ADB5-PlusTM

As a component necessary for survival, a dynamic equilibrium or steady state must exist in the internal bodily environment. As a constituent of this steady state equilibrium, the adrenals function to secrete specific neurotransmitters, including epinephrine (adrenaline), norepinephrine (noradrenaline), and cortisol in response to stress. Subsequently, with the release of these neurotransmitters, a series of physiologic effects ensues. These events may include for example a rapid heart rate or an increased alertness. Thus in these aspects stress represents a protective and restorative event. Alternatively, constant or excess stress may have negative consequences, manifesting as an assortment of symptoms and encompassing a multitude of emotional, behavioral, and even physical symptoms, which may include adrenal gland enlargement, gastrointestinal consequences, as well as immune dysfunction. (1) Although an adaptive process, when in excess, stress consequently results in adaptation, which in turn may result in bodily or organ damage. This process has been defined by Selye as the 'general adaptation (adjustment) or stress syndrome.' Selye, the first to coin the word "stress," further categorized it to represent the "mutual actions of forces that take place across any section of the body, physical or psychological."(2)

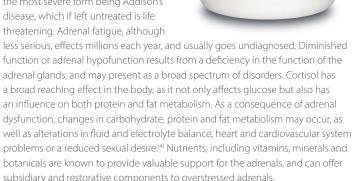
An excess production of stress may manifest in a variety of symptoms, varying enormously among different individuals. Stress related illnesses are a frequent occurrence, noted as one of the most common clinical patterns seen in healthcare clinics. As the degrees of stress vary broadly among individuals, four categories and degrees of stress have been categorized, which include; 1) physical stress, including overwork, lack of sleep, or athletic over-training; 2) chemical stress, such as environmental pollutants, diets excessively high in refined carbohydrates, food or additive allergies, and endocrine gland imbalances; 3) thermal stress, including over-heating or over-chilling of the body; and 4) emotional and mental stress. (3)

Hypoadrenia or adrenal fatigue is considered to be one of the most prevalent debilitating conditions of the past fifty years; however it is rarely diagnosed, and often it is misdiagnosed as other types of illnesses, including chronic fatigue conditions, fibromyalgia or serious food/inhalant allergies. Most patients describe their symptomatology as a 'fatigue that simply cannot be overcome.'(4) In addition to the adrenals acting alone, the combined hypothalamic-pituitary-adrenal axis also contributes to the body's ability to cope with stressors, which include among others infections, blood pressure fluctuations, and illnesses.

The adrenal glands play an essential part in many bodily functions, primarily as a consequence of the hormones they secrete. As such they supply components necessary for numerous biochemical reactions. As a consequence of these hormonal factors, they significantly effect the functioning of every tissue, organ and gland in the body. They also exert an effect on both mental processes and the overall feeling of wellness. Taking into account all of these actions, their primary function is to enable the body to cope with stress. In fact they

have been subjectively classified as "the glands of stress."(4) Endurance, energy and resiliency, as well as life itself depends upon their proper functioning. In fact, the hormones secreted by the adrenal glands have been said to "influence all of the major physiological processes in the body."(4)

Adrenal dysfunction can take many forms, the most severe form being Addison's disease, which if left untreated is life threatening. Adrenal fatigue, although



ADB5-Plus™

Dietary Supplement

Structurally, the adrenal gland is divided into two parts, an outer region called the adrenal cortex and an inner region called the adrenal medulla. The adrenal cortex, comprising the bulk of the gland, produces the mineralocorticoid aldosterone and the glucocorticoid cortisol, while the cells of the adrenal medulla produce epinephrine (adrenalin) and norepinephrine (noradrenalin). Androgens, including DHEA and testosterone are also produced by the adrenal cortex. Both epinephrine and norepinephrine have an effect on numerous organs or functions thereof, including the heart, the liver, blood pressure, blood vessels and airways. (5) The chief responsibility of the mineralcorticoids and glucocorticoids is to regulate the stress response, via the synthesis of corticosteroids (cortisol) and catecholamines (adrenaline).(6)

Vitamins associated with Adrenal Support

Vitamin C. In the adrenal glands the concentration of vitamin C is among the highest in the body, being roughly 100 times that of blood plasma levels. (7) As such the adrenals are extremely sensitive to inadequacies in vitamin C. In catecholamine synthesis, vitamin C is required as a co-factor in the conversion of dopamine to norepinephrine. (8) In humans vitamin C secretion occurs as part of the stress response via hormone regulation, specifically in response to stimulation via the adrenocorticotrophic hormone (ACTH). Utilizing adrenal vein catheterization, it was demonstrated that following ACTH stimulation, the mean adrenal vein vitamin C level increased approximately four fold, and then subsequently returned to near





