



# Can Keep Them "Happy For Life"

By Treating The Root Causes of Depression

Indication: Clinical Dietary Management of Major Depressive Disorder

Once-a-day dosing / No age restriction

# **TEAM METHYLATION**

### PRE-METABOLIZED COENZYMES AND COFACTORS BRAIN READY INGREDIENTS

L-Methylfolate Magnesium	7mg
Folinic Acid	2.5mg
DHF	1mg
B12 (Adenosylcobalamin)	50mcg
B6 (Pyridoxal-5-Phosphate)	25mcg
B1 (Thiamine Pyrophosphate)	25mcg
B2 (Flavin Adenine Dinucleotide)	25mcg
B3 (Nicotinamide Adenine Dinucleotide)	25mcg
PS-Omega-3 (Phosphatidylserine, EPA, DHA)	20mg
Magnesium Ascorbate	24mg
Magnesium L-Threonate	1mg
Iron	1.5mg
Zinc Ascorbate	1mg
Betaine	500mcg
Citric Acid Monohydrate	1.83mg
Sodium Citrate	3.67mg
CoQ10	500mcg
Piperine (B Vitamin Bioenhancer)	500mcg

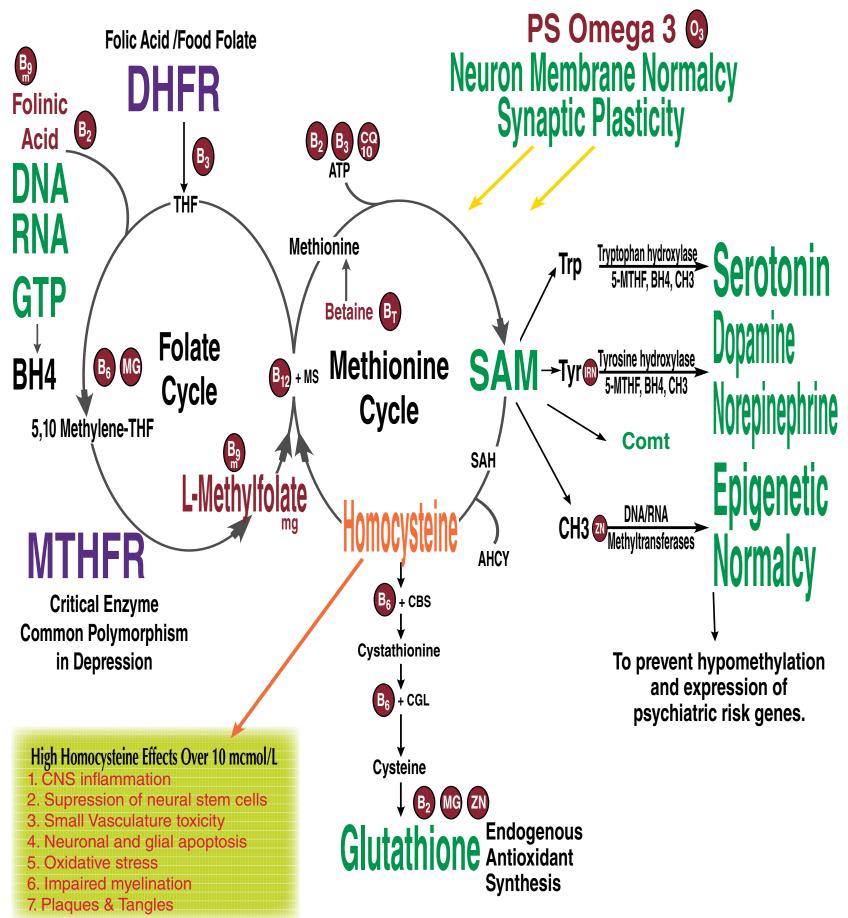
# **CNS Biochemical Actions**

- 1. Normalizes and balances Neurotransmitter production (serotonin, dopamine, norephinephrine, epinephrine and GABA)
- 2. Normalizes production of endogenous SAM-E for methylation of DNA, RNA, proteins and lipids
- 3. Normalizes Glutathione production
- 4. Reduces High Homocysteine

# **Methylation Chart**

ENL/EnLyte, EnBrace HR Product Ingredients Maroon

Normalizes all co-enzyme/cofactor deficiencies no matter what the cause and converts to clinical wellness based on well controlled clinical trials.



