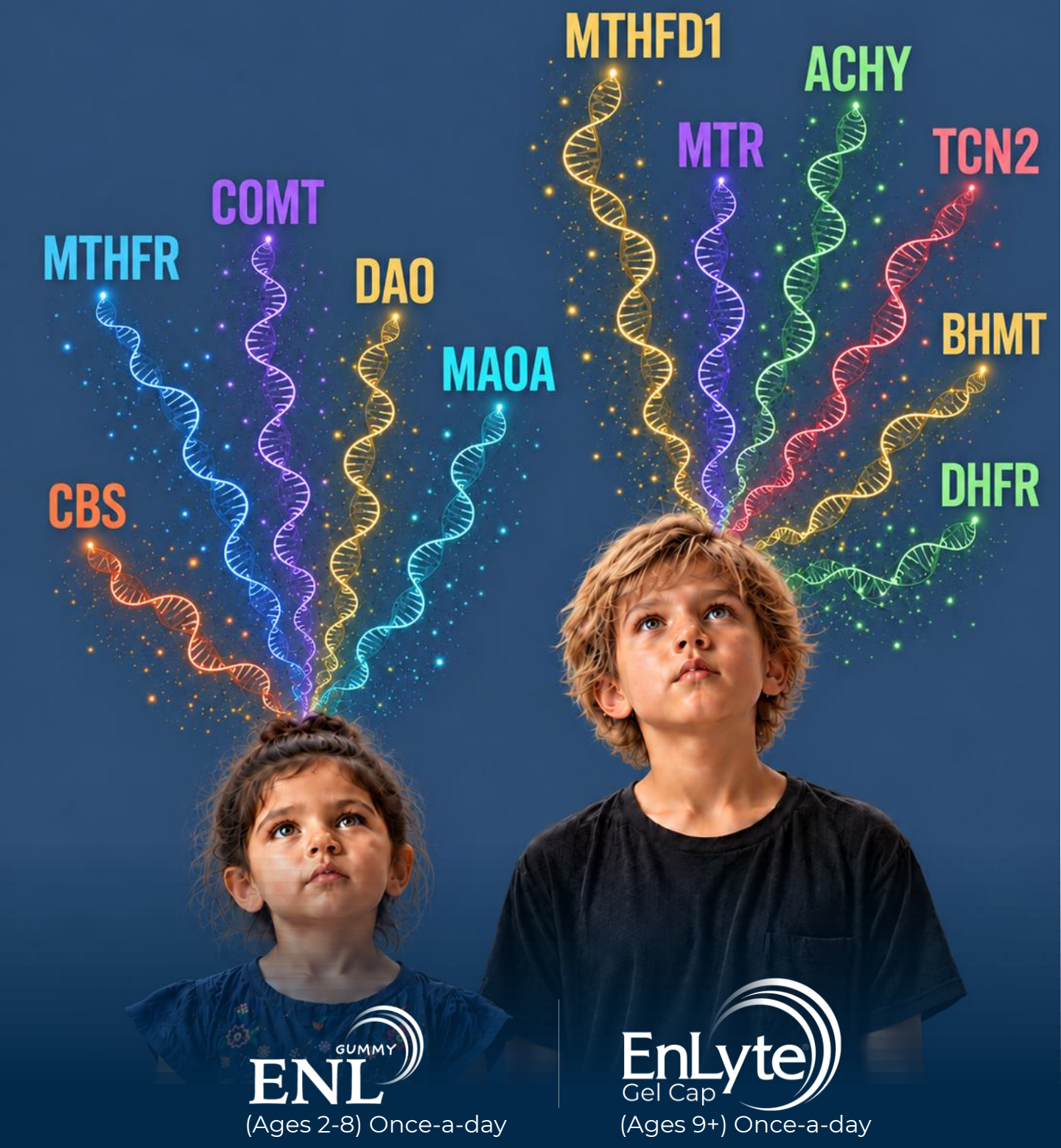
Risk for ADHD is Highly Polygenic



GUMMY
ENL
(Ages 2-8) Once-a-day

EnLyte
Gel Cap
(Ages 9+) Once-a-day

The Professional Choice

All-Natural, Clinically Proven For
ADHD as Mono or Adjunctive Therapy

New ADHD Clinical Trial

Complete Methylation Teams

Brain Bioactive B-Vitamin Coenzymes, Mineral Cofactors, and PS Omega 3s Designed to Normalize CNS Biochemistry for MDD/ADHD Clinical Results