(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471 biotics@bioticsresearch.com • www.bioticsresearch.com pre-stimulation levels approximately 15 minutes thereafter. Peak adrenal vitamin C and cortisol concentrations have been strongly correlated (r^2 =0.35, P<0.001), suggesting a local action of vitamin C on the adrenal glands. Additionally, it has been noted that, although being of unknown function, the increase in vitamin C secretion suggests that "adrenal vitamin C secretion is an integral part of the stress response." (9) Stress, fever and viral infections, as well as habitual actions, such as smoking and alcohol use, cause a rapid decline in the blood level of vitamin C, (10) and the vitamin C requirements tend to be higher in stressed or traumatized persons. (11)

Thiamin (B1) (as cocarboxylase). As a coenzyme thiamin plays central role in intracellular glucose metabolism, (12) making it a vital adjunct in adrenal dysfunction, as blood sugar fluctuations (hypoglycemia) are a known correlating symptom. Thiamin is required for the metabolism of carbohydrates, as part of the coenzyme cocarboxylase, also know as thiamin pyrophosphate (TPP). The energy produced from oxidation of glucose is highly dependent upon TPP,(13) and in the absence of thiamin a slowing or complete blocking of this enzymatic reaction occurs, due to a lack of TPP. An inadequate production of TPP has the potential to affect multiple enzymatic processes, particularly that of carbohydrate metabolism. Thiamin also participates as an active component in the citric acid cycle (Kreb's cycle), as a required cofactor for the decarboxylation of α -ketoglutaric acid to succinyl CoA, thus serves as an important component in energy production. Furthermore, a deficiency in thiamin has been correlated to selective neuronal death in the brain, possibly due to the induction of oxidative stress, as evidenced by the up-regulation of markers of endoplasmic reticulum stress. This type of stress has been associated with a range of neurodegenerative processes, including the obstruction of blood flow to the brain. (14) Decreased mental acuity is a correlating symptom of adrenal dysfunction, thus thiamin may play a beneficial role in this capacity.

Riboflavin (Vitamin B2). Riboflavin is found primarily in the body as a fundamental component of the coenzymes flavin adenine dinucleotid (FAD) and flavin mononucleotide (FMN).⁽¹⁵⁾ In both adrenal and thyroid insufficiency the conversion of riboflavin into FAD and FMN is impaired.^(16,17) A deficiency in riboflavin has also been correlated to an increase in oxidative stress.⁽¹⁷⁾ Along with other B vitamins, riboflavin is utilized to support energy transfer and production via its action in the metabolism of fats, carbohydrates and proteins. As such it plays a vital role in energy production. Additionally, riboflavin is required for red blood cell formation and respiration, antibody production, and in the regulation and production of growth hormone.

Niacin (as niacinamide). Niacin is an essential component of the coenzymes NAD and NADP, thus is essential to all living cells. NAD metabolism has been associated with a vital effect on biological entities, including the overall human lifespan. (19) NAD functions as both an electron carrier for intracellular respiration, and along with other enzymes, as a dehydrogenase, for the purpose of oxidizing energy providing molecules, including poly (ADP-ribose) polymerases, mono-ADP-ribosyltransferases, as well as the sirtuin enzymes. (19,20) NADP on the other hand functions as a hydrogen donor in reductive biosynthesis. It has been estimated that approximately 200 enzymes require the coenzymes, NAD and NADP.⁽²⁰⁾ Nicotinic acid has also been associated with the glucose tolerance factor, implicating its importance in the insulin response, making it an extremely important entity in adrenal support, as adrenal fluctuations are associated with hypoglycemic symptoms. In niacin deficient DNA repair models, a dramatic inhibition in DNA repair has been demonstrated.(21,22) A deficiency in niacin is commonly recognized by changes in the skin, including the mucosa of the mouth, tongue, stomach, and intestinal tract, as well as changes in the nervous system.(23)

Vitamin B6 (as pyridoxal-5-phosphate). Vitamin B6 serves as a coenzyme in well over 100 reactions, which makes it functionally important in both metabolism and health. The active coenzymes of vitamin B6 are pyridoxal 5-phosphate (PLP) and pyridoxamine 5-phosphate (PMP). PLP functions as a cofactor in lipid metabolism. Consequently with vitamin B6 deficiency, decreased body fat, decreased levels of liver lipids, as well as impaired lysosomal lipid degradation has been observed. Path B6 for efficient function. Path B6 is also required for the conversion of tryptophan to niacin and serotonin, S1,32) as well as for the conversion of tyrosine to dopamine. In one study a deficiency in vitamin B6 was correlated to a slower extracellular dopamine

release (43% longer with deficiency).⁽³³⁾ Dopamine is known to be an active participant in the secretory modulation of both aldosterone and catecholamine from the adrenal gland,⁽³⁴⁾ and dopamine depletion is correlated with physical and/or psychological stress. In an animal study a single dose of B6 was demonstrated to stimulate the secretion of adrenal catecholamines,⁽³⁵⁾

