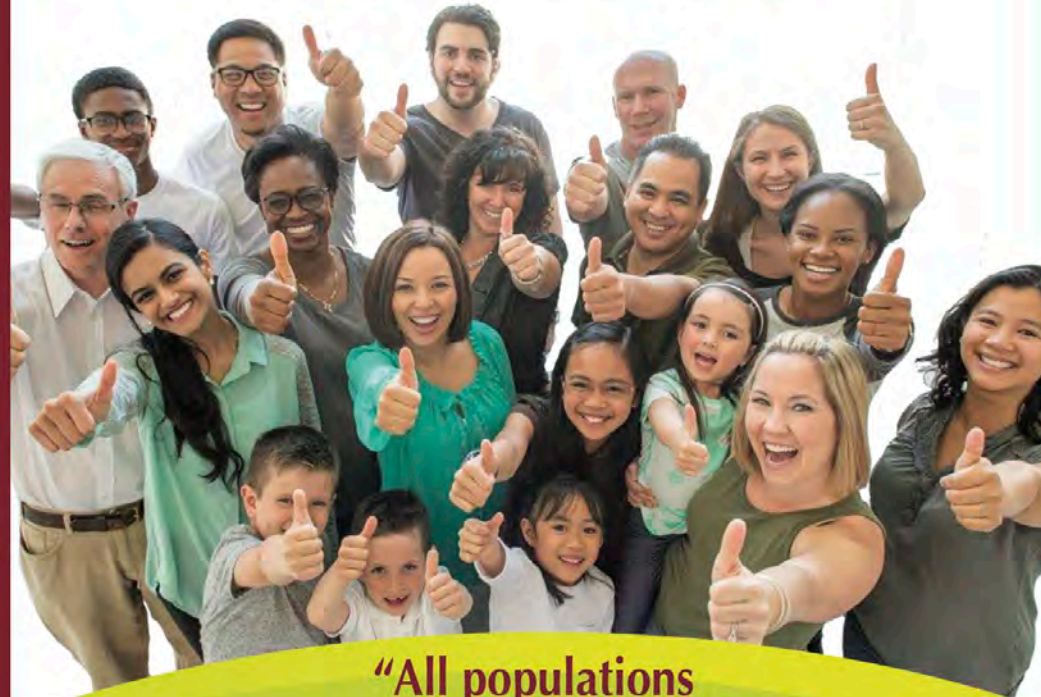




Can Keep Them **“Happy For Life”**

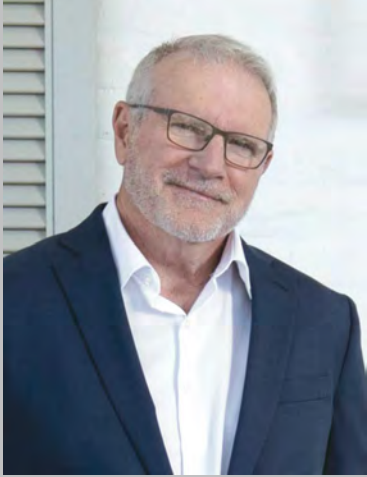
By Treating The Root Causes of Depression



**“All populations
(geriatric, adult, perinatal, child/adolescent)
had significantly lower levels of folate than their
non-depressed counterparts.”**

A. Bender et al The Association of Folate and Depression A Meta analysis,
Journal of Psychiatric Research 2017, 3470 International Studies

TOWNY ROBINSON



Experience:

- 30 years Schering Plough - Sales, Marketing, Development
- 15 years JayMac Pharmaceuticals, CEO

Expertise:

- Folate Therapy
- Methylation Biochemistry
- Epigenetics/Genetics/MTHFR SNP
- Pharmaceutical Industry

DIANE PRATT



Experience:

- 30 Years - Sales & Development

Expertise:

- Folate Therapy
- Patient Educator
- Pharmaceutical Industry

DIATHESIS (ROOT CAUSE) THEORY OF DEPRESSION



- LOW NEUROTRANSMITTER PRODUCTION & BALANCE
- LOW SAM-e
- LOW GLUTATHIONE
- HIGH HOMOCYSTEINE

**ENLYTE /
ENBRACE HR
NORMALIZE AND
BALANCE CNS
BIOCHEMISTRY**

- CHILDHOOD ABUSE (ALL FORMS)
- EXTREME LOSS
- MAJOR FEARFUL EVENTS
- ADDICTION
- DISEASE
- TOXIC EXPOSURE
- POVERTY
- POOR NUTRITION

