



The EnLyte Story for ADHD as Mono or Adjunctive Therapy in Preschoolers, Children, Adolescents, and Adults

ADHD is familial with estimated genetic heritability at 80-90% (A significant root cause)

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EnLyte Gummy
(ages 2-8)



EnLyte Gel Cap
(No Age Restriction)

CANCELS



Methylation
Gene SNPs:
**MTHFR +9
others**

TO



**Normalize and
Balance
Biochemical End
Points:**
Neurotransmitters,
SAM-e, glutathione,
Taurine, HCY
DNA, RNA, BH4, NO



Resulting in Published Clinical Improvements and Remissions for all Ages

FDA Indication: Dietary Management of ADHD & Comorbid Depression/Anxiety

“For decades we have treated ADHD and its comorbidities with drugs that temporarily mask symptoms. With EnLyte, we now have the scientific and clinical evidence to address genetic and other root biochemical causes for symptom remissions and prevention effectively and safely over the long haul.”

B. Andrew Farah MD, DFAPA

Regional Director Psychiatry, Novant Health, Adjunct Professor of Psychiatry, UNC



Complete Methylation Team

Brain Bio-Active B Vitamin Coenzymes, Mineral Cofactors, and PS Omega 3s

EnLyte Ingredients

Reduced Folates

L-Methylfolate Magnesium	7mg
Folinic Acid	3.5mg

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
Bioperine (B Vitamin Bioenhancer)	500mcg
Betaine (Trimethyl Glycine)	1mg

Minerals in their Bioactive Cofactor Form

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

Phospholipid Form—Brain Ready

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

Sodium Citrate	6mg
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Energizer

CoQ10	500mcg
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EnLyte Gummy Ingredients

L-Methylfolate (Magnesium):	1.7 mg
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

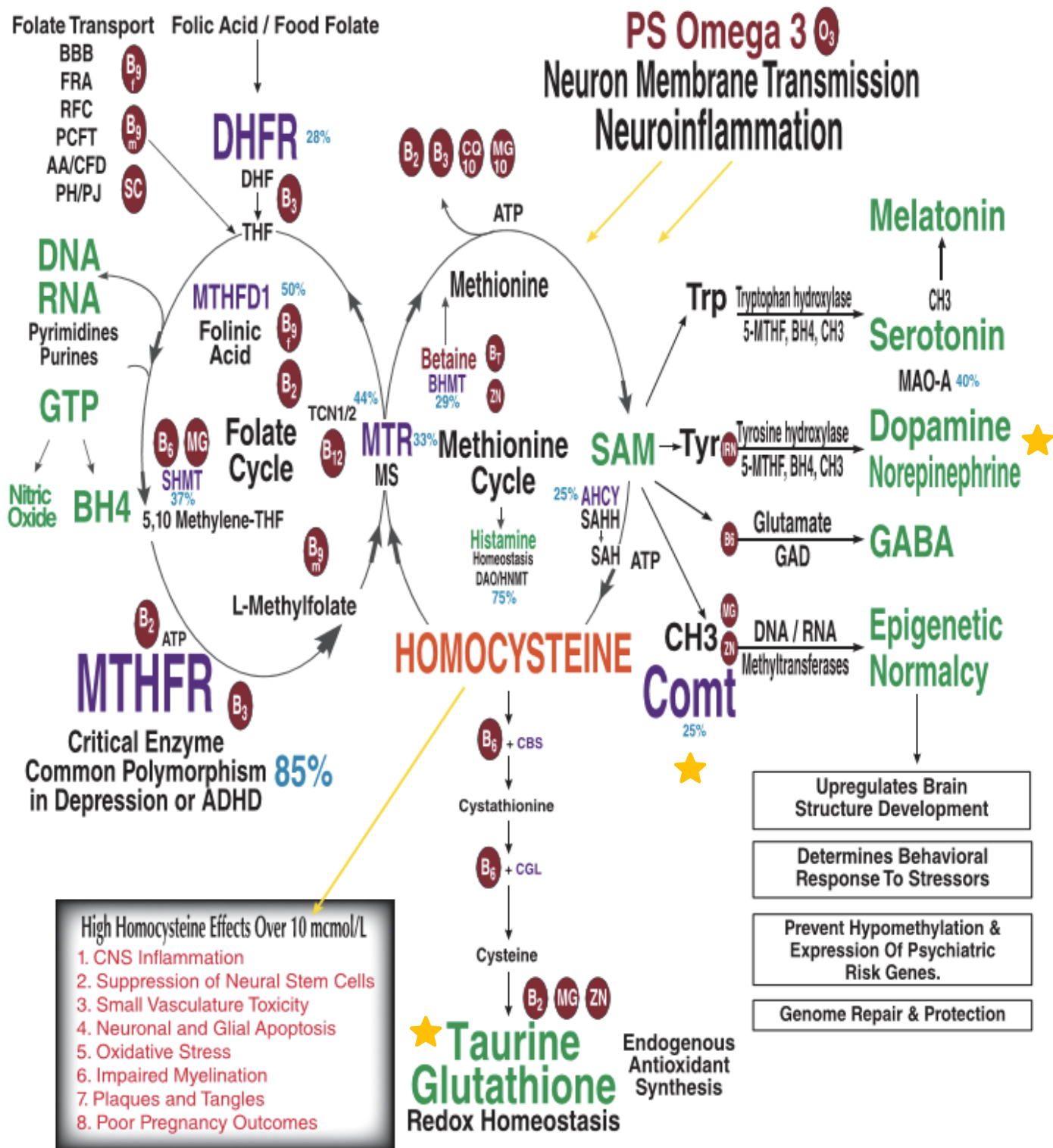
Q. What is the difference in a vitamin and a vitamin coenzyme?

