang L, Gui G, et al. Probiotics Supplementation Therapy for Pathological Neonatal Jaundice: A Systematic Review and Meta-Analysis. Frontiers in Pharmacology. 2017;8(432). **391 Deshmukh J, Deshmukh M, Patole S.** Probiotics for the management of neonatal hyperbilirubinemia: a systematic review of randomized controlled trials. The Journal of Maternal-Fetal & Neonatal Medicine. 2019;32(1):154-63.

392 de Araujo GV, de Oliveira Junior MH, Peixoto DM, Sarinho ESC. Probiotics for the treatment of upper and lower respiratory-tract infections in children: systematic review based on randomized clinical trials. Jornal de Pediatria. 2015;91(5):413-27.

393 Ahanchian H, Kianifar H, Ganji T, Kiani M, Khakshour A, Jafari S. Probiotics in childhood upper respiratory tract infections: a systematic review. Journal of North Khorasan University of Medical Sciences. 2015;7(2):445-52.

394 Ozen M, Kocabas Sandal G, Dinleyici EC. Probiotics for the prevention of pediatric upper respiratory tract infections: a systematic review. Expert Opinion on Biological Therapy. 2015;15(1):9-20.

395 Peng Y, Li A, Yu L, Qin G. The Role of Probiotics in Prevention and Treatment for Patients with Allergic Rhinitis: A Systematic Review. American Journal of Rhinology & Allergy. 2015;29(4):292-8.

396 Güvenç IA, Muluk NB, Mutlu FŞ, Eşki E, Altıntoprak N, Oktemer T, et al. Do Probiotics have a role in the Treatment of Allergic Rhinitis? A Comprehensive Systematic Review and Metaanalysis. American Journal of Rhinology & Allergy. 2016;30(5):e157-e75.

397 Zajac AE, Adams AS, Turner JH. A systematic review and meta-analysis of probiotics for the treatment of allergic rhinitis. International Forum of Allergy & Rhinology. 2015;5(6):524-32.

398 Deshpande G, Jape G, Rao S, Patole S. Benefits of probiotics in preterm neonates in low-income and medium-income countries: a systematic review of randomised controlled trials. BMJ open. 2017;7(12):e017638.

399 Onubi OJ, Poobalan AS, Dineen B, Marais D, McNeill G. Effects of probiotics on child growth: a systematic review. Journal of Health, Population and Nutrition. 2015;34(1):8.

400 Cuello-Garcia CA, Brożek JL, Fiocchi A, Pawankar R, Yepes-Nuñez JJ, Terracciano L, et al. Probiotics for the prevention of allergy: A systematic review and meta-analysis of randomized controlled trials. Journal of Allergy and Clinical Immunology. 2015;136(4):952-61.

401 Zuccotti G, Meneghin F, Aceti A, Barone G, Callegari ML, Di Mauro A, et al. Probiotics for prevention of atopic diseases in infants: systematic review and meta-analysis. Allergy. 2015;70(11):1356-71. **402 Zhao M, Shen C, Ma L.** Treatment efficacy of probiotics on atopic dermatitis, zooming in on infants: a systematic review and meta-analysis. International Journal of Dermatology. 2018;57(6):635-41.

403 de Andrade Calaça PR, Bezerra RP, Albuquerque WWC, Porto ALF, Cavalcanti MTH. Probiotics as a preventive strategy for surgical infection in colorectal cancer patients: a systematic review and meta-analysis of randomized trials. Translational gastroenterology and hepatology. 2017;2:67-.

404 Liu PC, Yan YK, Ma YJ, Wang XW, Geng J, Wang MC, et al. Probiotics Reduce Postoperative Infections in Patients Undergoing Colorectal Surgery: A Systematic Review and Meta-Analysis. Gastroenterology Research and Practice. 2017;2017:9.

405 Ouyang X, Li Q, Shi M, Niu D, Song W, Nian Q, et al. Probiotics for preventing postoperative infection in colorectal cancer patients: a systematic review and meta-analysis. International Journal of Colorectal Disease. 2018.

406 Yang Z, Wu Q, Liu Y, Fan D. Effect of Perioperative Probiotics and Synbiotics on Postoperative Infections After Gastrointestinal Surgery: A Systematic Review With Meta-Analysis. Journal of Parenteral and Enteral Nutrition. 2017;41(6):1051-62.

