empowerplus

Healthcare Professional Product Guide

This is an educational publication provided to help licensed healthcare professionals understand the science upon which E.M.Power+™ is based and its nutrient content mechanisms of action in the body. This guide may not be used to sell E.M.Power+™ and is intended for healthcare professionals only.

The only claims that can be made for E.M.Power+™ are those that have been approved by the Company.

A Scientific Product Review

E.M.Power+™ Dietary Supplement

Evince International, LLC

E.M.Power+™

Dietary Nutrients for CNS Concerns*

Summary

E.M.Power+™ is a dietary supplement manufactured by Evince International, LLC to help maintain normal Central Nervous System equilibrium and health.*

E.M.Power+™ is a broad-based nutritional supplement of dietary nutrients, primarily chelated trace minerals and vitamins, administered in high doses. Five well-designed published clinical studies substantiate the nutritional efficacy, excellent tolerability, and safety of E.M.Power+™. Several additional large-scale double-blind placebo-controlled studies of RDA or high-dose multivitamin regimens in adults, have reported improved scores of mood and cognition as well as anxiety and somatic symptoms.

E.M.Power+™ is available in a convenient capsule form or in a pre-mix powder.

At the present time, E.M.Power+™ is available only to research participants and physicians who are formally involved in the safety and efficacy studies of the product.

Background

More than 54 million Americans have a central nervous system disorder in any given year, although fewer than 8 million seek treatment (SGRMH, 1999). Depression and anxiety disorders, the two most common mental illnesses, each affect 19 million American adults annually (NIMH, 1999). Approximately 12 million women in the United States experience depression every year - roughly twice the rate of men (NIMH, 1999).

Depression greatly increases the risk of developing heart disease. People with depression are four times more likely to have a heart attack than those with no history of depression (NIMH, 1998). Approximately 15 percent of all adults who have a mental illness in any given year also experience a co-occurring substance abuse disorder, which complicates treatment (SGRMH, 1999).

Central Nervous System disorders in children is rapidly becoming one of our most serious health concerns. One in five children have a diagnosable mental, emotional or behavioral disorder. And up to one in 10 may suffer from a serious emotional disturbance. Seventy percent of children, however, do not receive mental health services (SGRMH, 1999).

Attention deficit hyperactivity disorder is one of the most common mental disorders in children, affecting 3 to 5 percent of school-age children (NIMH, 1999). As many as one in every 33 children and one in eight adolescents may have depression (CMHS, 1998). Once a child experiences an episode of depression, he or she is at risk of having another episode within the next five years (CMHS, 1998).

Suicide is the third leading cause of death for 15- to 24-year-olds and the sixth leading cause of death for 5- to 14-year-olds. (AACAP, 1997). Substance abuse in both children and their parents, is often related to suicide incidents. Children of alcohol- and drug-addicted parents are up to four times more likely to develop substance abuse and mental health problems than other children. (NACOA, 1998) Twenty percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. Up to an additional 30 percent of youth in these facilities have substance abuse disorders or co-occurring substance abuse disorders (OJJDP, 2000).

Of note, up to one-half of all visits to primary care physicians are due to conditions that are caused or exacerbated by mental or emotional problems (CFHC, 1998).

Clinical depression is very treatable, with more than 80% of those who seek treatment showing improvement. The most commonly used treatments are antidepressant medications, psychotherapy or a combination of the two. The choice of treatment depends on the pattern, severity, persistence of depressive symptoms and the history of the illness. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences. Depression must be treated by a physician or qualified mental health professional.

While existing treatments are effective at treating the symptoms of central nervous system disorders, maintenance of a healthy Central Nervous System through nutritional supplementation is a particularly attractive first-line defense due to its low cost and non-invasive nature. There are an estimated 54 million people in the United States who should make dietary and lifestyle changes to maintain mental and emotional health.

Primary Active Constituents

E.M.Power+™ is an acronym, which stands for **E**ssential **M**ineral **Power plus** vitamins and phytonutrients. E.M.Power+™ provides a complete and balanced Nutrient Program covering multiple deficiencies in numerous areas of the body including the Central Nervous System. The composite contains 13 vitamins, three amino acids, and 17 minerals in a chelated form. Chelation is a process whereby minerals are bonded to organic ligands, which have the effect of increasing the mineral's bioavailability. Increased bioavailability allows the body to utilize a higher percentage of the mineral content making more nutrient available for the body processes. It is important to understand that minerals are involved in the human production of DNA, RNA, hormones, metalloenzymes and neurotransmitters.