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

Methylation Chart

EnLyte/EnLyte Gummy provides all the downstream bio-active coenzymes, cofactors, and omegas needed to normalize and balance biochemical endpoints, which correlates into clinical remissions in depression/ADHD clinical trials.

EnLyte, EnLyte Gummy Coenzyme/Cofactor Product Ingredients Maroon,
Biochemical End Points Green, Enzymes Purple, SNP Incidence Blue



A Nutrigenomic Coenzyme/Cofactor Monotherapy for Pediatric ADHD Ages 2-12

An Open Label Preliminary 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 PD Gummy), 90 days

Outcome: Following preschool directions; outbursts resolved

Case 2

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

Cont. A Nutrigenomic Coenzyme/Cofactor Monotherapy for Pediatric ADHD Ages 2-12

An Open Label Preliminary Trial and Abbreviated Case Series.
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Case 3

11-year-old female

Baseline symptoms: Poor memory for instructions; “brain fog” in class; emotionally over-reactive; obsessed over internal timelines with “meltdowns” when expectations disrupted; rushed work with near-complete assignments left unfinished; high anxiety (OCD therapy considered)

Conners: 40 → 16

Genetics: MTHFR C677T/A1298C (compound hetero); slow COMT; severely reduced DAO

Adherence/Duration: 100% compliant (EnLyte PD Gummy), 90 days

Outcome: Requires less time and support to cope with routine anxiety triggers; decreased need for extended conversations and interventions; improved self-control with slower, more deliberate responses; increased focus and independence with chores and medial tasks without prompting.

Additional outcome: Y-BOCS 41 → 20

RESULTS:

All 38 study completers responded well to EnLyte Gummy or gel caps, with the mean reduction in the Conners' Parent Rating Scale from 54.7 (Moderate ADHD) to 29.6 (Wellness or remission) after 90 days of therapy.

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

Impactful Methylation Genetic SNPs

MTHFR SNP, limits Methylfolate production.

85%

JCP, 05/16, 330 Patients MDD/MTHFR SNP
8 Week Monotherapy Study
EnLyte Group (159) 42% Remission, .93 ES
Placebo Group (123) 1.8% Remission
Side Effects = Placebo
Only MTHFR Study in the Literature

MTHFD1 SNP, limits Folinic acid metabolization.

50%

MAO-A, SNP, regulates Neurotransmitter breakdown.

40%

MTR SNP, limits Methionine Synthase production.

33%

DHFR SNP, limits production of all folates downstream.

28%

DAO SNP, limits the breakdown of Histamine causing those high levels to affect ADHD/MDD/Anxiety symptoms.

79%

TCN1/2, SNP, reduces B12 transport intracellularly.

44%

SHMT SNP, limits 5,10 Methylene THF production.

37%

BHMT SNP, limits Betaine production.

29%

COMT SNP, regulates Dopamine levels in prefrontal cortex.

25%

AHCY SNP, regulates SAH to Homocysteine conversion.

25%

“The broad-spectrum B vitamin coenzymes, mineral cofactors, and phospholipid omega 3 ingredients in EnLyte were specifically designed to empirically manage and mitigate methylation polymorphisms for normal and balanced methylation outcomes, which correlate with proven clinical outcomes in ADHD and Major Depressive Disorder as mono or adjunctive therapy.” — Towny Robinson, Inventor of EnLyte

A smiling female doctor with dark hair and a stethoscope around her neck, wearing a white lab coat, is the background for the entire page. The image is slightly faded to allow the text to be prominent.

HOW TO PRESCRIBE

Submit Our Electronic Form

Step 1

Visit

www.enlyterx.com

Fill out info and click "submit"
EnLyte will be available in your EMR, but the most cost-effective way to prescribe is by using the "Prescribe Now" button. This ensures your patients receive 2 bottles at \$29.95 each, and the lowest price available moving forward. EnLyte Gummy is always \$99 for 90 Gummies.

Step 2

Inform Your Patient

Let your patient know that a friendly customer care representative will contact them shortly to get started on EnLyte for just \$1 a day for the first 60 days. EnLyte Gummy is always \$99 for 90 gummies.

We Take Care of The Rest

A representative will contact your patient to arrange their order, which will typically be shipped the same day.

Our Medical Food Distributor will handle all refills to ensure uninterrupted care.