407 Sawas T, Al Halabi S, Hernaez R, Carey WD, Cho WK. Patients Receiving Prebiotics and Probiotics Before Liver Transplantation Develop Fewer Infections Than Controls: A Systematic Review and Meta-Analysis. Clinical Gastroenterology and Hepatology. 2015;13(9):1567-74.e3.

408 Lytvyn L, Quach K, Banfield L, Johnston BC, Mertz D. Probiotics and synbiotics for the prevention of postoperative infections following abdominal surgery: a systematic review and meta-analysis of randomized controlled trials. Journal of Hospital Infection. 2016;92(2):130-9.

409 Lei WT, Shih PC, Liu SJ, Lin CY, Yeh TL. Effect of Probiotics and Prebiotics on Immune Response to Influenza Vaccination in Adults: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Nutrients. 2017;9(11).

410 Zimmermann P, Curtis N. The influence of probiotics on vaccine responses – A systematic review. Vaccine. 2018;36(2):207-13.

411 Mahmood Fashandi H, Abbasi R, Mousavi Khaneghah A. The detoxification of aflatoxin M1 by Lactobacillus acidophilus and Bifidobacterium spp.: A review. Journal of Food Processing and Preservation. 2018;42(9):e13704. **412** Dinev T, Beev G, Denev S, Dermendzhieva D, **Tzanova M, Valkova E.** Antimicrobial activity of Lactobacillus acidophilus against pathogenic and food spoilage microorganisms: A review. Agricultural Science and Technology. 2017;9(1):3-9.

413 Sun J, Buys N. Effects of probiotics consumption on lowering lipids and CVD risk factors: A systematic review and meta-analysis of randomized controlled trials. Annals of Medicine. 2015;47(6):430-40.

414 Thushara RM, Gangadaran S, Solati Z, Moghadasian MH. Cardiovascular benefits of probiotics: a review of experimental and clinical studies. Food & Function. 2016;7(2):632-42.

415 de Souza EL, de Albuquerque TMR, dos Santos AS, Massa NML, de Brito Alves JL. Potential interactions among phenolic compounds and probiotics for mutual boosting of their health-promoting properties and food functionalities – A review. Critical Reviews in Food Science and Nutrition. 2018:1-15.

416 Cawood AL, Elia M, Stratton RJ. Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. Ageing Research Reviews. 2012;11(2):278-96.

417 Cawood AL, Elia M, Stratton RJ. Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. Ageing Research Reviews. 2012;11(2):278-96.

418 Santesso N, Akl EA, Bianchi M, Mente A, Mustafa R, Heels-Ansdell D, et al. Effects of higher- versus lower-protein diets on health outcomes: a systematic review and meta-analysis. Eur J Clin Nutr. 2012;66(7):780-8.

419 Helms ER, Zinn C, Rowlands DS, Brown SR. A Systematic Review of Dietary Protein during Caloric Restriction in Resistance Trained Lean Athletes: A Case for Higher Intakes. International Journal of Sport Nutrition and Exercise Metabolism. 2014;24(2):127-38.

420 Pasiakos SM, Lieberman HR, McLellan TM. Effects of Protein Supplements on Muscle Damage, Soreness and Recovery of Muscle Function and Physical Performance: A Systematic Review. Sports Medicine. 2014;44(5):655-70.

421 Pasiakos SM, McLellan TM, Lieberman HR. The Effects of Protein Supplements on Muscle Mass, Strength, and Aerobic and Anaerobic Power in Healthy Adults: A Systematic Review. Sports Medicine. 2015;45(1):111-31.

422 Kim JE, O'Connor LE, Sands LP, Slebodnik MB, Campbell WW. Effects of dietary protein intake on body composition changes after weight loss in older adults: a systematic review and meta-analysis. Nutrition reviews. 2016;74(3):210-24. **423** Kim JE, Sands L, Slebodnik M, O'Connor L, Campbell W. Effects of high-protein weight loss diets on fat-free mass changes in older adults: a systematic review (371.5). The FASEB Journal. 2014;28(1 Supplement).

424 Darling AL, Millward DJ, Torgerson DJ, Hewitt CE, Lanham-New SA. Dietary protein and bone health: a systematic review and meta-analysis. The American Journal of Clinical Nutrition. 2009.

425 Hansen K, Shriver T, Schoeller D. The effects of exercise on the storage and oxidation of dietary fat. Sports Med. 2005;35.

426 Gausserès N, Mahe S, Benamouzig R, Luengo C, Ferriere F, Rautureau J, et al. [15N]-labeled pea flour protein nitrogen exhibits good ileal digestibility and postprandial retention in humans. The Journal of nutrition. 1997;127(6):1160-5.