- MAJOR DEPRESSIVE DISORDER
- ANXIETY DISORDER
- BIPOLAR DEPRESSION
- SCHIZOPHRENIA
- ADHD
- ADDICTION

Journal of Psychiatric Research

July 2017

The Association of Folate and Depression: A Meta-Analysis of 3470 International Studies and Over 500,000 Patients

RESULTS: All populations (geriatric, adult, perinatal, child/adolescent) had significantly lower levels of folate than their non-depressed counterparts.

CONCLUSION: Individuals with depression have lower serum levels of folate and dietary folate intake than individuals without depression.

WHY?

CONTRIBUTORS TO FOLATE DEFICIENCY

GENETICS

MTHFR and other
B Vitamin
Polymorphisms

ETHNIC RISK

- Hispanic
- Mediterranean
- Chinese
- African-American

CONDITIONS

- Malabsorption Syndromes
- Digestive Tract Disease
- Pregnancy
- Breast Feeding
- Kidney Disease
- Liver Disease
- Cancer
- Canker Sores
- Alcohol/Drug Abuse
- Smoking
- Anemias
- Poor Nutrition

DRUGS

- Lamictal
- Metformin
- Methotrexate
- Corticosteroids
- NSAIDs
- Antibiotics
- Anticonvulsants
- Oral Contraceptives
- Cholesterol Lowering
- Diuretics
- H2 Antagonists
- Statins

WHAT IS MTHFR POLYMORPHISM?

- A Minor Genetic Defect That Prevents Normal Production of the Enzyme Methylene tetrahydrofolate Reductase. This Defect Reduces Methylfolate Production, Leading to Low Neurotransmitter Production and an Increased Risk For Psychiatric Disorders

COMMON MTHFR SNPS

C677T - Heterozygous - 40% Reduction

C677T - Homozygous - 70% Reduction

A1298C - Heterozygous - 30% Reduction

A1298C - Homozygous - 50% Reduction

40 KNOWN STRAINS

Treatment resistant depression has a 76% likelihood of being positive for the MTHFR polymorphism and suspected etiology in TRD.

Stephen Stahl, MD

Stephen Stahl's Folate Recommendations

- **Suboptimal Folate Levels in Depressed Patients (Adjunct to Antidepressant)**
- **Hyperhomocysteinemia in Schizophrenia Patients (Adjunct to Antipsychotic)**
- **Enhancement of Antidepressant Response at the Initiation of Treatment**
- **Cognitive or Mood Symptoms in Patients with MTHFR (Methylenetetrahydrofolate Reductase) Deficiency/ MTHFR Polymorphism**
- **In Pregnancy for Normal Epigenetic Expression**

Folate in Depression:

Efficacy, Safety, Differences in Formulations and Clinical Issues

Maurizio Fava, MD

Chief of Psychiatry, Harvard, MGH

Journal of Clinical Psychiatry 2009:

- *“Several forms of folate appear to be safe and efficacious in some individuals with major depressive disorder...”*
- *“Consider folate supplementation from the start of treatment in patients with depression and low or normal folate levels”*
- *“Folate appears to be well tolerated”*

American Psychiatric Association Recommendations

APA MDD Guidelines for Treatment 2010

"Considering the modest evidence that supports folate as an augmentation strategy and its attractive risk-benefit profile, folate can be recommended as reasonable adjunctive strategy for MDD that carries little risk."

APA CAM MDD Guidelines for Treatment 2009

"Studies to date demonstrate efficacy of augmentation of antidepressants with folic acid, folinic acid, and L-methylfolate for MDD. We advocate and recommend folate/methylfolate and omega-3's as effective strategies for MDD. Folate and methylfolate monotherapy may benefit certain depressed populations."