EnLyte/EnBrace HR Ingredients

Reduced Folates

L-Methylfolate Magnesium	7 mg
Folinic Acid	3.5 mg

B Vitamins in their Bioactive Coenzyme Form

B12 (Adenosylcobalamin)	50 mcg
B6 (Pyridoxal-5-Phosphate)	25 mcg
B1 (Thiamine Pyrophosphate)	25 mcg
B2 (Flavin Adenine Dinucleotide)	25 mcg
B3 (Nicotinamide Adenine Dinucleotide)	25 mcg
Bioperine (B Vitamin Bioenhancer)	500 mcg
Betaine (Trimethyl Glycine)	1 mg

Minerals in their Bioactive Cofactor Form

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

Phospholipid Form – Brain-Ready

PS-Omega-3 (Phosphatidylserine, EPA, DHA)	23.3 mg

Absorption Enhancer

Sodium Citrate	6 mg

Energizer

CoQ10	500 mcg

ENL Gummy Ingredients

L-Methylfolate Magnesium:	1.0 mg
Folinic Acid	900 mcg
B12 (Methylcobalamin):	16.7 mcg
B6 (Pyridoxine Hydrochloride):	16.7 mcg
B1 (Thiamine HCl):	8.3 mcg
B2 (Riboflavin):	8.3 mcg
B3 (NAD):	8.3 mcg
DHA/EPA Omega Ahiflower Algal Oil Blend:	2.7 mg
Phospholipid (Phosphatidylserine):	25 mg
Magnesium Citrate:	16.7 mg
Zinc Citrate:	6.7 mg

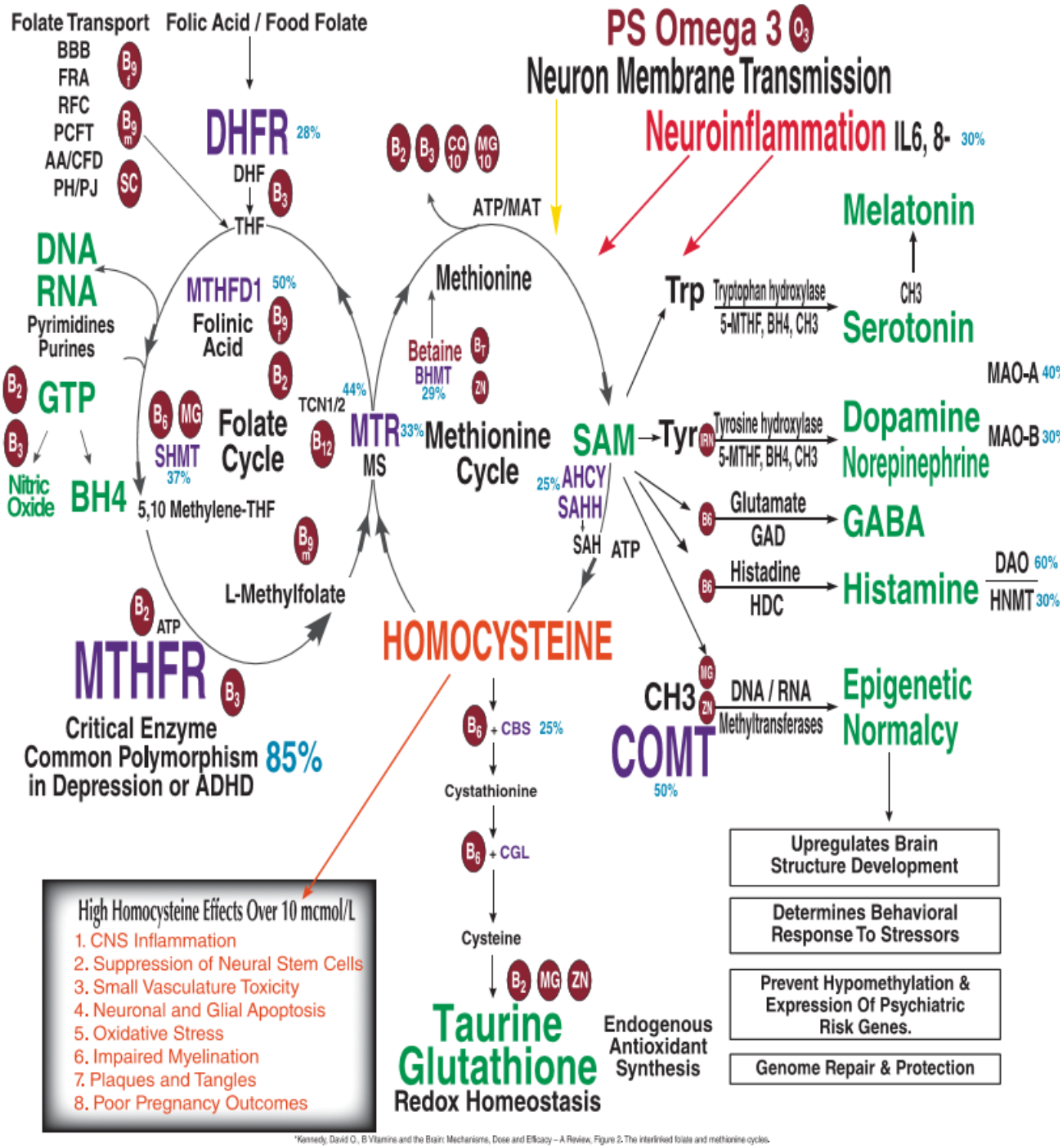
Q. What is the difference between a vitamin and a vitamin coenzyme?

