

# CLINICAL REFERENCE

for Healthcare Professionals





Dear Healthcare Professional,

Thank you for your interest in Hardy Nutritionals Daily Essential Nutrients (DEN) – a unique technology-enhanced vitamin-mineral formulation for the treatment of mood, anxiety, and behavioral symptoms.

This clinical reference provides detailed information about **DEN** accumulated through extensive research and valuable feedback from healthcare professionals.

For your convenience, we've included Section 7, Treatment Guidelines, which is designed to simplify clinical use of **DEN** by putting information from other sections into clinical context.

We welcome any feedback, questions or concerns you may have. Please feel free to call us.

We appreciate working with you for your patients' health!

Sincerely,

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# 1 Description

**Daily Essential Nutrients (DEN)** is a micronutrient formula for oral administration. It consists of 17 minerals, 13 vitamins, 4 amino acids, and 4 antioxidants/botanicals. All minerals are chelated with a proprietary technology-enhanced process which combines specialized organic molecules with micronized minerals to maximize mineral absorption and delivery to cells.

**DEN** is a light brown powder and is enclosed in a white opaque gelatin capsule. The capsules are made from BSE-free bovine-derived gelatin.





# **Supplement Facts**

Serving Size: 4 Veggie Capsules Servings Per Container: 90

Amount Per Serving		%DV
Vitamin A (as retinyl palmitate)	1920 IU	38%
Vitamin C (as ascorbic acid)	200 mg	333%
Vitamin D (as cholecalciferol)	1000 IU	250%
Vitamin E (as d-alpha tocopheryl succinate)	120 IU	400%
Vitamin K (as 75% phylloquinone; 25% menaquinone-7)	40 mcg	50%
Thiamin (as thiamin mononitrate)	20 mg	1333%
Riboflavin	6 mg	353%
Niacin (as niacinamide)	30 mg	150%
Vitamin B <sub>6</sub> (as pyridoxine hydrochloride)	23.3 mg	1167%
Folate (as calcium L-5 methyltetrahydrofolate)	267 mcg	67%
Vitamin B <sub>12</sub> (as methylcobalamin & adenosylcobalamin)	300 mcg	5000%
Biotin	360 mcg	120%
Pantothenic acid (as d-calcium pantothenate)	10 mg	100%
Calcium (as NutraTek™ chelation complex)	440 mg	44%
Iron (as NutraTek™ chelation complex)	4.6 mg	25%
Phosphorus (as NutraTek™ chelation complex)	280 mg	28%
lodine (as NutraTek™ chelation complex)	68 mcg	45%
Magnesium (as NutraTek™ chelation complex)	200 mg	50%
Zinc (as NutraTek™ chelation complex)	16 mg	107%
Selenium (as NutraTek™ chelation complex)	68 mcg	97%
Copper (as NutraTek™ chelation complex)	2.4 mg	120%
Manganese (as NutraTek™ chelation complex)	3.2 mg	160%
Chromium (as NutraTek™ chelation complex)	208 mcg	173%
Molybdenum (as NutraTek™ chelation complex)	48 mcg	64%
Potassium (as NutraTek™ chelation complex)	80 mg	2%
Proprietary blend	506 ma	+

Proprietary blend

596 ma

Choline bitartrate, alpha-lipoic acid, mineral wax, inositol, acetyl-L-carnitine, grape seed extract, ginkgo biloba leaf extract, N-acetyl-L-cysteine, L-methionine, trace minerals as NutraTek™ chelation complex: lithium orotate, boron, vanadium, nickel.

† Daily Value (%DV) not established.

Rev. 16-09

Other ingredients: Vegetarian capsule (hypromellose), microcrystalline cellulose, glycine, citric acid, magnesium stearate, silicon dioxide, titanium dioxide.

# 2 Clinical Pharmacology

## 2.1 Clinical trials

Daily Essential Nutrients **(DEN)** and similar broad-spectrum micronutrient formulations have been extensively researched as interventions for mental health symptoms. The study designs employed in the published articles range from double-blind research to case studies with years of historical information and two database analyses (see *Appendix A*).

Consistent research results have been found across scientists at more than a dozen independent institutions in several countries. None of the researchers have had financial ties to these formulations.

Significant double-blind research is currently underway using **DEN**.

#### 2.2 Mechanism of action

The exact mechanism by which **DEN** exerts its therapeutic effect is not entirely understood. It is presumed to be linked to the various roles of vitamins and minerals in the synthesis<sup>2-8</sup> and regulation<sup>9-16</sup> of neurotransmitters in the brain.

In addition, genetic polymorphisms (variations) can often result in increased requirements for nutrients in enzyme pathways, and higher nutrient intakes have been shown to ameliorate the effects of many of these genetic conditions. 17-19

## 2.3 Pharmacodynamics

In humans, **DEN** pharmacodynamics are presumed to be a complex interaction of individual nutrient pharmacodynamics, many of which have been studied extensively.<sup>20-25</sup>

In animal studies, accelerated structural and functional recovery of neurons were observed following experimentally-induced brain lesions when animals were supplemented with a micronutrient formula substantially similar to **DEN**.<sup>26</sup> Similar structural, chemical, and functional neuronal deficits exist in mood and cognitive regulation in humans<sup>27-29</sup> which would presumably respond in a similar way to **DEN** therapy.

# 2.4 Absorption and metabolism

# 2.4.1 Systemic bioavailability

As yet, there are no publications regarding nutrient bioavailability of **DEN** after a single oral dose.

It is not known to what degree food affects the systemic bioavailability of **DEN**. Although food may decrease the rate of absorption, this effect does not appear to be clinically significant. Administering **DEN** with food is recommended.

#### 2.4.2 Metabolism

The vitamins and minerals in **DEN** are presumed to be metabolized in the same way as those in foods and similar supplements.<sup>20–24</sup> The complexity of **DEN** metabolism may affect medication use (see 4.2 *Drug interactions*).

The effect of age upon the metabolism of **DEN** has not been systematically investigated. No unusual age-associated pattern of adverse events has been observed in children, adolescents, or the elderly.<sup>1</sup>

It is not known how renal or liver impairment can affect the metabolism of DEN.