427 Babault N, Païzis C, Deley G, Guérin-Deremaux L, Saniez M-H, Lefranc-Millot C, et al. Pea proteins oral supplementation promotes muscle thickness gains during resistance training: a double-blind, randomized, Place-bo-controlled clinical trial vs. Whey protein. Journal of the International Society of Sports Nutrition. 2015;12(1):3.

428 Bhatia KK, Puri S, Kaur R, Ahluwalia KK, Ahluwalia AS. Efficacy of Spirulina as Hepatoprotectant: A Review. Vegetos-An International Journal of Plant Research. 2016;29(special):129-36.

429 Hernández ML, Wall-Medrano A, Juarez-Oropeza M, Ramos-Jimenez A, Hernandez-Torres RP. SPIRULINA AND ITS HYPOLIPIDEMIC AND ANTIOXIDANT EF-FECTS IN HUMANS: A SYSTEMATIC REVIEW. Nutr Hosp. 2015;32(2):494-500.

430 Yousefi R, Saidpour A, Mottaghi A. The effects of Spirulina supplementation on metabolic syndrome components, its liver manifestation and related inflammatory markers: A systematic review. Complementary Therapies in Medicine. 2019;42:137-44.

431 Huijuan X, Guihua X. Review health effect of spirulina as function food. J Agric Sci. 2005;26:90-3.

432 de la Jara A, Ruano-Rodriguez C, Polifrone M, Assunçao P, Brito-Casillas Y, Wägner AM, et al. Impact of dietary Arthrospira (Spirulina) biomass consumption on human health: main health targets and systematic review. Journal of Applied Phycology. 2018;30(4):2403-23.

433 Serban M-C, Sahebkar A, Dragan S, Stoichescu-Hogea G, Ursoniu S, Andrica F, et al. A systematic review and meta-analysis of the impact of Spirulina supplementation on plasma lipid concentrations. Clinical Nutrition. 2016;35(4):842-51.

434 Zhu Y-S, Connolly A, Guyon A, FitzGerald RJ.

Solubilisation of calcium and magnesium from the marine red algae Lithothamnion calcareum. International Journal of Food Science & Technology. 2014;49(6):1600-6.

435 Aslam MN, Kreider JM, Paruchuri T, Bhagavathu-Ia N, DaSilva M, Zernicke RF, et al. A Mineral-Rich Extract from the Red Marine Algae Lithothamnion calcareum Preserves Bone Structure and Function in Female Mice on a Western-Style Diet. Calcified tissue international. 2010;86(4):313-24.

436 Aslam MN, Bhagavathula N, Paruchuri T, Hu X, Chakrabarty S, Varani J. Growth-inhibitory effects of a mineralized extract from the red marine algae, Lithothamnion calcareum, on Ca2+-sensitive and Ca2+-resistant human colon carcinoma cells. Cancer Letters. 2009;283(2):186-92.

437 Bar-Sela G, Cohen M, Ben-Arye E, Epelbaum R. The medical use of wheatgrass: review of the gap between basic and clinical applications. Mini reviews in medicinal chemistry. 2015;15(12):1002-10

438 Hong I-J, Park H-G, Jew S-S, Kim K-T, Lee S-H. Functional Characteristics from the Barley Leaves and its antioxidant mixture-Study on the Nitrite Scavenging Effect. Applied Biological Chemistry. 2003;46(4):333-7.

439 Lee S, Hong I, Park H, Jew S, Kim K. Functional characteristics from the barley leaves and its antioxidant mixture-Study on the nitrite scavenging effect. Journal of the Korean society of Agricultural and Biotechnology. 2003.

440 XU G, ZHANG H. STUDY ON SCAVENGING FREE RADICALS BY ACTIVE COMPOUNDS FROM BAR-LEY LEAVES [J]. Acta Nutrimenta Sinica. 2003;4.

441 Kwak JH, Baek SH, Woo Y, Han JK, Kim BG, Kim OY, et al. Beneficial immunostimulatory effect of short-term Chlorella supplementation: enhancement of Natural Killercell activity and early inflammatory response (Randomized, double-blinded, placebo-controlled trial). Nutrition Journal. 2012;11(1):53.

442 Ebrahimi-Mameghani M, Sadeghi Z, Abbasalizad Farhangi M, Vaghef-Mehrabany E, Aliashrafi S. Glucose homeostasis, insulin resistance and inflammatory biomarkers in patients with non-alcoholic fatty liver disease: Beneficial effects of supplementation with microalgae Chlorella vulgaris: A double-blind placebo-controlled randomized clinical trial. Clinical Nutrition. 2017;36(4):1001-6.