Most Diverse Natural Folates: FDA 15mg DFE

L-Methylfolate Magnesium	7mg
Folinic Acid	2.5mg
Dihydrofolate	1mg

B Vitamins in their Bioactive Coenzyme Form

B12 (Adenosylcobalamin)	50mcg
B6 (Pyridoxal-5-Phosphate)	25mcg
B1 (Thiamine Pyrophosphate)	25mcg
B2 (Flavin Adenine Dinucleotide)	25mcg
B3 (Nicotinamide Adenine Dinucleotide)	25mcg
Piperine (B Vitamin Bioenhancer)	500mcg

Minerals in their Bioactive Cofactor Form

Magnesium Ascorbate	24mg
Magnesium L-Threonate	1mg
Zinc Ascorbate	1mg
Iron (Ferrous Glycine Cysteinate)	1.5mg

Phospholipid Form – Brain Ready

PS-Omega-3 (Phosphatidylserine, EPA, DHA)	20mg
---	------

Absorption Enhancer

Sodium Citrate	10mg
----------------	------

Energizer

CoQ10	500mcg
-------	--------

TEAM METHYLATION

PRE-METABOLIZED COENZYMES AND COFACTORS, BRAIN READY INGREDIENTS

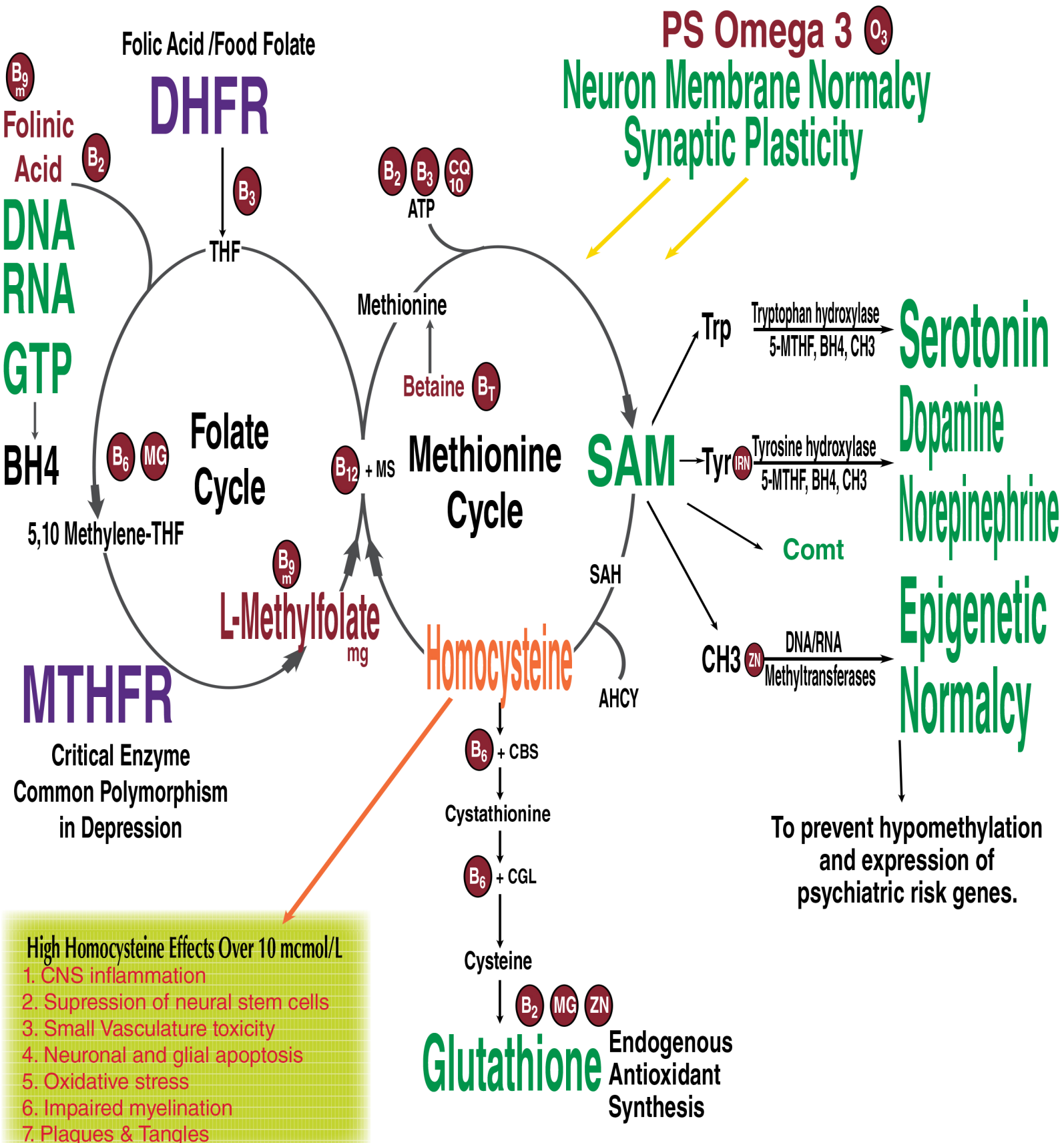
CNS Biochemical Actions