# 3 Indications & Dosage

## 3.1 Indications

**Daily Essential Nutrients (DEN)** is indicated for the treatment of mood, anxiety, and behavioral symptoms.

Significant evidence exists to indicate that a wide range of mood, anxiety, and behavioral symptoms can result from inadequate intake of vitamins and minerals and/or poor nutrient status, <sup>19</sup> and that broad-spectrum micronutrient interventions substantially similar to **DEN** can significantly alleviate these symptoms. <sup>1</sup>

## 3.2 Dosage

In general, the recommended therapeutic dose of Daily Essential Nutrients (DEN) is 4 capsules three times daily with food. One level scoop of DEN Powder is equivalent to 4 DEN capsules.

In published research, both adults and children have responded well when broadspectrum micronutrient formulas substantially similar to DEN have been administered at levels comparable to this therapeutic dosage (see Appendix A).

Based on clinical experience, young children (generally ages 2-5) diagnosed with psychiatric conditions may require lower doses of DEN (often about 4-8 capsules/day).

Maintenance requires an adequate dose of DEN that preserves symptom remission. Optimal maintenance dosage will vary with individual needs.

For additional DEN dosage considerations, including initial dosage titration, see 7 Treatment Guidelines.

## 3.2.1 Biological safety data

Biological safety data from 144 children and adults were available from eight datasets of broad-spectrum micronutrient formulas substantially similar to **DEN** which were administered at comparable therapeutic dosages. In these reports, there was not a single reported occurrence of a clinically meaningful negative outcome/effect or an abnormal blood test that could be attributed to toxicity.<sup>1</sup>

Testing included routine blood samples, heart rate and blood pressure measurements. One dataset included a full laboratory panel at baseline, completion, and at the end of open label extension. In addition, a smaller safety panel (hematology, potassium, calcium, alanine aminotransaminase, creatinine and estimated glomerular filtration rate (eGFR)) was performed every two weeks during each study phase.

For each dataset, no significant changes were noted and all values remained within normal clinical reference ranges.<sup>1</sup>

# 4 Side Effects & Drug Interactions

#### 4.1 Side effects

Side-effect-free intake ranges for vitamins and minerals have been established by the United States Institute of Medicine and similar authorities around the world based on a comprehensive review of relevant data in adults and children.<sup>20–25</sup>

According to these intake ranges established by the Institute of Medicine, the most important clinically relevant side-effect of the therapeutic dosage of **Daily Essential Nutrients (DEN)** is mild diarrhea and other mild gastrointestinal complaints in a small

percentage of patients who are sensitive to therapeutic magnesium doses.

Regarding this effect, the Institute of Medicine states, "Although a few studies have noted mild diarrhea and other mild gastrointestinal complaints in a small percentage of patients at levels of 360 to 380 mg (15.0 to 15.8 mmol) per day, it is noteworthy that many other individuals have not encountered such effects even when receiving substantially more than this [level] of supplementary magnesium."<sup>20</sup>

The following treatment-emergent adverse events have been observed in patients with bipolar disorder, depression, ADHD, generalized anxiety disorder, mood lability and explosive rage, oppositional defiant disorder, Asperger syndrome, and Prader Willi syndrome:<sup>1</sup>

## 4.1.1 Body as a Whole

Infrequent: headache

## 4.1.2 Digestive System

**Frequent:** change in urine color (a fluorescent yellow color due to riboflavin).

Infrequent: loose stools, nausea.

Rare: flatulence, diarrhea, stomach ache, vomiting.

## 4.2 Drug interactions

## 4.2.1 Anticoagulant medications

**DEN** contains vitamin K, which promotes blood clotting function. Caution is advised when administering **DEN** to patients on warfarin-type anticoagulant therapy, as vitamin K may alter the hypoprothrombinemic response to anticoagulant drugs.

Periodic monitoring of prothrombin time is essential in determining the appropriate dosage of anticoagulant medications during **DEN** therapy. Dosage adjustments to anticoagulant medications may be required.

## 4.2.2 Psychoactive drugs

Interactions have been observed in clinical experience when **DEN** is administered together with psychoactive drugs, including lithium. On this issue, researchers commented, "use of multi-nutrient formulations as an adjunct should be monitored closely and with full attention to the possibility that optimum dosing of psychotropic agents may require significant adjustments." Treatment guidelines for patients taking psychiatric drugs are found in 7.2 Psychiatric medications.

Based on initial clinical evaluations, **DEN** has shown much milder interactions with psychoactive medications than previously researched citrus bioflavonoid-containing micronutrient formulas. Furanocoumarins and related compounds in citrus bioflavonoids are known to impede hepatic clearance of many medications by inhibiting various cytochrome p450 enzymes, including CYP3A4, CYP1A2, CYP2C19, and CYP2C9.<sup>30</sup>

However, **DEN** appears to show significant interactions with lithium, presumably because lithium is metabolized differently than other central nervous system (CNS)-active medications. Treatment guidelines for patients taking lithium are found in 7.2 *Psychiatric medications*.

Because interactions of **DEN** with psychiatric medications, including lithium, have not been systematically evaluated, caution is warranted. Any agent with CNS activ-

ity has the potential to interact with **DEN** and complicate the management of micronutrient treatments. These include psychiatric medications, medical drugs with CNS actions (antihistamines, medications for 'colds', theophylline, etc.), recreational agents (alcohol, marijuana, heroin, etc.), other commonly used substances that are not necessarily thought of as recreational agents (caffeine, nicotine), and certain hormones (e.g., glucocorticoids, thyroid hormones).

# 5 Warnings & Precautions

## 5.1 Warnings

All patient medication doses should be monitored by a physician while taking **Daily Essential Nutrients (DEN)**. Research indicates that psychoactive drugs may need to be gradually reduced or eliminated during nutrient therapy to avoid over-medication effects, with the recognition that abrupt medication discontinuation can be associated with adverse symptoms (see 4.2 *Drug interactions*).

#### 5.2 Precautions

#### 5.2.1 Citrus bioflavonoids

Patients who are currently taking a citrus bioflavonoid-containing supplement and are currently taking or have recently taken psychoactive medications should reduce the dose of citrus bioflavonoids gradually (by no more than 10% of the original dose per day) in order to minimize medication withdrawal effects (see 4.2 *Drug interactions*).

#### 5.2.2 Clinical worsening

Patients being treated for any indication should be monitored closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of therapy, or at times of dose changes (either increases or decreases) in **DEN** or medications. Patients and/or caregivers should promptly report any adverse symptoms to a health professional, as medication dose changes may be required (see 8.1 *Psychiatric medication management*).