A. Coenzymes are in their final metabolized forms, making them ready to be the catalyst fuel for methylation production of biochemical endpoints.

Methylation Pathway

EnLyte/EnBrace HR, and EnLyte Gummy provides all the downstream bioactive coenzymes, cofactors, and PS omega 3s needed to normalize and balance biochemical endpoints, which correlates into clinical remissions in depression/ADHD clinical trials.

Coenzyme/Cofactor/ PS Omega 3s Product Ingredients Maroon, Biochemical Endpoints Green, Enzymes Purple, PPP SNP Incidences Blue



*Kennedy, David O., B Vitamins and the Brain: Mechanisms, Dose and Efficacy – A Review, Figure 2. The interlinked folate and methionine cycles.

Original Research

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Journal of Childhood & Developmental Disorders

2026
Vol.12 No.02: 163

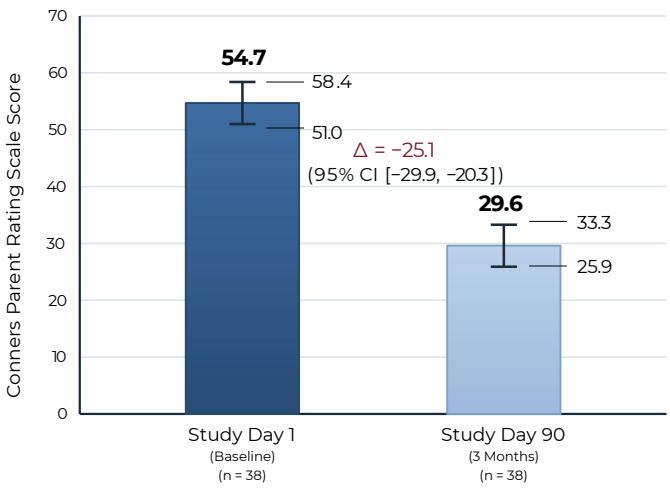
A Nutrigenomic Coenzyme/Cofactor Monotherapy for Pediatric ADHD Ages 2-13: An Open Label Preliminary Trial and Abbreviated Case Series

Jaimee Arroyo[1], Jordan Miller[1], Kayla Sangrey[1], Zeke Nadeau[1], Moriah Olson[1], Esther Bargatze[1], Luciana Muñoz[1], Emily Kay[2], Andrew Farah[2*]