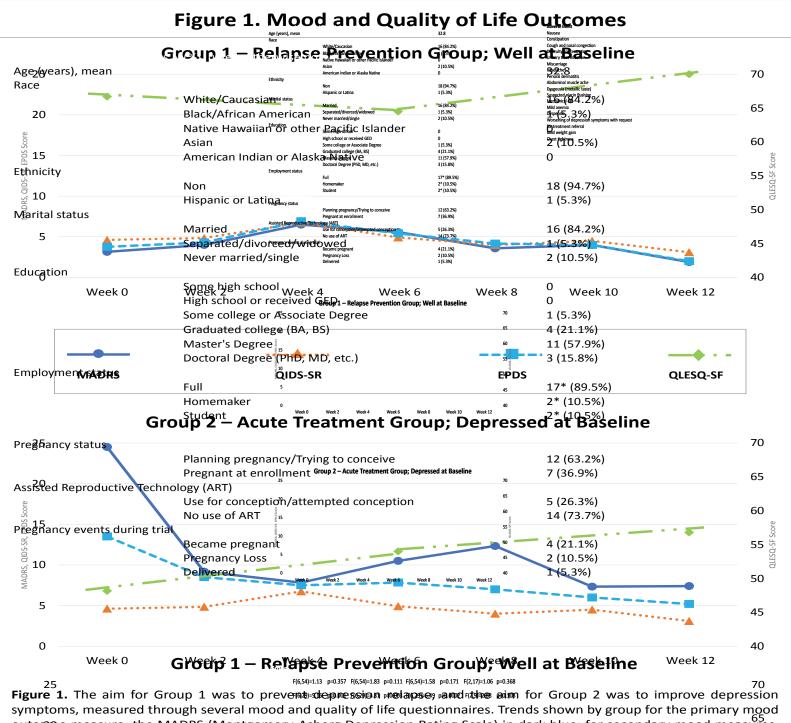
	no were depressed and wanted to avoid the use of an
	or discontinued their antidepressants and who were well at
historical controls who discontinued arridep	
	50% in provement on the MABRS from baseline. One patient
<ul> <li>in Group 2 remitted, then relapsed, then aga</li> <li>We found EnBrace HR was well-tolerated in</li> </ul>	As same le fore serious adverse event occurred; a woman in
Correlation of Clinical Response With Homoc Adverse Event	cysteine Reduction During Therapy With EnLyte/EnBrace HR
<ul> <li>Strengtins in Patients With MDD Who Are Post</li> <li>Westigstepsed a novel nutritional supplement</li> <li>Court and nasel congestion</li> </ul>	for MTHFR C67/3 (Bread) 298C Polymorphism for MDD prevention and treatment in women in the antenatal norew Faran, MD to avoid antidepressant of the firming pregnancy. Tents of history of MDEs (10.5%) tents of history of MDEs (10.5%)
<ul> <li>Difficulty concentrating</li> <li>Officially trace interview</li> <li>Officially trace interview</li> <li>Official trace</li></ul>	to avoid antidepressants during pregnancy. 2 (10.5%) nents of history of MDEs (10.5%) the diagnosis of MDD and the sment of
Perioral de Contraction (ADUL)	T PATIENT RANDOMIZED DOUBLE
Abdomina Limitations • Phermiest	O PLACEBO CONTROLLED STUDY
Mashaniaalf	oncurrent parallel compatizen groups were not available.
	been white apprentic affective and sale of the self of
Encryster Engrace HR as monotherapy	r in adults with major depressive disorder
Morevention and the addition of the second and the second and the second addition of the se	east Inimethylemetetrahydrofolate reductase nd well tolerated intervention with potential efficacy for the With depression and further less the hypothesis
that E和Lyte/世和日本の日本will-10were的 of treatments for antenatal depression. Datients. Results Summary	omecysteine in a majority of clinical responding
Results Summary Mo assessed EnBrace HR in two samples of w Homocysteine Levels (µmol/L) at Baseline and Week 8	Mean MADRS Symptom Score of EnLyte Versus Placebo
1) Prevention of depressive relance in wo	
Cohen, L.S., et al., Relapse of major depression during pregnancy in women with a pression during pression during pregnancy in women with a pression during pre	o naintain or discontinue antidepressant treatment. Jana, 2006, 295(5); p. 499-507. Atkinet Gio Series Charles Index (WE 164 BITE a Cy Laking.
Lungtiele A. offalt felwoorrigelgerinated derressive window and postnate European Gountries using the Edinburgh Postnated Depression Scale. Clin Epide Use a Schlane experies accest Euroele as Scale MDEA (200 Psychopharmacol, 2018. 38(3): D. 254-259. Mages, Orid, Cala, Scaliber Scale Clinks of the Providence of the Scale Clinks of the Providence of the	ion whether the street whether a street whether a street of the street o
<ul> <li>methodological considerations, BMC Med. 2018, 1fi(1): n.5</li> <li>prady, SL., et al., A systematic review of materical antidepressant use in pregn</li> </ul>	ed at b 7 perienced remission by the end of the prize 127-140.
Algudy can do Biofiol 83/3%) experienced oversail 0.comen, A. and J. Bailey, Enhancement of the antideprestant action of fluoxeti 1.Falta, Groupe 2 freminited, in the size tapsed charaged 2.Fauge Ad D. Mischoulon, Folata in depression: Alguder agent 3.Fauge, M. and D. Mischoulon, Folata in depression: Alguder agent 3.Fauge, M. and D. Mischoulon, Folata in depression: Alguder anticer and the second 3.Fauge Add D. Mischoulon, Folata in depression: Alguder anticer anticer and the second sec	Strain       Onitive 1/1A DRS from baseline. One patient         he by folic at       Diacebo controlled trial. J Affect Disord, 2000. 60(2): p. 121-30.         completing the study.       Completing the study.         if multiple       Study.
4.Pa磺化5tacpG1., 各友合容相他有力色的 layife的 石齿结合 of Straggeredge thing 5.Nates, R. and O. Shelkh, Complementary and alternative medicine for the trea 6.Memong, Mand <del>D. Gardner, Women with depression should be offered f</del> olic acia	Conadian F $11.$
Z. Kelte, C.B., et al., The MITEM Gyter (pmer 4/59) is associated with depressiv S. Mich Sth, S. and M.F. Raab, The role of folate in depression and dementia. T 9. Parakostas, G.J., et and M.F. Raab, The role of folate in depression and dementia. T 164(2): p1267274 164(2): p1267274	e episodes in the orrest of sychopharmacology, 2004. <b>18</b> (4): p. 567-571. he ournal o , 20 na <b>28 here</b> , and the orrest of sychopharmacology, 2004. <b>18</b> (4): p. 567-571. and the orrest of the orr
0.Di periodet al critical go ale an orige worne reseeking 1.Godfrey, P., et al., Enhancement of recovery from psychiatric illness by methylf 2.Gother Pstrengtos includeythen regorouse as o as	ide The Late of the second sec
13. Passen, M., et al., Orales' mathutetratudrofolic acid in senile organic mental d Reveal (1, 49,93.4(1)), 53.17 E Status at each study visit u 14. Shelxep lor at dros organic before the senile organic managem 15(4).	solders with soft of tigenter al and Experimental Some of Conternant of of Conternation
30% REDUCTION IN HOMOCYSTEINE LEVELS	<b>EnLyte Placebo</b>
Compared to Placebo depressive relapse and symptom burden <sup>3</sup> . Co	ncurrent parallel comparison groups were not available.
	RTED AT GREATER RATE THAN PLACEBO
Ph	
Royalty/patent, other income: Medical editing: GOED Newslette prevention and treatment of depression amo	FACTION 2 WEEKS
	iticals, Inc., Teva Pharmaceuticals; Other research support: Brain & Behavior
	te on Aging National Institutes of Health SAGE Therapeutics: Advisory/Consulting