#### 5.2.3 Iron

Although **DEN** contains a relatively low level of iron (about 1 mg per capsule), children should take **DEN** only under adult supervision. In cases documented by US Poison Control Centers, children who have died from iron supplements have taken more than 60 mg of iron/kg (27.2 mg of iron/lb) of body weight.

# 6 Overdose & Contraindications

#### 6.1 Overdose

## 6.1.1 Human experience

No cases of overdose with Daily Essential Nutrients (DEN) have been documented.

## **6.1.2** Management of overdose

Management of overdose should consist of general measures employed in the management of overdose with similar nutritional formulations. Reduction or discontinuation of treatment is of fundamental importance.

#### 6.2 Contraindications

Treatment with **DEN** should not be introduced if the patient is diagnosed with a condition where specific nutritional factors are contraindicated (e.g. Wilson's disease), or if the patient has known hypersensitivity or allergy to any ingredients of **DEN**.

## 7 Treatment Guidelines

## 7.1 Using Daily Essential Nutrients (DEN)

Unless contraindications (see 6.2 *Contraindications*) or precautions (see 5.2 *Precautions*) direct otherwise, **DEN** can generally be administered to patients as outlined in this section. Individual patient characteristics may require adaptations according to clinical judgment.

## 7.1.1 Initial dosing

Generally, **DEN** can be titrated up to an appropriate therapeutic dose (see 3 *Indications & Dosage*) within 4 days (see *Figure 1*).

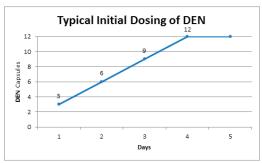


Figure 1 Typical initial dosing for DEN

#### 7.1.2 Instructions for DEN use

Generally, patients should take **DEN** as directed on the label:

**Suggested Use:** "Consistently take 4 capsules 3 times daily, or a level recommended by your health professional. If desired, start with 1 capsule 3 times daily and increase gradually. Take with food."

The most sensitive patients may benefit from starting with 1 capsule per day and increase to therapeutic levels as they are comfortable. Patients who have difficulty falling asleep should take **DEN** prior to 6 pm (see 8.7.2 *Inadequate sleep*).

Taking **DEN** with food helps to avoid potential gastrointestinal side effects (see 4.1 *Side effects*). Children should take **DEN** under adult supervision (see 5.2 *Precautions*).

## 7.2 Psychiatric medications

Psychiatric medication doses, including lithium, should be monitored carefully during **DEN** therapy (see 5.1 *Warnings*).

If psychiatric medication side effects emerge, gradually reduce medication dosages (see 4.2 *Drug interactions*). Ideal psychiatric medication tapering minimizes patient symptoms by avoiding both adverse interaction and withdrawal effects (see 8.1 *Psychiatric medication management*). **Figure 2** illustrates the importance of minimizing drug-related symptoms during the psychiatric medication reduction process.

Hardy Nutritionals\* Balanced Free-Form Aminos or protein powders can help ameliorate drug-related symptoms until medication reductions are optimized, perhaps by binding to pharmacologically active drug metabolites and diminishing their pharmacologic effects. Absorption of protein products will be expedited if taken between meals.

## 7.2.1 Polypharmacy

Multiple psychiatric medications are often prescribed together to manage symptoms for which one medication alone may not be effective. These medications should be reduced at the same rate in order to maintain the balance that they exert together on the central nervous system.

# Minimizing drug interaction Reducing medications too quickly Discontinuation symptoms: Irritability Anxiety Nausea and sweating Gradually reducing medications should

minimize drug-related symptoms during **DEN**Figure 2 Psychotropic medication reduction guide

#### 7.3 Other medications

All medication doses should be monitored by a physician during **DEN** therapy (see 5 *Warnings & Precautions*).

Medications for health conditions such as thyroid irregularities, insulin irregularities, heart issues, high blood pressure, high cholesterol, and cancer need to be monitored closely. Medication dosages may require adjustment.

Non-psychiatric medications that may limit a patient's response to **DEN** are listed in 8.2 *Non-psychiatric medications*.

#### 7.4 Gastrointestinal issues

Healthy gastrointestinal function is critical for optimal digestion and absorption of nutrients from foods and supplements. Various gastrointestinal issues, such as bowel disorders, constipation, diarrhea, and gut microflora imbalance can limit response to **DEN** therapy. For detailed recommendations, see 8.5 *Gastrointestinal problems*.

#### 7.5 Other considerations

Additional patient characteristics that can influence the use of **DEN** and/or adjunct treatments include the following:

- Patient history (see 8.6 Patient history).
- Lifestyle factors (see 8.7 *Lifestyle factors*).
- Recreational drug use (see 8.3 Recreational drugs).
- Supplement use (see 8.4 Supplements).
- Other factors influencing nutritional requirements (see 8.8 *Physical health and life stage factors*).

## 7.6 Addressing residual symptoms

**DEN** doses may need to be adjusted over time according to patient response and factors that limit the effectiveness of **DEN** therapy (see 8 *Possible Limiting Factors*). Adjunct treatments may also be useful.

## 7.6.1 Physical symptoms of anxiety and stress

Physical symptoms of anxiety may include light-headedness, muscle tension, and 'butterflies' in the stomach, which may be accompanied by excessive worrying, poor concentration, and distractibility. Patients who continue to experience symptoms of physical anxiety or stress while taking a therapeutic dose of **DEN** may benefit from added inositol (such as **Hardy Nutritionals**\* **Inositol Powder**).

## 7.6.2 Racing or obsessive thoughts

Patients who continue to exhibit rage, aggression, racing thoughts or obsessive thoughts while taking a therapeutic dose of **DEN** may benefit from added choline (such as choline bitartrate or **Hardy Nutritionals**\* **Phosphatidyl Choline**).

# 8 Possible Limiting Factors

Since 1996, we have observed that various factors can significantly limit responses to nutrient therapy, such as medications, lifestyle, and gastrointestinal health. Recognizing these factors and taking appropriate steps can make a significant difference to **Daily Essential Nutrients (DEN)** treatment response.

## 8.1 Psychiatric medication management

Changing psychiatric medications inappropriately during **DEN** therapy can be a significant limiting factor. Improper medication dosages can affect neurotransmitter systems in various ways and lead to fluctuations in brain chemistry that complicate symptom management.