Vitamin B12 (as cobalamin). Fatigue is a common symptom in adrenal dysfunction, and a deficiency in vitamin B12 may be correlated to symptoms of fatigue. Vitamin B12 plays an integral part in the biosynthesis of pyrimidines and purines, making it an essential component in the synthesis of nucleic acids. (11) Vitamin B12 is required as a coenzyme for multiple enzymes, including N5-Methyltetrahydrofolate homocysteine methyltransferase, which is a required component of L-methionine synthesis. A deficiency in vitamin B12 has been associated with neurological manifestations. (36) Additionally, vitamin B12 deficiency, in combination with a deficiency in other B vitamins, including vitamin B6 has a direct impact on the synthesis of neurotransmitters. (37) Subsequently with deficiency an impact on cognitive functions is possible. Alternatively, supplemental vitamin B12 may alleviate this deficiency and provide support for adrenal dysfunction, via its impact on improving decreased mental acuity.

Folate (as folic acid). Folate is a constituent of every living cell, both in plants and in animals. Like vitamin B₁₂, folic acid is involved in the biosynthesis of purines and pyrimidines, and is utilized by the body to decrease homocysteine levels. Folate also plays a role as a coenzyme in numerous metabolic reactions, and deficiency has been correlated with generalized weakness, melancholy feelings, as well as disorders of the peripheral nerves.⁽¹¹⁾

Pantothenic Acid (as calcium pantothenate). (Vitamin Bs) Pantothenic acid, a water soluble vitamin, plays an essential role in the metabolism of carbohydrates, fats and proteins. It also participates in other essential bodily functions including the production of common neurotransmitters, for example hormones, and, as a factor in the synthesis and oxidation of fatty acids and pyruvate, it serves as an essential component of the citric acid cycle. As such it is an important factor in energy production. (38) A deficiency in pantothenic acid has been associated with adrenal atrophy.

Pantothenic acid forms the core of Coenzyme A (CoA), as the initial step in the synthesis of Coenzyme A is the phosphorylation of pantothenate. Coenzyme A is required in the synthesis of the important neurotransmitter, acetylcholine, a chemical required for nerve transmission. Thus, pantothenic acid plays an intricate role in the synthesis of isoprenoid-type compounds, including steroid hormones, cholesterol, and vitamins A and D. (39) Altered CoA homeostasis has been documented in certain conditions, including starvation, diabetes, alcoholism and vitamin B12 deficiency. (40) A close relationship exists between the tissue levels of pantothenic acid and adrenal cortex function, as pantothenic acid functions to stimulate the adrenal glands to produce additional cortisol. A deficiency in pantothenic acid has been correlated to disruptions in or abnormalities of neurotransmitter production, resulting in difficulty in dealing with stressful situations. Accordingly, pantothenic acid is sometimes referred to as the "anti-stress" vitamin. A deficiency in pantothenic acid has been shown to result in clinically prevalent symptoms of generalized malaise. (40)

Minerals Associated with Adrenal Support

Iron (as ferrous gluconate). Iron is a major component of hemoglobin, the primary component of red blood cells, accounting for greater than 65% of iron in the body.⁽¹¹⁾ In addition to hemoglobin, other iron containing compounds include myoglobin and the cytochromes. Myoglobin's primary function is in the transport and storage of oxygen within the muscle, while the cytochromes, specifically cytochromes a, b and c, function in the mitochondrial electron transport chain, and thus are critical to respiration and energy metabolism. Significant iron deficiency has been correlated with depleted levels of cytochromes b and c, resulting in limited rates of oxidation by the electron transport chain. (41) Iron is also required as a cofactor in the synthesis of the neurotransmitters dopamine, norepinephrine and serotonin. (42) Epinephrine is derived from the amine norepinephrine, and epinephrine levels are known to be affected in adrenal fatigue, characteristically being decreased. Norepinephrine and epinephrine also act as aids in the maintenance of normal blood glucose levels by stimulating glucagon release, glycogenolysis and food consumption, and by inhibiting insulin release. (43) As a final point, iron deficiency is noted as the most common nutritional deficiency worldwide, affecting predominately women and children.(44,45)

Magnesium (as magnesium malate). As a cofactor in over 300 metabolic reactions, including those involved in the production of metabolic energy, magnesium serves as an extremely important mineral *in vivo*. A deficiency in magnesium is characterized by diverse symptomatology, including muscle spasms, personality changes, and neuromuscular symptoms, including muscle spasms, personality changes, and neuromuscular symptoms, as well as 'impairments in emotional memory, and central nervous hyperexcitability". Magnesium is a necessary component in the adrenal hormone cascade, thus magnesium status is closely correlated to the ability of the adrenals to recover from stress. Additionally, the absorption capacity of magnesium decreases with increasing age, emphasizing the need for added magnesium with increasing age.