MGH

Planning pregnancy/Trying to conceive Pregnant at enrollment 12 (63.2%) 7 (36.9%)

<sup>1</sup> Reproductive Technology (ART) EnBrace HR For The Treatment and Use for conception/attempted conception Prevention of Depression in Women Trying to Conceive and During Pregnancy "Weights during trial Marlene P. Freeman, MD et al, Annals of Clinical Psychiatry Eebruary 2019

### Results



symptoms, measured through several mood and quality of life questionnaires. Trends shown by group for the primary mood outcome measure, the MADRS (Montgomery-Asberg Depression Rating Scale) in dark blue; for secondary mood measures, the QIDS–SR (Quick Inventory of Depressive Symptomatology-Self Report) in orange and the EPDS (Edinburgh Postnatal Depression Scale) in light blue; and for a quality of life outcome, the QLESQ-SF (Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form) in green. Group Texperimented ho significant changes in any of the four measures, and Group experienced significant improvements in the mood questionnaires but not the quality of life questionnaire. All ANQYA's indeating significance are reported in Table 3.

## Conçlusion:

- 50
- Study results suggest EnBrace HR is a novel and well tolerated  $_{0}^{\circ}$  F(6,54)=1.13 p=0.357 F(6,54)=1.83 p=0.111 F(6,54)=1.58 p=0.171 F(2,17)=1.06 p=0.0368 intervention with efficacy for the prevention and treatment of week 12 F(6,29)=5.16 p=0.001 F(6,29)=4.31 p=0.003 F(6,29)=6.49 p=0.0002 F(2,9)=2.88 p=0.108 depression among women planning pregnancy and who are pregnant.