#### 8.1.1 Discontinuation

Gradually tapering off psychiatric medications generally provides the greatest stability for patients during treatment with **DEN**. We do not recommend abrupt discontinuation of any psychiatric medications during **DEN** therapy.

To prevent pronounced discontinuation symptoms as well as rebound (a significant return of the original symptoms), psychiatric medications should be reduced gradually. The rate at which medications are terminated and the duration of the pharmacological treatment are key factors that influence discontinuation symptoms. Discontinuation effects are typically more acute with drugs that have a relatively short half-life.

# 8.1.2 Increasing dose

Increasing psychiatric medication dosages while using **DEN** may increase the possibility of drug-nutrient interactions (see 4.2.2 *Psychoactive drugs*).

# 8.2 Non-psychiatric medications

Worsening of symptoms has been observed when various medications have been used together with **DEN**. These effects have been most pronounced with the following medications:

#### 8.2.1 Anesthetics

Anesthetics have potential interactions with psychiatric medications. Psychiatric medication status is an important consideration in the management of the patient about to undergo anesthesia and surgery. For example, benzodiazepines are commonly administered for many surgical procedures to sedate and relax patients. This may be considered increasing or changing medications (see 8.1 *Psychiatric medication management*).

Some unmedicated individuals taking previous formulations of **DEN** have reported withdrawal or post-withdrawal symptoms following surgery which have responded to standard post-withdrawal drug symptom alleviation measures (see 8.6.2 *Psychiatric drug use*).

#### 8.2.2 Antacids

Antacids (such as Zantac, Prilosec, Tagamet, etc.) neutralize or inhibit the production of stomach acid which is necessary for digestion. Acidic denaturation is a major step in the process of extracting nutrients. Inhibiting this step of the digestive process can reduce the bioavailability of critical nutrients during the absorption phase.

#### 8.2.3 Antibiotics

Antibiotics have saved countless lives. However, antibiotic use can cause collateral damage to the intestinal microbiome.<sup>34</sup> Oral antibiotics may vastly impact both good and pathogenic gut microflora, resulting in reduced nutrient absorption.

Individuals who take antibiotics during **DEN** therapy may experience a worsening of symptoms. This effect has not been observed with intravenous antibiotics, suggesting that the interaction occurs in the gastrointestinal system.

A temporary 50% increase in micronutrient dose for the duration of the antibiotic treatment generally compensates. Adding a probiotic-prebiotic combination (such as **Hardy Nutritionals** \*Greens & Probiotics) during the course of antibiotic treatment, plus one to two weeks after completion, is also recommended.

A natural antibiotic/anti-fungal agent is also recommended for the duration of the antibiotic treatment, especially if the individual has a history of fungal/microbial infections. Possibilities include olive leaf extract (such as **Hardy Nutritionals**\* **Olive Leaf Extract**), caprylic acid, garlic capsules, and oil of oregano.

#### 8.2.4 Antihistamines

Antihistamines have been observed to cause clinically significant increases in psychiatric symptoms when used together with DEN. Cautious use is warranted.

#### 8.2.5 Birth control

Hormone-containing birth control medications may worsen depression, alter mood, and/or increase nervousness and irritability when used together with DEN. Cautious use is warranted.

# 8.2.6 Hormone replacement therapy (HRT)

HRT may worsen depression, alter mood, and/or increase nervousness and irritability when used together with DEN. Cautious use is warranted.

## 8.2.7 Opioid Analgesics

Opioid analgesics may cause clinically significant increases in psychiatric symptoms when used together with DEN. Cautious use is warranted. (see 4.2.2 *Psychoactive drugs*).

## 8.3 Recreational drugs

## 8.3.1 Street drugs

Street drugs can cause a definite psychotropic effect, and the potential interaction with **DEN** may cause mood and mind altering effects (see *Appendix A*, reference 7). Keep in mind that many individuals who are addicted to street drugs try to conceal their addictive behaviors, and a patient's lack of progress or unexplained symptoms may be the result of consuming street drugs. Specialized nutrient therapy has been used to successfully treat addictions.<sup>35</sup>

## 8.3.2 Alcohol

Alcohol abuse can significantly interfere with **DEN** therapy. Ideally, alcohol use should be minimized.

## 8.4 Supplements

#### 8.4.1 Vitamins

Although taking extra vitamins while taking **DEN** is not usually necessary, adding individual vitamins for specific clinical purposes may be useful. For example, where long-standing specific vitamin deficiencies or genetic conditions predisposing individuals to higher vitamin needs exist, it may be necessary to add therapeutic amounts of specific vitamins in order to optimize therapeutic response to **DEN**.

## 8.4.2 Minerals

Additional iron may be added to **DEN** therapy without any issue. Generally, we recommend that the minerals copper, zinc, calcium and magnesium should not be added to **DEN** therapy, as they can alter critical mineral balances of the **DEN** formulation and render it less effective. Whole foods containing these minerals are not a problem.

# 8.4.3 Psychoactive supplements

Any psychoactive supplement has the potential to interfere with **DEN** effects. These include (but are not limited to) SAM-e, 5-Hydroxytryptophan (5-HTP), St. John's wort, ginseng, kava kava, skullcap, and valerian root. If patients choose to use psychoactive supplements during **DEN** therapy, advise cautious dosing and monitor their responses carefully.

# 8.5 Gastrointestinal problems

Diarrhea or constipation can reduce the absorption of essential vitamins and minerals. If either condition becomes an issue, whole foods and probiotics are often useful. Adequate hydration and a healthy diet with plenty of fiber from fruit and vegetables prevent many problems.

#### 8.5.1 Bowel disorders

Irritation and inflammation of the intestinal lining is a common occurrence in chronic bowel disorders. These disorders may improve in time while using **DEN**, but can significantly reduce the absorption of key nutritional elements until they are corrected. Restriction diets, probiotics, digestive enzymes, certain oils, fatty acids, and

various other supplements may be beneficial in restoring and maintaining more normal bowel function.

## 8.5.2 Constipation

Constipation can be a critical limiting factor of **DEN** treatment by severely reducing absorption of essential vitamins and minerals. Root causes of constipation are varied. Depending on the cause of constipation, different measures may be appropriate to rectify the problem according to clinical judgment.