Zinc (as zinc citrate). Zinc performs many diverse actions in the body; however three are considered vital, those being its function as a structural component, as a catalyst, and as a cocatalyst. An added role is its function as a regulatory factor. Zinc is an essential component of the zinc containing metalloenzymes, which includes alkaline phosphatase and lactate dehydrogenase, and in this role may have dual functions, for example playing both a functional and a structural role. Consequently, a depleted zinc status affects the function of these enzymes, resulting in either diminished or complete loss of enzymatic activity. (49) Proper functioning of the adrenal glands relies on adequate zinc status. Thus it is not surprising that zinc deficiency has been correlated to 'adenohypophyseal-adrenal cortex function' as well as to an increased stress response. The adrenocorticotropin response was demonstrated to be positively correlated with serum zinc status.⁽⁵⁰⁾ Also, with zinc deficiency an increase in neuronal damage has been observed, which was associated with an increase in the formation of free radicals.⁽⁵¹⁾ Supplemental zinc has demonstrated to be an efficient means of improving zinc status. (52)

Manganese (manganese glycinate). Manganese functions as a component of the mitochondrial manganese containing superoxide dismutase (SOD), which plays a critical role in protecting the cell from damage due to oxidative stress. Manganese deficiency in animals has been reported to downregulate the mitochondrial manganese SOD, at the level of gene transcription. Manganese-activated enzymes also play important roles in the metabolism of carbohydrates, amino acids, and cholesterol. (53) Both manganese-containing and manganese-activated enzymes play critical roles in gluconeogenesis. (54)

Copper (as copper gluconate). Copper is an essential trace element for both humans and animals, as it plays a critical role in the oxidation/reduction reactions of the body, primarily due to its ability to easily accept and donate electrons. This capacity also makes it an important mineral in the scavenging of free radicals. In addition to being a vital component of the copper containing enzymes, known as the cuproenzymes, it is also involved in multiple enzyme processes, including the production of cellular energy, via its vital function as part of the enzyme cytochrome *c* oxidase. As a result it may be viewed as a vital component for adrenal support.

Malic Acid (as magnesium malate). A deficiency in malate, an essential component of the Citric Acid Cycle, has been linked to physical exhaustion. Exogenous Malate in very small amounts is required to increase ATP production and mitochondrial oxidative phosphorylation. Additionally, Malic Acid, known to be an aluminum chelator, may support aluminum detoxification.

Botanicals Beneficial for Adrenal Support

Rhodiola rosea (extract) (root). In many parts of the world *Rhodiola* has been utilized for decades to alleviate everyday symptoms of anxiety, despair, and insomnia, and is a popular adaptogen and anti-stress plant in both Europe and Asia. (56) Its use has been correlated to mood improvement, and the alleviation of both depression and fatigue. (57) In one study the use of *R. rosea* was demonstrated to significantly improve symptoms of general apprehension, as indicated by a reduction in the Hamilton Anxiety Rating Scale (HARS) score. (58)

Tyrosinase (from mushroom). Mushroom derived Tyrosinase is a valuable source of amino acids, containing all of the essential amino acids, along with most of the nonessential amino acids. (59) Tyrosinase is a copper-binding transmembrane glycoprotein, which catalyzes the hydroxylation of tyrosine, the first step towards melanogeneisis; the biochemical pathway for melanin biosynthesis. (60) Tyrosinase also catalyzes the hydroxylation of tyrosine to dihydroxyphenylalanine (DOPA), as well as the subsequent oxidation of DOPA to further bioactive derivates, including 5, 6-dihydroxyindole (DHI). (62,63) DOPA plays a significant role in adrenal function as it is the precursor of dopamine,

noradrenaline, and adrenaline, as well as the rate-limiting step in catecholamine biosynthesis.⁽⁶⁴⁾ In addition to its presence in epidermal melanocytes, tyrosinase is also a component of the eye, as part of the pigment epithelia of the retina, iris, and ciliary body.⁽⁶¹⁾

Additional Components Providing Support for Adrenal Function

Citrus Bioflavonoids. The adrenals are known to be concentrators of vitamin C, with the level of vitamin C in the adrenals typically around 100-fold that of blood plasma levels. (65,66) In animal studies a depletion of vitamin C was shown to reduce the vitamin C content of the adrenals to 1/20th of the normal concentration, which was correlated with a lower secretion of aldersterone, compared to those animals with no vitamin C depletion. Additionally, in animals exhibiting vitamin C depletion, an impaired plasma aldosterone response to sodium depletion has been demonstrated. (67) As such antioxidants such as bioflavonoids may provide support to stressed adrenals.