EnLyte and EnBrace HR are indicated as monotherapy or adjunctive therapy as determined by a licensed medical practitioner.

### **ADJUNCTIVE THERAPY**

- Combine with SSRIs or SNRIs from the start to enhance results, reduce dropout rates and for non-responsive patients.
- Augmentation can precede atypical antipsychotic augmentation therapy

**APA Guidelines for MDD state:** "...Considering the modest evidence that supports folate as an augmentation strategy and its attractive risk-benefit profile, folate can be recommended as a reasonable adjunctive strategy for major depressive disorder that carries little risk..."

### **MONOTHERAPY PATIENT**

- MTHFR Positive
- MTHFR Suspected Based on Family History of:

Mental Illness Addiction Diabetes Miscarriages or Birth Defects Cardiovascular Issues

- Folate depleted based on folate depleting conditions, drugs and population
- To avoid potential side effects of antidepressants
- Before, during and after pregnancy (Pregnancy Category A)
- Addiction Support

## **CONTRIBUTORS TO FOLATE DEFICIENCY**

CONDITIONS	DRUGS	POPULATION
Malabsorption Syndromes	Lamictal	United States: 75% have
		a form of MTHFR SNP
Digestive Tract Disease	Metformin	
Pregnancy	Methotrexate	
Breast Feeding	Corticosteriods	HIGHER RISK
Kidney Disease	NSAIDs	Hispanic
Liver Disease	Antibiotics	Mediterranean
Cancer	Anticonvulsants	Chinese
Canker Sores	Oral Contraceptives	African American
Alcohol or Drug Abuse	Cholesterol Lowering	
Smoking	Diuretics	
Anemias	H2 Antagonists	
Overcooked Foods		

# PATIENTS CAN FEEL COMPLETELY SAFE

Possible Side Effects	EnLyte	SSRI's	SNRI's
Weight Gain	No!	Yes	Yes
Loss of Libido, difficulty achieving erections, inability to reach orgasm	No!	Yes	Yes
Increased thoughts of suicide and aggression in adolescents & adults	No!	Yes	Yes
Drowsiness or Confusion	No!	Yes	Yes
Nervousness & Agitation	No!	Yes	Yes

# Phone: 985-629-5825 Website: www.Enlyterx.com We are here to help!

Please call with any questions.

Adapted from: Consumer Reports Best Buy Drugs. Using antidepressants to treat depression: comparing efficacy, safety and price. 2012

# HOW TO PRESCRIBE

### **USE OUR ONLINE PRESCRIBER FORM**

Visit <u>www.enlyterx.com</u> and click on "<u>Prescribe Nov</u>

Fill in prescriber and patient information and then hit "submit"

### WE WILL OFFER YOUR PATIENT THEIR FIRST 60 DAYS FOR \$60 (2 BOTTLES AT \$29.95 EACH)

We will also provide them with the insurance steps and help determine the most cost-effective option moving forward



STEP

2

STEP

### IF IT'S COVERED ON INSURANCE, WE WILL CONTACT YOUR OFFICE WITH PRESCRIBING INFORMATION

If your patient does not have coverage or has a high co-pay, we will offer our discounted cash-pay option for EnLyte (ENL). No further action is needed from your office.



### Natural + Safe + Proven

## What is EnLyte (ENL)?

EnLyte (ENL) is a small gel cap containing all the brain-ready micronutrients needed to normalize and balance brain chemicals that regulate mood.

## TRUSTED BY MEDICAL PROVIDERS NATIONWIDE



People first notice improved energy, focus, concentration & sleep and most begin to feel a difference in about 2 weeks."



www.folatehealth.com

Andrew Farah, MD

### **Clinically Proven**

In one of EnLyte's important published clinical trials, participants with Major Depressive Disorder saw a 75% improvement and 42% remission compared to placebo\*.

\*Published in the Journal of Clinical Psychiatry, 2016

### EnLyte Helps with:

- MTHFR Genetic Issues
- Depressed Mood
- Apathy/Loss of interest
- Anxiety/Worry
- Irritability
- Problems
   Concentrating
- Sleep

#### Safe Ingredients

EnLyte contains natural ingredients that are generally recognized as safe by the FDA and are gluten-free, dairy-free, wheatfree, sugar-free, egg-free, with no artificial colorants.

#### **Dosing**

The recommended dosing is (1) gel cap in the morning, when you wake up (on an empty stomach) or as recommended by your healthcare provider. ENL has No age restriction.



To Order and For a Full List of Ingredients visit: www.folatehealth.com