1. Normalizes and balances **Neurotransmitter production** (serotonin, dopamine, norepinephrine, epinephrine & 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.



THE JOURNAL OF CLINICAL PSYCHIATRY

MAY 2016

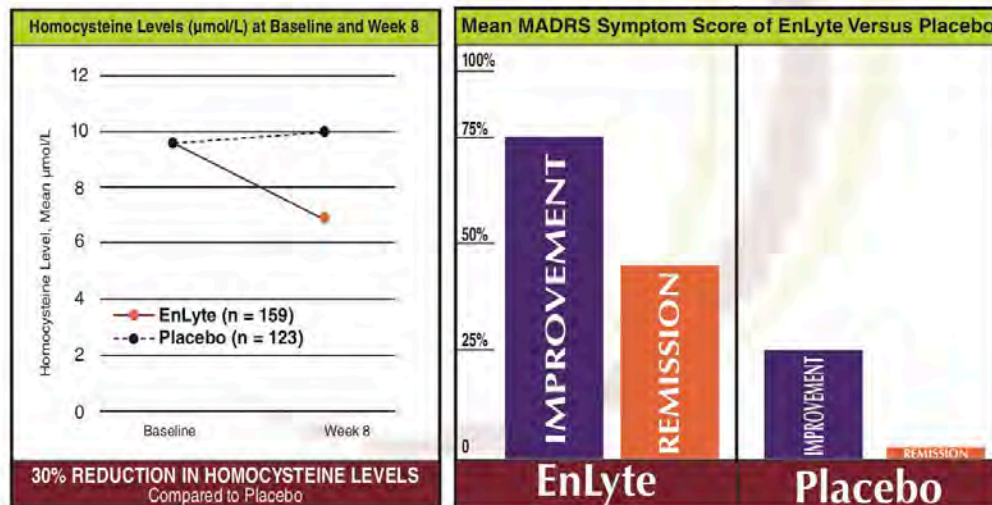
Correlation of Clinical Response With Homocysteine Reduction During Therapy With EnLyte/EnBrace HR in Patients With MDD Who Are Positive for MTHFR C677T or A1298C Polymorphism

Andrew Farah, MD

330

ADULT PATIENT RANDOMIZED DOUBLE
BLIND PLACEBO CONTROLLED STUDY

OBJECTIVE: This study was designed to evaluate the efficacy and safety of EnLyte/EnBrace HR as monotherapy in adults with major depressive disorder (MDD) who were also positive for at least 1 methylenetetrahydrofolate reductase (MTHFR) polymorphism associated with depression and further test the hypothesis that EnLyte/EnBrace HR will lower homocysteine in a majority of clinical responding patients.