Treatment experience with **DEN** has shown that a few simple measures can often help constipation. Adequate hydration is essential. Fiber-rich whole foods like prunes, raw fruits and vegetables often help. In addition, patients with constipation benefit long-term from a probiotic-prebiotic combination (such as **Hardy Nutritionals\* Greens & Probiotics**), which can help restore intestinal microflora balance.

## 8.5.3 Diarrhea

Diarrhea can severely limit the effectiveness of **DEN** treatment by preventing absorption of essential vitamins and minerals. Causes of diarrhea are varied. Depending on the cause of diarrhea, different measures may be appropriate to rectify the problem according to clinical judgment.

Treatment experience with **DEN** has shown that certain foods like unripe bananas, peanut butter, cheddar cheese often helped rectify diarrhea related to initiating nutrient therapy. In addition, many patients with chronic diarrhea benefit long-term from a probiotic-prebiotic combination (such as **Hardy Nutritionals\* Greens & Probiotics**), which can help restore intestinal microflora balance.

#### 8.5.4 Microflora imbalance

Gut microflora may become imbalanced due to factors such as antibiotic use, infections, and diet patterns. Restorative measures should be taken to ensure optimal absorption of micronutrient treatments.

A probiotic-prebiotic combination product (such as **Hardy Nutritionals**\* **Greens & Probiotics**) may be beneficial in restoring healthy gut function in individuals with mild microflora imbalance.

If this is not sufficient and symptoms do not improve, then a natural antibiotic/antifungal agent (such as **Hardy Nutritionals**\* **Olive Leaf Extract**) may be warranted. In particular, patients with a history of extensive or chronic antibiotic use are often highly susceptible to severe microflora imbalances (see *Appendix B* for indicative questionnaire).

**Note:** Antibiotic/antifungal agents like **Hardy Nutritionals**\* **Olive Leaf Extract** may cause a die-off response, known as the Herxheimer reaction, which presents as flulike symptoms and can arise anywhere from the first day to the first couple of weeks after beginning the product. If vomiting occurs, reduce the dosage or introduce an alternate antibiotic/antifungal agent (e.g. caprylic acid, garlic capsules, or oil of oregano). Changing antibiotic/anti-fungal products periodically may prevent organisms from adjusting to a single product. If there is no Herxheimer reaction, complete the course at recommended levels.

# 8.6 Patient history

#### 8.6.1 Antibiotic use

If an individual has had a lengthy history of oral antibiotic use, particularly as a child, a probiotic (such as **Hardy Nutritionals**\* **Greens & Probiotics**) is recommended. Normally, probiotics do not need to be taken on a continual basis. Once the probiotic has had its effect, it may only need to be taken periodically thereafter.

If symptoms do not improve with probiotic use, additional measures may be needed (see 8.5.4 *Microflora imbalance*).

## 8.6.2 Psychiatric drug use

Residual medication-related symptoms can appear for months and in some cases even years after psychiatric medications have been discontinued. Post-withdrawal medication symptoms are often triggered by such things as physical exertion, weight loss, stress, prolonged sun exposure, and liver or bowel cleanses. To a lesser extent, post-withdrawal drug symptoms may also be triggered by massage, chiropractic, or acupuncture therapies.

Some symptoms of post-withdrawal include insomnia, anxiety, depression, crying jags, agitation, and irritability. Individuals often report they feel medicated again. Post-withdrawal symptoms can often be mistaken for a return of psychiatric symptoms.

Suggestions for treatment of post-withdrawal drug symptoms include avoiding or moderating 'trigger' activities and/or temporarily adding protein isolate or free-form amino acids (such as **Hardy Nutritionals**\* **Balanced Free-Form Aminos**) to the patient's treatment regimen.

#### 8.6.3 Sensitivities

Sensitive individuals may require and/or tolerate lower doses of **DEN**. Sensitive individuals may be identified by their history or by low medication tolerance. They may become restless, agitated, or irritable within hours or several days of starting micronutrient products.

## 8.6.4 Special nutrient needs

Where long-standing specific vitamin or mineral deficiencies exist, including genetic conditions that predispose individuals to higher vitamin or mineral needs, it may be necessary to add therapeutic amounts of specific vitamins or minerals in order to optimize therapeutic response.

# 8.7 Lifestyle factors

# 8.7.1 Inadequate diet

**DEN** is designed to add vitamin and mineral density to an existing diet. Thus, it is still very important for patients to eat regular, well balanced meals each day. There are many important nutritional factors that are best obtained from whole foods. Individuals taking **DEN** should avoid diet extremes and over-consumption of refined foods, especially if they are susceptible to gastrointestinal microflora imbalance (see 8.5.4 *Microflora imbalance*).

## 8.7.2 Inadequate sleep

Poor sleep quality and/or sleeplessness significantly exacerbates mania and psychosis issues. Adequate sleep is a significant factor in psychiatric health. Doses of **DEN** late in the day (after 6 pm) may contribute to wakefulness in some people.

## 8.7.3 Inadequate hydration

It is important to drink an adequate amount of water. Eight cups (approximately 2 quarts or 2 liters) of fluids per day are typically recommended. Water assists in moving nutrients into and flushing wastes out of the body.

## 8.7.4 Non-compliance

Inconsistent or "as needed" dosing of **DEN** is not recommended. The best results come from regular, steady dosing. It may be helpful to think of **DEN** as food for a starving brain. Non-compliance may indicate that the individual may require additional education and/or assistance.

## 8.7.5 Weight loss

Weight loss can trigger post-withdrawal drug symptoms, presumably by facilitating the release of sequestered medication residues from poorly perfused tissues. For measures that may alleviate post-withdrawal drug symptoms, see 8.6.2 *Psychiatric drug use*.

## 8.8 Physical health and life stage factors

## 8.8.1 Menstrual cycle

Psychiatric symptoms may increase during the menstrual cycle. This is likely due, in part, to changing hormone levels and increasing nutrient demands. Should symptoms become apparent during this time, **DEN** should be increased by at least one full dose of 4 capsules/day for about one week. In subsequent cycles, additional **DEN** taken a few days prior to menstruation may be preventative.

# 8.8.2 Physical illness

Additional **DEN** may be beneficial when a person becomes ill with a cold, flu, or other illness. Recurrent illness and infections are a sign of a weakened immune system. Increasing **DEN** by 4 capsules daily to support the immune system through illness may lead to faster recovery.