N-acetyl-L-cysteine (NAC). NAC is a potent antioxidant that functions in intracellular glutathione synthesis, (68) in which it serves as a scavenger of reactive oxygen intermediates. As an antioxidant NAC functions to inhibit glutathione-induced cytochrome *c* release, to reduce elevated levels of intracellular hydrogen peroxide (H2O2), and to prevent the loss of mitochondrial membrane potential. These actions are particularly important during increased oxidative stress, as under these conditions various intracellular components, including polyunsaturated fatty acids, lipids, proteins, as well as DNA may suffer extensive damage. (69) NAC has also been demonstrated to be a potent blocker of the induction of TNF-alpha, IL-1 beta, IFN-gamma and iNOS, (70) implicating an additional beneficial action via its ability to quench these proinflammatory activators.

Choline (as choline bitartrate). Choline is recognized as an essential nutrient in humans, primarily due to its role as the precursor of phospholipids, as well as to the neurotransmitter acetylcholine. (72,73) Acetylcholine functions as a crucial component for the structural integrity of the cell membrane. The phosphorylation of choline, via the Kennedy pathway, yields phosphatidylcholine, the major form of cellular choline. (74) Over 1,000 genes associated with neural precursor cells, including those involved in cell proliferation, differentiation and apoptosis require choline for activity, thus choline is an essential factor in gene expression. (75) In addition to other functions, choline participates in lipid and cholesterol metabolism, cholinergic neurotransmission, and transmembrane signaling. (76)

Superoxide Dismutase and Catalase (vegetable culture sources).

Superoxide dismutase and Catalase both function as potent antioxidants, shown in human studies to decrease both oxidative damage, as well as other types of damage to DNA.⁽⁷⁷⁾ Since adrenal dysfunction may potentially result in an increased production of reactive oxygen species, antioxidants may be an important adjunct for adrenal support.

Glandular Support

Adrenal Gland Concentrate (porcine), Lamb Pituitary/Hypothalamus Complex (ovine), Parotid Tissue (bovine). Glandular components serve to provide raw materials which aide in the functional support of the respective organ. Glandular components also contain vital chemical messengers, which are potentially lacking in those with adrenal dysfunction. They function in supporting the adrenals by relieving the burden of underfunctioning adrenal glands, which may be particularly important in the initial phases of adrenal repair. They have also been demonstrated to speed recovery of the organ, and specifically with the adrenals may lead to increased energy. (78)

In addition to a good diet, natural adrenal support utilizing vitamins, minerals, botanicals and glandular components serves to aid in promoting the restoration of healthy adrenal function.