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Received: 03 March, 2026, Manuscript No. ipcdd-26-21101; **Editor assigned:** 05 March, 2026, PreQC No. P-21101; **Reviewed:** 18 March, 2026, QC No. Q-21101; **Revised:** 24 March, 2026, Manuscript No. R-21101; **Published:** 1 April, 2026, DOI: 10.36648/2472-1786.12.2.163



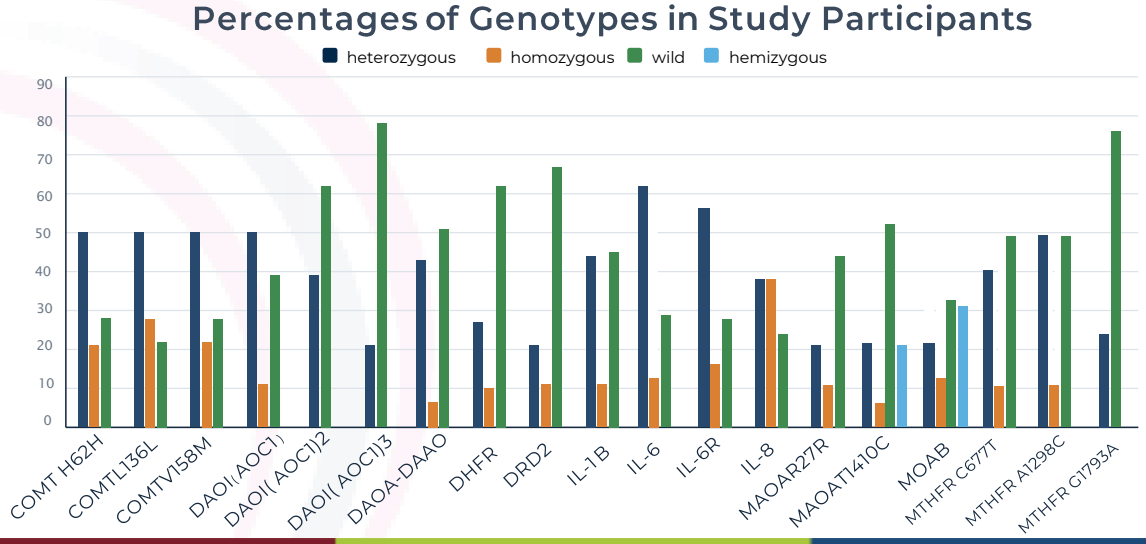
t(37) = 15.02, p < .001
Cohen's d = 2.44 (large)

Treatment Compliance
(All Participants, *n* = 38)

- 11 patients (28.9%) 100% compliant
- 17 patients (44.7%) ≥75% compliant
- 10 patients (26.3%) ≥50% compliant

Figure Conners' Parent Rating Scale at study day one and day 90 (3 months) including participants.

Note: Bars represent mean scores with error bars indicating ±3.7 points (means deviation) above and below the mean. Scores range from 0 to 100 with higher scores indicating greater symptom severity. All participants (n=38) are included in the analysis.



An Open Label, 90-Day, Preliminary Monotherapy Trial and Abbreviated Case Series.

Jaimee Arroyo FNP-BC

Case 1

3-year-old male

Baseline symptoms: Inattentive to instructions; anger with routine tasks (dressing, brushing teeth); could not sit still unless highly engaged.

Conners: 55 → 27

Genetics: MTHFR A1298C (Hetero); very slow MAO; very fast COMT.

Adherence/Duration: 75% compliance (EnLyte Gummy), 90 days.

Outcome: Following preschool directions; outbursts resolved.

Case 2

2-year-old male

Baseline symptoms: Inattentive to his surroundings, not paying attention and constantly running into things. Always sidetracked when following directions. Attentiveness much lower than age appropriate.

Conners: 54 → 28

Genetics: MTHFR A1298C (Homo), slow MAO-A, low DAO.

Adherence/Duration: 100% compliance (EnLyte Gummy), 90 days.

.

Outcome: Able to follow one and 2 step instructions, more attentive and willing to respond to questions. Less bumping into obstacles, better focus and ease of potty training.