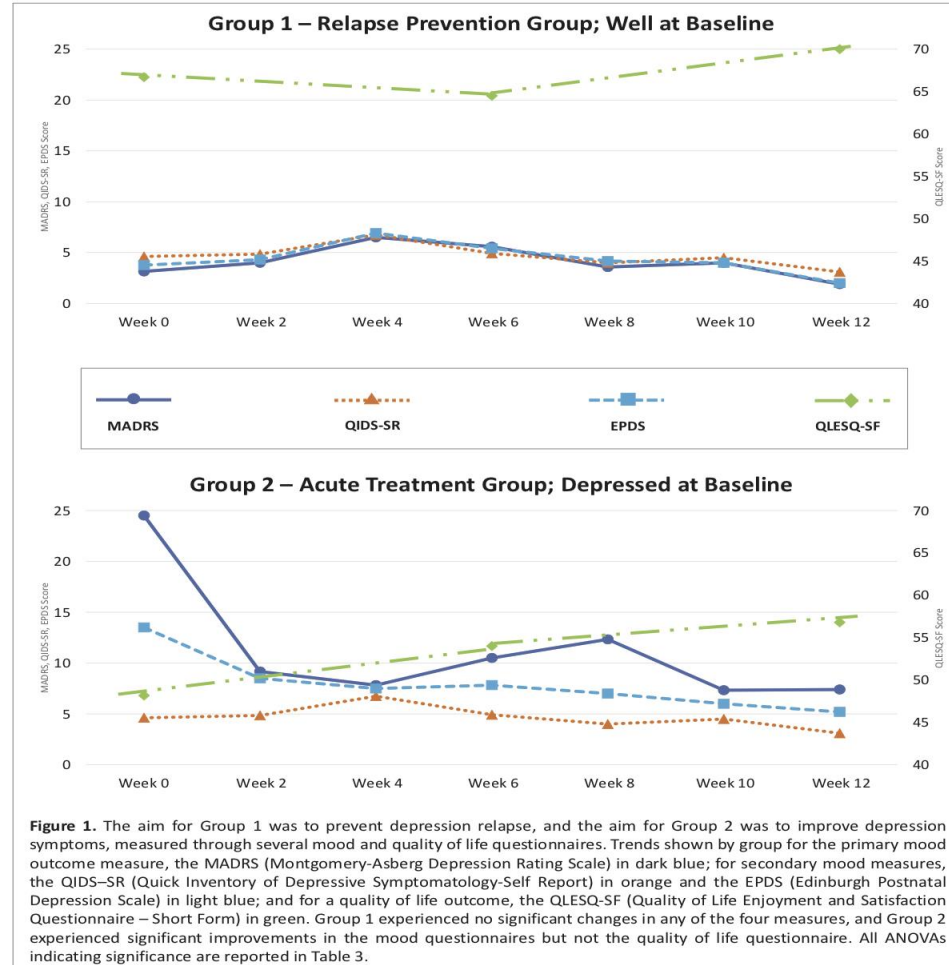
NO SIDE EFFECT WAS REPORTED AT GREATER RATE THAN PLACEBO

ONSET OF ACTION 2 WEEKS



Results

Figure 1. Mood and Quality of Life Outcomes



Conclusion:

- Study results suggest EnBrace HR is a novel and well tolerated intervention with efficacy for the prevention and treatment of depression among women planning pregnancy and who are pregnant.

HOW TO USE

EnLyte and EnBrace HR can be used 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

MONOTHERAPY

- MTHFR Positive
- MTHFR Suspected Based on Family History of:
 - Mental Illness
 - Miscarriages or Birth Defects
 - Addiction
 - Cardiovascular Issues
 - Diabetes
- Before, during and after pregnancy
- Addiction Support
- Adolescents to Prevent Suicidal or Violent Ideation
- Geriatrics

ENLYTE / ENBRACE HR HELPS WITH SYMPTOMS LIKE...

- Depressed Mood
- Apathy / Loss of Interest
- Problems Concentrating
- Insomnia
- Anxiety/Worry
- Irritability
- Inattention
- Hyperactivity / Impulsivity
- MTHFR Genetic Issues



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

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

HOW TO PRESCRIBE

STEP 1

USE OUR ONLINE PRESCRIBER FORM

Fill in prescriber and patient information and then hit “submit”

[CLICK HERE](#)

STEP 2

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 3

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

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



TRUSTED BY MEDICAL PROVIDERS NATIONWIDE

Natural + Safe + Proven



www.folatehealth.com

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.



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

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

Safe Ingredients

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

Dosing

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



To Order and For a Full List of Ingredients visit:

www.folatehealth.com

985-629-5825

“Science has discovered and documented that a big part of the root cause of mental disease lies within brain biochemistry dysfunction and genetic vulnerability. The good news is that effective and safe Rx therapies to restore and normalize brain chemistry and nullify genetic polymorphisms are available for prescription use now to use as monotherapy or adjunctively. Complete folate therapies EnLyte and EnBrace HR can help normalize brain chemistry which equates to clinical improvement based on well-designed studies. These topics are addressed simply in the presentation The Use of Folates in Depression, “ The Rx EnLyte/EnBrace HR Story”. Please learn more about these tools to enhance your treatment options for depression”

Towny Robinson

Inventor Enlyte/EnBraceHR

CEO, JayMac Pharmaceuticals