443 Catherine U, Ethan B, Heather B, Julie C, Dawn C, Samantha C, et al. Seaweed, Kelp, Bladderwrack (Fucus vesiculosus): An Evidence-Based Systematic Review by the Natural Standard Research Collaboration. Alternative and Complementary Therapies. 2013;19(4):217-30.

444 Murthy KNC, Vanitha A, Rajesha J, Swamy MM, Sowmya PR, Ravishankar GA. In vivo antioxidant activity of carotenoids from Dunaliella salina – a green microalga. Life Sciences. 2005;76(12):1381-90.

445 Ogbonmwan I, Mathers JC, Lara J, Siervo M. Inorganic Nitrate and Beetroot Juice Supplementation Reduces Blood Pressure in Adults: A Systematic Review and Meta-Analysis. The Journal of Nutrition. 2013;143(6):818-26.

446 McMahon NF, Leveritt MD, Pavey TG. The Effect of Dietary Nitrate Supplementation on Endurance Exercise Performance in Healthy Adults: A Systematic Review and Meta-Analysis. Sports Medicine. 2017;47(4):735-56.

447 Doss JF, Jonassaint JC, Garrett ME, Ashley-Koch AE, Telen MJ, Chi J-T. Phase 1 Study of a Sulforaphane-Containing Broccoli Sprout Homogenate for Sickle Cell Disease. PloS one. 2016;11(4):e0152895.

448 Mirmiran P, Bahadoran Z, Hosseinpanah F, Keyzad A, Azizi F. Effects of broccoli sprout with high sulforaphane concentration on inflammatory markers in type 2 diabetic patients: A randomized double-blind placebo-controlled clinical trial. Journal of Functional Foods. 2012;4(4):837-41.

449 Alumkal JJ, Slottke R, Schwartzman J, Cherala G, Munar M, Graff JN, et al. A phase II study of sulforaphane-rich broccoli sprout extracts in men with recurrent prostate cancer. Investigational New Drugs. 2015;33(2):480-9.

450 Shiina A, Kanahara N, Sasaki T, Oda Y, Hashimoto T, Hasegawa T, et al. An Open Study of Sulforaphane-rich Broccoli Sprout Extract in Patients with Schizophrenia. Clinical psychopharmacology and neuroscience : the official scientific journal of the Korean College of Neuro-psychopharmacology. 2015;13(1):62-7.

451 Jiraungkoorskul W. Review of Neuro-nutrition Used as Anti-Alzheimer Plant, Spinach, Spinacia oleracea. Pharmacognosy reviews. 2016;10(20):105-8.

452 Prakash A, Baskaran R. Acerola, an untapped functional superfruit: a review on latest frontiers. Journal of Food Science and Technology. 2018;55(9):3373-84.

453 Ulbricht C, Basch E, Basch S, Bent S, Boon H, Burke D, et al. An Evidence-Based Systematic Review of Bilberry (Vaccinium myrtillus) by the Natural Standard Research Collaboration. Journal of Dietary Supplements. 2009;6(2):162-200.

454 Ohguro H, Ohguro I, Katai M, Tanaka S. Two-Year Randomized, Placebo-Controlled Study of Black Currant Anthocyanins on Visual Field in Glaucoma. Ophthalmologica. 2012;228(1):26-35.

455 Murphy C, Cook M, Willems M. Effect of New Zealand blackcurrant extract on repeated cycling time trial performance. Sports. 2017;5(2):25.

456 Ulbricht C, Bryan JK, Costa D, Culwell S, Giese N, Isaac R, et al. An Evidence-Based Systematic Review of Goji (Lycium spp.) by the Natural Standard Research Collaboration. Journal of Dietary Supplements. 2015;12(2):184-240.

457 Vij T, Prashar Y. A review on medicinal properties of Carica papaya Linn. Asian Pacific Journal of Tropical Disease. 2015;5(1):1-6.

458 Nguyen TTT, Shaw PN, Parat M-O, Hewavitharaa AK. Anticancer activity of Carica papaya: A review. Molecular Nutrition & Food Research. 2013;57(1):153-64.

459 Tassell M, Kingston R, Gilroy D, Lehane M, Furey A. Hawthorn (*Crataegus* spp.) in the treatment of cardio-vascular disease. Pharmacognosy Reviews. 2010;4(7):32-



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