References

- 1. http://www.medicinenet.com/stress/article.htm
- 2. Seyle H. A syndrome produced by diverse nocuous agents. Nature 1938;138:32.
- 3. http://tuberose.com/Adrenal Glands.html
- 4. Wilson JL. Adrenal Fatique. The 21st Century Stress Syndrome. Smart Publications. 2001.
- 5. Hole JW. Human Anatomy and Physiology. 3rd Edition. 1984. Wm. C. Brown Publishers.
- 6. http://en.wikipedia.org/wiki/Adrenal_gland.
- 7. http://en.wikipedia.org/wiki/Vitamin C.
- 8. Levine M. New concepts in the biology and biochemistry of ascorbic acid. N Engl J Med. 1986 Apr 3;314(14):892-902.
- 9. Padayatty SJ, Doppman JL, Chang R, Wany Y, Gill J, Papanicolaou DA, Levine M. Human adrenal glands secrete vitamin C in response to adrenocorticotrophic hormone. Am J Clin Nutr. 2007 Jul;86(1):145-9.
- 10. Naidu KA. Vitamin C in human health and disease is still a mystery? An overview. Nutrition Journal 2003, 2:7.
- 11. Berdanier C. Advanced Nutrition Micronutrients. CRC Press LLC, 1998.
- 12. Avena R, Arora S, Carmody BJ, Cosby K, Sidawy AN. Thiamine (Vitamin B1) protects against glucose- and insulin-mediated proliferation of human infragenicular arterial smooth muscle cells. Ann Vasc Surg. 2000 Jan:14(1):37-43.
- 13. Lonsdale D. A Review of the Biochemistry, Metabolism and Clinical Benefits of Thiamin(e) and Its Derivatives. eCAM 2006 3(1):49-59.
- 14. Wang X, Wang B, Fan Z, Shi X, Ke ZJ, Luo J. Thiamine deficiency induces endoplasmic reticulum stress in neurons. Neuroscience. 2007 Feb 9;144(3):1045-56. Epub 2006 Nov 28.
- 15. Food and Nutrition Board, Institute of Medicine, Riboflavin, Dietary Reference Intakes: Thiamin, Riboflavin, Niacin, Vitamin B6, Vitamin B12, Pantothenic Acid, Biotin, and Choline. Washington D.C.: National Academy Press; 1998:87-122.
- 16. McCormick DB. Riboflavin. In: Shils M, Olson JA, Shike M, Ross AC, eds. Modern Nutrition in Health and Disease 9th ed. Baltimore: Williams & Wilkins; 1999:391-399.
- 17. Powers HJ. Current knowledge concerning optimum nutritional status of riboflavin, niacin and pyridoxine. Proc Nutr Soc. 1999;58(2):435-440. (PubMed)
- 18. http://lpi.oregonstate.edu/infocenter/vitamins/riboflavin/.
- 19. Sauve AA. NAD+ and vitamin B3: from metabolism to therapies. J Pharmacol Exp Ther, 2008 Mar;324(3):883-93.
- 20. http://lpi.oregonstate.edu/infocenter/vitamins/niacin/index.html.
- 21. Jacobson, E. L., Nunbhakdi-Craig, V., Smith, D. G., Chen, H. Y., Wasson, B. L. & Jacobson, M. K. (1992) ADP-ribose polymer metabolism: implications for human nutrition. Poirier, G. G. Moreau, P. eds. ADP-Ribosylation Reactions 1992:153-162 Springer-Verlag New York, NY.
- 22. Durkacz B W, Omidiji O, Gray DA, Shall S. (ADP-ribose)n participates in DNA excision repair Nature (Lond.) 1980 283:593-596.[Medline]
- 23. Ziegler EE, Filer, Jr. LJ. Present Knowledge in Nutrition. 7th Edition. ILSI Press. 1996.
- 24. McHenry EW, Gauvin G. The B vitamins and fat metabolism. I. Effects of thiamine, riboflavin and rice polish concentrate upon body fat. J Biol Chem. 1938 125:653-660.