# 8.8.3 Pregnancy and breastfeeding

Nutritional requirements are significantly increased during pregnancy and breast-feeding. The daily dose of **DEN** should be increased in relative proportion to daily caloric intake, particularly in individuals with psychiatric symptoms. An additional dose of 4 **DEN** capsules per day may be useful.

# 8.8.4 Puberty

Puberty is a time when hormones are changing and the body's nutritional demands may be changing as a result. The onset of many psychiatric symptoms often corresponds with this period of development. For these reasons, additional **DEN** may be beneficial during puberty.

# 9 Appendix A

## Research

- <sup>1</sup> Kaplan BJ, Rucklidge JJ, Romijn AR, Dolph M. A randomised trial of nutrient supplements to minimise psychological stress after a natural disaster. Psychiatry Res. 2015 Jun 27.
- <sup>2</sup> Rucklidge JJ, Frampton C, Gorman B, & Boggis A (2014). Vitamin-mineral treatment of ADHD in adults: A double-blind, randomized, placebo controlled trial. British Journal of Psychiatry, January 30, 2014.<sup>†</sup>
- <sup>3</sup> Rucklidge JJ, Blampied N, Gorman B, Gordon H, & Sole E (in press). Psychological functioning one year after a brief intervention using micronutrients to treat stress and anxiety related to the 2011 Christchurch earthquakes: A naturalistic follow-up. Human Psychopharmacology: Clinical and Experimental.<sup>†</sup>
- <sup>4</sup> Rucklidge JJ, Johnstone J, Gorman B, & Boggis A, & Frampton C (2013). Moderators of treatment response in adults with ADHD to micronutrients: demographics and biomarkers. Progress in Neuro-Psychopharmacology and Biological Psychiatry. 50C:163-171.
- <sup>5</sup> Rucklidge JJ (2013). Could yeast infections impair recovery from mental illness? A case study using micronutrients and olive leaf extract for the treatment of ADHD and depression. Advances in Mind-Body Medicine, 27(3), 14-18.<sup>†</sup>
- Frazier EA, Gracious B, Arnold LE, Failla M, Chitchumroonchokchai C, Habash D, and Fristad MA (2013). Nutritional and Safety Outcomes from an Open-Label Micronutrient Intervention for Pediatric Bipolar Spectrum Disorders. Journal of Child and Adolescent Psychopharmacology, 23(8):558-67.<sup>†</sup>
- Harrison R, Rucklidge JJ, Blampied N. (2013). Use of micronutrients attenuates cannabis and nicotine abuse as evidenced from a reversal design: A case study. Journal of Psychoactive Drugs, 45(2):168-78.<sup>†</sup>
- Rodway M, Vance A, Watters A, Lee H, Bos E, Kaplan BJ (2012), Efficacy and cost of micronutrient treatment of childhood psychosis. British Medical Journal Case Reports, 2012 Nov 9.† http://casereports.bmj.com/sevendays?fdate=11/05/2012&tdate=11/11/2012
- <sup>9</sup> Rucklidge JJ, Andridge R, Gorman B., Blampied N, Gordon H. & Boggis A (2012). Shaken but unstirred? Effects of micronutrients on stress and trauma after an earthquake: RCT evidence comparing formulas and doses. Human Psychopharmacology: Clinical and Experimental. 27(5):440-54.<sup>†</sup>
- Frazier EA, Fristad MA, Arnold LE (2012). Feasibility of a nutritional supplement as treatment for pediatric bipolar spectrum disorders. Journal of Alternative and Complementary Medicine, 18(7):678-685.<sup>†</sup>
- Rucklidge JJ, Johnstone J, Harrison R (2011). Can micronutrients improve neurocognitive functioning in adults with ADHD and severe mood dysregulation? A pilot study. Journal of Alternative and Complementary Medicine, 17(12):1-7.<sup>†</sup>
- Rucklidge JJ, Blampied NM (2011). Post-earthquake psychological functioning in adults with Attention-Deficit/Hyperactivity Disorder: Positive effects of micronutrients on resilience. New Zealand Journal of Psychology, 40(4):51-57.<sup>†</sup>
- <sup>13</sup> Rucklidge JJ, Johnstone J, Harrison R & Boggis A (2011). Micronutrients reduce stress and anxiety following a 7.1 earthquake in adults with Attention-Deficit/Hyperactivity Disorder. Psychiatry Research, 189:281-87.<sup>†</sup>
- <sup>14</sup> Simpson JSA, Crawford SG, Goldstein ET, Field C, Burgess E, Kaplan BJ (2011). Systematic review of safety and tolerability of a complex micronutrient formula used in mental health. BMC Psychiatry. 11:62.<sup>†</sup> http://www.biomedcentral.com/content/pdf/1471-244X-11-62.pdf

