

## NeuroResearch BREAKS OPEN THE BARRIER

Amino acids and cofactors in patent pending “NeuroReplete” are used within USDA guidelines. In the past, treatment with amino acids and cofactors caused undesirable side effects such as occasional GI upset and nausea in up to 70% of patients. These GI side effects prevented full understanding of natural amino acid therapy versus prescription drugs.

NeuroResearch has discovered the answer to this problem. **As your body changes to a healthier state with amino acid therapy it does not always tolerate the same unhealthy food it once did.** Once this was understood, the incidence of GI problems in the database went from 70% to 0.6%.

### GI UPSET

GI upset is divided into two groups, “start up” and “carbohydrate intolerance”. It would appear the problem that in the past had not been fully understood. Once the cause of these problems is understood, they are easily managed, giving patients the full ability to use natural amino acid therapy in place of prescription drugs in the treatment of disease.

### START UP = DEPLETION

About 1 of every 200 patients experience GI upset on starting treatment. This GI upset builds with every dose until about 3 days out the patient can no longer tolerate it and stop their supplements. Our database and work in the past have shown that patients who experience this problem in general, are the most serotonin-depleted patients as evident by the large number of other neurotransmitter illnesses present. It is ironic that these rare

patients are the ones that need NeuroReplete the most for neurotransmitter deficiency disease

All patients need to be warned about this problem at initiation of therapy. The problem is best managed by restarting the patient on only one capsule at bed time (when ready to go to sleep). Then increase the dosing by one pill after 3 to 4 days of no symptoms, with subsequent increases in dosing in a similar manner until the normal starting dose is achieved in 3 to 4 weeks.

### CARBOHYDRATE INTOLERANCE

This problem was very difficult to pin down, but once understood, it is easy to deal with by both the caregiver and the patient. As we treated patients over the last 3 years with the amino acid dosing schedule in “NeuroReplete”, up to 70% of patients reported periodic GI upset and they tended to blame this GI upset on “the pills”. In the end, it was not “the pills” but a carbohydrate intolerance that had developed with treatment

Carbohydrates are high calorie food with very little nutritional value. Common examples include, bread, noodles, candy, cereals, chips, popcorn, pies, cakes, pop, pancakes, waffles, and syrup just to name a few. Typically, intolerance symptoms come on 2 or 3 hours after eating and last 30 minutes to an hour. **CHANGING ONE FOOD usually cures it.** For example, we have seen patients who change from white bread to whole wheat bread and no longer experience further symptoms.

If a patient is **one or more weeks into treatment** and begins to experience GI upset 2 to 3 hours after eating, they should:

1. Read a NeuroResearch patient brochure.
2. Be instructed to remember what they just ate.
3. Usually it is easy to identify the carbohydrate that just caused the problem.
4. In most cases, it is only one specific carbohydrate causing the problem.

5. In many cases, it is a favorite food.
6. Patients should also be instructed on this problem as treatment is started.

✓ **GI UPSET ON START UP = DEPLETION**

✓ **GI UPSET AFTER START UP = CARBOHYDRATE INTOLERANCE**

### CASE STUDY GI UPSET, BREAD

A 48-year-old male under treatment with NeuroReplete came into the clinic at 10AM complaining of GI upset and nausea. Even though he had been orientated on carbohydrate intolerance, he did not make the connection. On questioning, he had eaten 2 eggs and 2 slices of bread for breakfast. **IT WAS THE BREAD.** He changed from white bread to whole wheat bread and had no further problems. One month into treatment his migraine headaches were gone, he was sleeping better at night, and he was having no further problems with depression.

### CASE STUDY ON GI UPSET, CEREAL

A 37-year-old female under treatment with NeuroReplete for fibromyalgia reported 2 weeks into treatment that she was experiencing nausea every morning about 3 hours after eating. The only thing she ate consistently every morning was her favorite cereal, Shredded Wheat. As time went on, she reported that she could eat any other cereal including Wheaties with no problems. The patient reported feeling great with her fibromyalgia 80% better 4 weeks into treatment.

### CASE STUDY ON GI UPSET, SALAD

34-year-old female with severe depression began having GI upset mid-afternoon. She reported that she had been on 14 different antidepressant drugs in the past without relief. She was dieting and eating only a salad for lunch. The salad dressing turned out to be a high calorie dressing that was carbohydrate based. She switched salad dressings and had no further problems. The patient reported

that her depression began to lift 3 to 4 weeks into treatment with NeuroReplete.

### PITFALLS OF TREATMENT

Understanding the cause of pitfalls and subsequently educating and positioning the patients properly can avoid undesirable side effects of treatment in patients.

These undesirable effects include GI upset and on rare occasions drowsiness. Other undesirable effects of treatment and the rate of occurrence as reported at visits in our database include:

Dry mouth ----	2.1%	Insomnia -----	0.9%
Headache -----	0.7%	Nausea -----	0.6%
Dizziness -----	0.4%	Constipation –	0.4%

All other reported undesirable side effects occurred at visits at a rate of less than 0.2%.

### SOMNOLENCE

On very rare occasions, we have seen a limited number of patients who, on the starting dose of NeuroReplete, (4 pills twice a day) experience excessive tiredness. That can be managed by decreasing the dosing to 2 pills twice a day.

### MEDICATIONS

Neurotransmitter deficiency is a major problem in the world today. Depression, migraine headaches, anxiety, panic attacks, insomnia and many other diseases are examples of neurotransmitter deficiency disease. Medications work by moving neurotransmitters from one place in the brain to another effectively tricking the brain into thinking it has more neurotransmitters when there are none. Medications do nothing to make the additional neurotransmitters the body needs. The only way the body can make neurotransmitters is by taking in additional amino acids and cofactors. NeuroReplete actually allows the body to correct the problem, not trick it by redistribution.