- 25. Audet A, Lupien PJ. Triglyceride metabolism in pyridoxine-deficient rats. J Nutr. 1974 104:91-100.
- 26. Abe M, Kishino Y. Pathogenesis of fatty liver in rats fed a high protein diet without pyridoxine. J Nutr. 1982
- 27. Gerster H. The importance of vitamin B6 for development of the infant. Human medical and animal experiment studies. Z Ernahrungswiss 1996; 35:309-17. [PubMed abstract]
- 28. Bender DA. Novel functions of vitamin B6. Proc Nutr Soc 1994;53:625-30. [PubMed Abstract].
- 29. Chandra R and Sudhakaran L. Regulation of immune responses by Vitamin B6. NY Acad Sci 1990; 585:404-423. [PubMed abstract]
- 30. Trakatellis A, Dimitriadou A, Trakatelli M. Pyridoxine deficiency: New approaches in immunosuppression and chemotherapy. Postgrad Med J 1997; 73:617-22. [PubMed abstract]
- 31. Leklem JE. Vitamin B6. In: Shils ME, Olson JA, Shike M, Ross AC, ed. Modern Nutrition in Health and Disease. 9th ed. Baltimore: Williams and Wilkins, 1999: 413-421.
- 32. Shibata K, Mushiage M, Kondo T, Hayakawa T, Tsuge H. Effects of vitamin B6 deficiency on the conversion ratio of tryptophan to niacin. Biosci Biotechnol Biochem 1995; 59:2060-3. [PubMed abstract]
- 33. Tang FI, Wei IL. Vitamin B6 deficiency prolongs the time course of evoked dopamine release from rat striatum. J Nutr. 2004 Dec;134(12):3350-4.
- 34. Pivonello R, Ferone D, de Herder WW, de Krijger RR, Waaijers M, Mooij DM, van Koetsveld PM, Barreca A, De Caro ML, Lombardi G, Colao A, Lamberts SW, Hofland LJ. Dopamine receptor expression and function in human normal adrenal gland and adrenal tumors. J Clin Endocrinol Metab. 2004 Sep;89(9):4493-502.
- 35. Lau-Cam CA, Thadikonda KP, Kendall BF. Stimulation of rat liver glycogenolysis by vitamin B6: a role for adrenal catecholamines. Res Commun Chem. Pathol Pharmacol. 1991 Aug;73(2):197-207.
- 36. Maamar M, Tazi-Mezalek Z, Harmouche H, Ammouri W, Zahlane M, Adnaoui M, Aouni M, Mohattane A, Maaouni A. [Neurological manifestations of vitamin B12 deficiency: a retrospective study of 26 cases.] [Article in French] Rev Med Interne. 2006 Jun;27(6):442-7. Epub 2006 Feb 28.
- 37. Bourre JM. Effects of nutrients (in food) on the structure and function of the nervous system: update on dietary requirements for brain. Part 1: micronutrients. J Nutr Health Aging. 2006 Sep-Oct; 10(5):377-85.
- 38. http://en.wikipedia.org/wiki/Coenzyme_A
- 39. Ziegler EE, Filer LJ. (eds) Present Knowledge in Nutrition. Seventh Edition. 1996. ILSI Press. Chapter 23
- 40. Tahiliani AG, Beinlich CJ. Pantothenic acid in health and disease. Vitam Horm. 1991;46:165-228.
- 41. Dallman PR. Tissue effects of iron deficiency. In Jacobs A, Wormwood M (eds). Iron in Biochemistry and Medicine. Academic Press, London.
- 42. http://www.naturalstandard.com/
- 43. Ste Marie, L, Palmiter, RD., Norepinephrine and epinephrine- deficient mice are hyperinsulinemic and have lower blood glucose. Endocrinology., 2003. 144(10): p. 4427-32.