- Rucklidge JJ, Taylor MR, Whitehead KA (2011). Effect of micronutrients on behaviour and mood in adults with ADHD: Evidence from an 8-week open label trial with natural extension, Journal of Attention Disorders, 2011;15(1):79-91.<sup>†</sup>
- Rucklidge JJ, Gately D, Kaplan BJ (2010). Database analysis of children and adolescents with Bipolar Disorder consuming a micronutrient formula, BMC Psychiatry, 10:74.<sup>†</sup> http://www.biomedcentral.com/content/pdf/1471-244X-10-74.pdf
- <sup>17</sup> Rucklidge JJ & Harrison (2010). Successful treatment of Bipolar Disorder II and ADHD with a micronutrient formula: A case study, CNS Spectrums, 15(5):231-237.<sup>†</sup>
- Mehl-Madrona L, Leung B, Kennedy C, Paul S, Kaplan BJ (2010). Micronutrients versus standard medication management in autism: A naturalistic case-control study, Journal of Child and Adolescent Psychopharmacology. 20(2): 95-103.<sup>†</sup> http://www.liebertonline.com/doi/pdfplus/10.1089/cap.2009.0011
- <sup>19</sup> Gately, D & Kaplan BJ (2009). Database analysis of adults with bipolar disorder consuming a micronutrient formula. Clinical Medicine Insights: Psychiatry. 4:3-16.<sup>†</sup> http://la-press.com/article.php?article\_id=1384
- Rucklidge JJ (2009). Successful treatment of OCD with a micronutrient formula following partial response to CBT: A case study. Journal of Anxiety Disorders, 23: 836–840.<sup>†</sup>
- Frazier EA, Fristad M, Arnold LE (2009). Multinutrient Supplement as Treatment: Literature Review and Case Report of a 12-year-old Boy with Bipolar Disorder. Journal of Child and Adolescent Psychopharmacology, 19:453-460.<sup>†</sup>
- <sup>22</sup> Kaplan BJ, Fisher, JE, Crawford SG, Field CJ, Kolb B (2004). Improved mood and behavior during treatment with a mineral-vitamin supplement: An open-label case series of children. Journal of Child and Adolescent Psychopharmacology, 14(1), 115-122.<sup>†</sup>
- <sup>23</sup> Kaplan JJ, Crawford SG, Gardner B, & Farrelly G (2002). Treatment of mood lability and explosive rage with minerals and vitamins: Two case studies in children. Journal of Child and Adolescent Psychopharmacology, 12(3), 203-218.<sup>†</sup>
- <sup>24</sup> Simmons M (2003). Nutritional approach to bipolar disorder (Letter). Journal of Clinical Psychiatry, 64, 338.<sup>†</sup>
- Popper CW (2001). Do vitamins or minerals (apart from lithium) have mood-stabilizing effects? [Commentary]. Journal of Clinical Psychiatry, 62, 933-935.<sup>†</sup>
- <sup>26</sup> Kaplan JJ, Simpson JSA, Ferre RC, Gorman C, McMullen D, & Crawford SG (2001). Effective mood stabilization in bipolar disorder with a chelated mineral supplement. Journal of Clinical Psychiatry, 62, 936-944.<sup>†</sup>
- †Refers to pre-2013 versions of Truehope EMPowerplus which were co-formulated by David Hardy before he founded Hardy Nutritionals®. Truehope EMPowerplus is a registered trademark of The Synergy Group of Canada Inc.

# 10 Appendix B

#### Microflora Imbalance Questionnaire

# Section A: History Circle the score to the right of each question when a response is "yes", then total the circled numbers and write the total at the bottom of the section. 1. Have you taken tetracycline (Sumycin®, Panmycin®, Vibramycin®, Minocin®, 2. Have you at any time in your life, taken other "broad spectrum" antibiotics for respiratory, urinary or other infections for 2 months or longer, or for 3. Have you recently taken a broad spectrum antibiotic drug? . . . . . . . . . . . . . . . . 6 4. Have you taken prednisone, Decadron® or other cortisone-type drugs by mouth or inhalation... 5. If you have ever had thrush, athlete's foot, ringworm, jock itch or other chronic fungus infections of the skin or nails, have such infections been... Section A: Total Score \_\_\_\_\_ **Section B: Secondary Indicators** For each symptom that is present, enter the appropriate number in the Point Score column: If a symptom is frequent or moderately severe: . . . . . . . . . . . . 6 points Total the scores for this section and record them at the end of this section.

Abdominal pain
Constipation
Diarrhea
Bloating, belching or intestinal gas
Indigestion or heartburn
Chronic rashes or itching
Psoriasis or recurrent hives
Rectal itching
Section B: Total Score
Section C: Minor Indicators  For each symptom that is present, enter the appropriate number in the Point Score columns  If a symptom is occasional or mild:
Total the scores for this section and record them at the end of this section.
Irritability or jitteriness
Dizziness/loss of balance
Pressure above eyes or in earsfeeling of head swelling
Tendency to bruise easily
Food sensitivity or intolerance
Dry mouth or throat
Bad breath
Foot, hair or body odor not relieved by washing
Nasal congestion or post-nasal drip.......................
Nasal itching
Sore throat
Laryngitis, loss of voice
Cough or recurrent bronchitis
Burning or tearing of eyes
Recurrent infections or fluid in ears
Ear pain or deafness
Numbness, burning or tingling
Muscle aches
Muscle weakness or paralysis
Pain and/or swelling in joints ..........................
Impatance

Urinary frequency, urgency or incontinence				
Burning on urination				
Loss of sexual desire or feeling				
	Section C: Total Score			
<b>Female-Specific History</b> Questions 1-3 circle the score, 4-7 use scoring point	ts below:			
<ul> <li>If a symptom is occasional or mild:</li> <li>If a symptom is frequent or moderately severe:</li> <li>If a symptom is severe and/or disabling:</li> </ul>	6 points			
Total the scores for this section and record them at	the end of this section.			
Have you at any time in your life, been bothered or other problems affecting your reproductive or	, .			
<ul><li>2. Have you been pregnant</li><li>2 or more times?</li><li>1 time?</li></ul>				
<ul><li>3. Have you taken birth control pills for</li><li>more than 2 years?</li></ul>	<del></del>			
4. Do you experience troublesome vaginal burning	, itching or discharge?			
5. Do you experience endometriosis or infertility?				
6. Do you experience severe cramps and/or other	menstrual irregularities?			
7. Do you experience premenstrual tension?				
Fe	male-Specific History Score			
	Combined Score			
	Section A:/116			
	Section B:/162			
	Section C:/120			
	Female-specific:/81			
	Total Score:			

Women	Men		Recommendation
0-90	0-78	Unlikely an issue	
90-229	78-196	Possibly present	Probiotic
229-479	196-398	Likely present	OLE + Probiotic