Case 3

10-year-old male

Baseline symptoms: Performs below grade level; poor concentration leads to frustration; anxiety with incomplete work and task switching; difficulty stopping tasks; low self-esteem ("I have no friends").

Conners: 46 → 21

Genetics: MTHFR C677T (Hetero); slow COMT; very fast MAO.

Adherence/Duration: 75% compliance (ENL Gel Cap), 90 days.

Outcome: Improved focus at home/school; gets less emotional; improved friendships; antidepressant no longer needed/considered.

Case 4

11-year-old female

Baseline symptoms: Performs below grade level in all subjects, poor focus and inability to complete tasks/assignments, poor recall, carelessness and tuning out.

Conners: 45 → 22

Genetics: MTHFR A1298C (Hetero), fast MAO-B, slow COMT, low DAO.

Adherence/Duration: 100% compliance (ENL Gel Cap), 90 days.

Outcome: Much more attentive in class, high completion of assignments. Her recall resulted in improved grades. Parents pleased with homework done at home after class. Reports more confidence and better report cards.

Addressing the ADHD Symptom Triad with EnLyte Adjunctively:

Focus, Emotional Dysregulation, & Psychiatric Comorbidities

NIH/CDC states that 80% of ADHD children have at least one psychiatric comorbidity





Case 1

7-year-old female (ADHD; stimulant + EnLyte)

Baseline/treatment history: Improved focus/grades on methylphenidate 27 mg, but worsened mood symptoms

Presenting symptoms: Poor frustration tolerance; anger outbursts → remorse, dysphoria, guilty ruminations

Adjustment: Reduced methylphenidate to 18 mg (mood returned to baseline but still problematic)

EnLyte outcome: Once-daily EnLyte resolved mood/emotional issues within 6 weeks (only minor flare-ups)

Long-term: Continued combination therapy for **>2 years**

Case 2

10-year-old male (ADHD + depressive symptoms; stimulant + EnLyte)

Current meds (baseline): Methylphenidate 20 mg AM + 5 mg after school

Presenting symptoms: Moodiness, irritability, feeling down most of the time

Prior antidepressant trials: Fluoxetine 10 mg/day and escitalopram 20 mg/day (parents reported worsening)

EnLyte outcome: Added once-daily → MDD remission by week 8. **MADRS**: 21 → 6

Long-term: Symptom resolution sustained over 1 year at present

Beyond its Proven Therapeutic Effect, EnLyte Fully Nourishes the Brain

NUTRITIONAL DEFICIENCIES PLAGUE 90% OF ADHD KIDS

- Stimulants Reduce Appetite Affecting Nutrition
- Drugs Impair Digestion, Absorption, and Storage
- SNRIs/SSRIs Increase Cravings that Alters Nutrition
- Environmental Contaminants Deplete Nutrition
- Stimulants Increase Excretion of Nutrients
- Genetic Polymorphisms Cause Coenzyme Deficiencies

PSYCHIATRIC MEDS DEPLETE

Magnesium
Iron
Folates
Omega 3s
B1
B12
B6
B2
B3
Zinc
CoQ10

ENLYTE SUPPLEMENTS

+ Magnesium 3 ways
+ Iron Mildly with Chelation
+ Methylfolate, Folinic Acid
+ Brain Omega same as Vayarin
+ B1 Coenzyme
+ B12 Coenzyme
+ B6 Coenzyme
+ B2 Coenzyme
+ B3 Coenzyme
+ Zinc Ascorbate
+ CoQ10



EnLyte can double as the best vitamin for general health benefits: Improving compliance and saving money



How to Prescribe

For Your Commercial & Cash-Pay Patients

Step 1

Visit Our Website:

www.enlyterx.com

Step 2

- Click the “Medical Provider” tab
- Click “Prescribe Now”
- Complete & submit the form

Ages 2-8 y/o, ENL Gummy,
1 per day- 30 days for $42

Ages 9 and up, EnLyte (ENL),
1 softgel per day – Introductory offer: 60 days for $60

Inform the patient to expect a same-day call from one of our Patient Care Representatives to coordinate shipment.

On the electronic form, be sure to check "Free Patient Consult" if you would like your patient to receive additional education about EnLyte.