- 44. Pilch SM, Senti FR. Assessment of the iron nutritional status of the US population based on the data collected in the second National Health and Nutritional Examination Survey, 1976-1980. Federation of American Societies for Experimental Biology, Bethesda, MD. 1984 p. 65.
- 45. Dallman PR, Yip R, Hohson C. Prevalence and causes of anemia in the United States, 1976-1980. Am J Clin Nutr. 1984 39-437-445
- 46. Bardgett ME, Schultheis PJ, McGill DL, Richmond RE, Wagge JR. Magnesium deficiency impairs fear conditioning in mice. Brain Res. 2005 Mar 15;1038(1):100-6.
- 47. Durlach J, Bac P, Bara M, Guiet-Bara A. Physiopathology of symptomatic and latent forms of central nervous hyperexcitability due to magnesium deficiency: a current general scheme. Magnes Res. 2000 Dec;13(4):293-302.
- 48. Rayssiguier Y, Durlach J, Guiet-Bara, A, Bara, M. Ageing and magnesium status. In: Metal lons in Biology and Medicine, eds. Ph. Collery, L.A. Poirier, M. Manfait & J.C. Etienne. Paris: John Libbey Eurotext. 1990 pp. 62-66.
- 49. McCall KA, Huang C, Fierke CA. Zinc and Health: Current Status and Future Directions. J. Nutr.2000; 130 (5):
- 50. Flynn A, Pories WJ, Strain WH, Hill OA Jr. Mineral element correla- tion with adenohypophyseal-adrenal cortex function and stress, Science, 1971 Sep 10:173(4001):1035-6.
- 51. Menzano E, Carlen PL. Zinc deficiency and corticosteroids in the pathogenesis of alcoholic brain dvsfunction—a review. Alcohol-Clin-Exp-Res. 1994 Aug: 18(4): 895-901.
- 52. Feillet-Coudray C, Meunier N, Rambeau M, Brandolini-Bunlon M, Tressol JC, Andriollo M, Mazur A, Cashman KD, Coudray C. Am J Clin Nutr. 2005 82:103-110.
- 53. Food and Nutrition Board, Institute of Medicine. Manganese. Dietary reference intakes for vitamin A, vitamin K, boron, chromium, copper, jodine, iron, manganese, molybdenum, nickel, silicon, vanadium, and zinc. Washington, D.C.: National Academy Press; 2001:394-419. (National Academy Press)
- 54. http://lpi.oregonstate.edu/infocenter/minerals/manganese/
- 55. Dunaev VV, Tishkin VS Milonova NP, Belay IM, Makarenko AN, Garmash SN. Effect of Malic acid salts on physical working capa- ity and its restoration after exhausting muscular work. Farmakol Toksikol 1988; 51(3): 21 - 25.
- 56. Mattioli L, Perfumi M. Rhodiola rosea L. extract reduces stress and CRF-induced anorexia in rats. J Psychopharmacol. 2007 Sep;21(7):742-50. Epub 2007 Jan 26.
- 57. http://www.adrenalfatigueinstitute.com/facts2.html.
- 58. Bystritsky A, Kerwin L, Feusner JD. A Pilot Study of Rhodiola rosea (Rhodax((R))) for Generalized Anxiety Disorder (GAD), J Altern Complement Med, 2008 Mar;14(2):175-80.
- 59. Duckworth HW, Coleman JE. Physicochemical and kinetic properties of mushroom tyrosinase. J. Biol. Chem. 1970 245, 1613-1625.
- 60. Olivares C, Solano F, García-Borrón JC. Conformation-dependent post-translational glycosylation of tyrosinase Requirement of a specific interaction involving the CuB metal binding site. J Biol Chem. 2003 May 2;278(18): 15735-43. Epub 2003 Feb 20.
- 61. Wang N, Hebert DN. Tyrosinase maturation through the mammalian secretory pathway: bringing color to life Pigment Cell Res. 2006 Feb;19(1):3-18. Review.
- 62. Lerner AB, Fitzpatrick TB, Calkins E, Summerson WH. Mammalian tyrosinase; preparation and properties. J Biol Chem. 1949 Mar;178(1):185-95
- 63. Körner A, Pawelek J. Mammalian tyrosinase catalyzes three reactions in the biosynthesis of melanin. Science. 1982 Sep 17;217 (4565):1163-5.
- 64. Eldrup E. Significance and origin of DOPA, DOPAC, and dopamine- sulphate in plasma, tissues and cerebrospinal fluid. Dan Med Bull. 2004 Feb;51(1):34-62.
- 65. http://en.wikipedia.org/wiki/Vitamin C
- 66. Padayatty SJ, Doppman JL, Chang R, Wang Y, Gill J, Papanicolaou DA, Levine M. Human adrenal glands secrete vitamin C in response to adrenocorticotrophic hormone. Am J Clin Nutr. 2007 Jul;86(1):145-9.
- 67. Redmann A, Möbius K, Hiller HH, Oelkers W, Bähr V. Ascorbate depletion prevents aldosterone stimulation by sodium deficiency in the guinea pig. Eur J Endocrinol. 1995 Oct; 133(4):499-506.
- 68. Pahan K, Sheikh FG, Namboodiri AM, Singh I. N-acetyl cysteine inhibits induction of no production by endotoxin or cytokine stimulated rat peritoneal macrophages, C6 glial cells and astrocytes. Free Radic Biol Med. 1998 Jan 1:24(1):39.
- 69. Tonomura N, McLaughlin K, Grimm L, Goldsby RA, Osborne BA. Glucocorticoid-induced apoptosis of thymocytes: requirement of proteasome-dependent mitochondrial activity. J Immunol. 2003 Mar
- 70. Stanislaus R, Gilg AG, Singh AK, Singh I. N-acetyl-L-cysteine ameliorates the inflammatory disease process in experimental autoimmune encephalomyelitis in Lewis rats. J Autoimmune Dis. 2005 May 3;2(1):4.
- 71. Blusztajn JK. Choline, a vital amine. Science. 1998 Aug 7;281(5378):794-5
- 72. Blusztain JK. Wurtman RJ. Choline and cholinergic neurons. Science. 1983 Aug 12:221(4611):614-20.
- 73. Wessler I, Kilbinger H, Bittenger F, Kirkpatrick CJ. The biological role of non-neuronal acetylcholine in plants and humans. J Pharmacol 2001 85:2-10.
- 74. Michel V, Yuan Z, Ramsubir S, Bakovic M. Choline transport for phospholipid synthesis. Exp Biol Med (Maywood). 2006 May: 231(5):490-504. Review.
- 75. Niculescu MD, Craciunescu CN, Zeisel SH. Gene expression profiling of choline-deprived neural precursor cells isolated from mouse brain. Brain Res Mol Brain Res. 2005 Apr 4;134(2):309-322. Epub 2004 Dec 9.
- 76. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson LJ, Loscalzo J. Harrison's Principles of Internal Medicine, 17th Edition. McGraw-Hill Professional. 2008.
- 77. Gill CI, Haldar S, Porter S, Matthews S, Sullivan S, Coulter J, McGlynn H, Rowland I. The effect of cruciferous and leguminous sprouts on genotoxicity, in vitro and in vivo. Cancer Epidemiol Biomarkers Prev. 2004
- 78. http://www.adrenalfatiqueinstitute.com/facts2.html.

To place your order for **ADB5-Plus™** or for additional information please contact us below.





(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471 biotics@bioticsresearch.com • www.bioticsresearch.com