#### 11 References

- Popper CW. Single-micronutrient and broad-spectrum micronutrient approaches for treating mood disorders in youth and adults. Child Adolesc Psychiatr Clin N Am. 2014 Jul;23(3):591-672.
- <sup>2</sup> Simpson JS, Crawford SG, Goldstein ET, Field C, Burgess E, Kaplan BJ. Systematic review of safety and tolerability of a complex micronutrient formula used in mental health. BMC Psychiatry. 2011 Apr 18;11:62.
- Martinez A, Knappskog PM, Haavik J. A structural approach into human tryptophan hydroxylase and its implications for the regulation of serotonin biosynthesis. Curr Med Chem. 2001 Jul;8(9):1077-91.
- <sup>4</sup> Park KH, Lee JR, Hahn HS, Kim YH, Bae CD, Yang JM, Oh S, Bae YJ, Kim DE, Hahn MJ. Inhibitory effect of ammonium tetrathiotungstate on tyrosinase and its kinetic mechanism. Chem Pharm Bull (Tokyo). 2006 Sep;54(9):1266-70.
- <sup>5</sup> Hutto BR. Folate and cobalamin in psychiatric illness. Compr Psychiatry. 1997 Nov-Dec;38(6):305-14.
- <sup>6</sup> Bell IR, Edman JS, Morrow FD, Marby DW, Perrone G, Kayne HL, Greenwald M, Cole JO. Brief communication. Vitamin B1, B2, and B6 augmentation of tricyclic antidepressant treatment in geriatric depression with cognitive dysfunction. J Am Coll Nutr. 1992 Apr;11(2):159-63.
- Baldewicz TT, Goodkin K, Blaney NT, Shor-Posner G, Kumar M, Wilkie FL, Baum MK, Eisdorfer C. Cobalamin level is related to self-reported and clinically rated mood and to syndromal depression in bereaved HIV-1(+) and HIV-1(-) homosexual men. J Psychosom Res. 2000 Feb;48(2):177-85.
- McCarty MF. High-dose pyridoxine as an 'anti-stress' strategy. Med Hypotheses. 2000 May;54(5):803-7.
- <sup>9</sup> Shaw I, Rucklidge JJ, Hughes RN. A possible biological mechanism for the B vitamins altering behavior in ADHD. Pharmaceutical Medicine. 24(5):1-6.
- Huang EP. Metal ions and synaptic transmission: think zinc. Proc Natl Acad Sci USA. 1997 Dec 9;94(25):13386-7.
- <sup>11</sup> Frederickson CJ, Suh SW, Silva D, Frederickson CJ, Thompson RB. Importance of zinc in the central nervous system: the zinc-containing neuron. J Nutr. 2000 May;130(5S Suppl):1471S-83S.
- Cohen-Kfir E, Lee W, Eskandari S, Nelson N. Zinc inhibition of gamma-aminobutyric acid transporter 4 (GAT4) reveals a link between excitatory and inhibitory neurotransmission. Proc Natl Acad Sci U S A. 2005 Apr 26;102(17):6154-9.
- <sup>13</sup> Wall MJ. A role for zinc in cerebellar synaptic transmission? Cerebellum. 2005;4(4):224-9.
- <sup>14</sup> Takeda A. Movement of zinc and its functional significance in the brain. Brain Res Brain Res Rev. 2000 Dec;34(3):137-48.
- Reynolds IJ, Miller RJ. Tricyclic antidepressants block N-methyl-D-aspartate receptors: similarities to the action of zinc. Br J Pharmacol. 1988 Sep;95(1):95-102.
- Siwek M, Wrobel A, Dudek D, Nowak G, Zieba A. [The role of copper and magnesium in the pathogenesis and treatment of affective disorders] Psychiatr Pol. 2005 Sep-Oct;39(5):911-20.
- <sup>17</sup> Schlief ML, Gitlin JD. Copper homeostasis in the CNS: a novel link between the NMDA receptor and copper homeostasis in the hippocampus. Mol Neurobiol. 2006 Apr;33(2):81-90.
- <sup>18</sup> Ames BN, Elson-Schwab I, Silver EA. High-dose vitamin therapy stimulates variant enzymes with decreased coenzyme binding affinity (increased K(m)): relevance to genetic disease and polymorphisms. American Journal of Clinical Nutrition. 2002 Apr;75(4):616-58.
- Pejchal R, Campbell E, Guenther BD, Lennon BW, Matthews RG, Ludwig ML. Structural perturbations in the Ala --> Val polymorphism of methylenetetrahydrofolate reductase: how binding of folates may protect against inactivation. Biochemistry. 2006 Apr 18;45(15):4808-18.
- <sup>20</sup> Kaplan BJ, Crawford SG, Field CJ, Simpson JS. Vitamins, minerals, and mood. Psychol Bull. 2007 Sep;133(5):747-60.

- Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. National Academy Press, Washington, D.C., 1997.
- Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B-6, Folate, Vitamin B-12, Pantothenic Acid, Biotin, and Choline. National Academy Press, Washington, D.C., 1998.
- <sup>23</sup> Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids. National Academy Press, Washington, D.C., 2000.
- Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes: Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc. National Academy Press, Washington, D.C., 2001.
- <sup>25</sup> Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate. National Academy Press, Washington, D.C., 2005.
- Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. National Academy Press, Washington, D.C., 2005.
- <sup>27</sup> Halliwell C, Kolb B. Diet can stimulate functional recovery and cerebral plasticity after perinatal cortical injury in rats. Soc Neuro Abs. 2003; 29:459-411.
- <sup>28</sup> Brambilla P, Glahn DC, Balestrieri M, Soares JC. Magnetic resonance findings in bipolar disorder. Psychiatr Clin North Am. 2005 Jun;28(2):443-67. Review.
- Monkul ES, Malhi GS, Soares JC. Anatomical MRI abnormalities in bipolar disorder: do they exist and do they progress? Aust N Z J Psychiatry. 2005 Apr;39(4):222-6. Review.
- <sup>30</sup> Emsell L, McDonald C. The structural neuroimaging of bipolar disorder. Int Rev Psychiatry. 2009;21(4):297-313. Review.
- <sup>31</sup> Guo LQ, Yamazoe Y. Inhibition of cytochrome P450 by furanocoumarins in grapefruit juice and herbal medicines. Acta Pharmacol Sin. 2004 Feb;25(2):129-36. Review.
- <sup>32</sup> Attri JP, Bala N, Chatrath V. Psychiatric patient and anaesthesia. Indian J Anaesth. 2012 Jan;56(1):8-13.
- <sup>33</sup> Becker DE. Psychotropic drugs: implications for dental practice. Anesth Prog. 2008 Fall;55(3):89-99.
- <sup>34</sup> Peck T, Wong A, Norman E. Anaesthetic implications of psychoactive drugs. Contin Educ Anaesth Crit Care Pain 2010; 10 (6): 177-181.
- 35 Specter M. Germs are us. Annals of Science. The New Yorker. 2012; Oct, 22.
- <sup>36</sup> Libby AF, Stone I. The hypoascorbemia kwashiorkor approach to drug addiction therapy: a pilot study. Australas Nurses J. 1978 Jan-Feb;7(6):4-8, 13.
- <sup>37</sup> Ashton H. Protracted withdrawal syndromes from benzodiazepines. J Subst Abuse Treat. 1991; 8: 19-28.
- <sup>38</sup> Ashton H. Protracted withdrawal from benzodiazepines: The post-withdrawal syndrome. Psych Ann. 1995a; 25: 174-9.



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