E.M. POWER+™
Ingredient List Per 8 Capsules

	Amount Per Serving	% Daily Value
Vitamin A	2,400 IU	48%
Vitamin C	250 mg	417%
Vitamin D – Cholecalciferol	400 IU	100%
Vitamin E	100 IU	333%
Vitamin B1 – Thiamine	5 mg	333%
Vitamin B2 – Riboflavin	5.5 mg	324%
Vitamin B3 – Niacin	25 mg	125%
Vitamin B6 – Pyridoxine	7 mg	350%
Vitamin B9 – Folic acid	400 mcg	100%
Vitamin B12 – Cobalamin	250 mcg	4167%
Biotin (Vitamin B)	25 mcg	8%
Pantothenic Acid	6 mg	60%
Calcium	550 mg	55%
Iron	6 mg	33%
Phosphorous	350 mg	35%
Iodine (From Kelp)	75 mcg	50%
Magnesium	250 mg	63%
Zinc	20 mg	133%
Selenium	100 mcg	143%
Copper	3 mg	150%
Manganese	4 mg	200%
Chromium	250 mcg	208%
Molybdenum	66 mcg	88%
Potassium	100 mg	3%
CNS Proprietary Blend	756.467 mg	
dl-phenylalanine, glutamine, citrus bioflavonoids, grape seed, choline, inositol, ginkgo biloba, methioine, organic geranium, boron, vanadium, nickel		

Health Benefits

E.M.Power+™ is a 100% natural dietary supplement designed to provide nutritional support for individuals concerned with maintaining their mental and emotional well-being.*

In preliminary clinical and open-label studies, E.M.Power+™ has shown early promise in delivering many important health benefits. Generally, E.M.Power+™ is designed to correct nutrient deficiencies in the central nervous system*, help fight free radical damage to brain cells*, and improve well-being and long-term quality of life*.

More specifically, research suggests nutritional supplementation using E.M.Power+ provides the body with the nutritional support it needs to restore the chemical balance in the brain thereby ameliorating rather than masking symptoms of Central Nervous System distress with few if any uncomfortable or enduring side effects.

Mechanisms of Action

While the evidence at the present time is not conclusive, it is hypothesized that a broad-based nutrient supplement may help maintain mental health with multiple mechanisms of action. Nutrient deficiencies in the brain may affect brain function as well as disrupt chemical equilibrium.

If CNS disorders are due to an inborn error of metabolism, where metabolic "errors" lead to altered brain function, a nutritional supplement may partially correct the metabolic error. This is particularly true where the predisposing genes are coding for proteins involved in metabolic pathways dependent on some of those nutrients. Many minerals (e.g., zinc) are important in dozens of biochemical pathways vital to brain function, so this observation provokes many questions about the specific mechanisms by which predisposing genes might affect mental health.

Nutrient deficiencies in the food supply may create vulnerability in a certain group of the population. In view of the wide range of biological variability in humans, it is certainly feasible that different individuals have variable vulnerabilities to diverse nutritional deficiencies. An amount of dietary mineral intake that is sufficient for most of the population may be borderline adequate, deficient or even toxic for a minority. Chemical, or mineral, imbalances in the brain, can effect the mental or emotional response.

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Clinical Evidence of Efficacy

Nutritional scientists have been well funded by agribusiness to find ways to deal with factors that interfere with animal health, including aggressive and destructive behavior. When farm animals become violent farmers have learned that the aggressive behavior can be reduced by adding certain minerals and vitamins to their diet, without the need for veterinary intervention.

In 1996, animal nutrition specialist David L. Hardy, described this approach to Anthony F. Stephan, whose children had severe treatment-resistant bipolar disorder. Stephan then added similar nutrients to his children's diet. On the nutritional supplement, both children stabilized clinically and have not needed psychiatric medication for the last 5 years. During this time, Hardy and Stephan underwent an intensive program to refine the nutritional supplement using anecdotal data gathered in working with over 2500 psychiatric patients (D.L. Hardy, personal communication, 2001). They also began to collaborate with Bonnie J. Kaplan, Ph.D., a research psychologist at the University of Calgary in Alberta, Canada.

The resulting nutritional supplement, E.M.Power+™, has now been the subject of five published open label and clinical studies. All studies have shown encouraging results in reducing the symptoms of Bipolar Disorder and Fibromyalgia.

In addition, solid scientific research shows that many dietary nutrients, including minerals and vitamins, are essential for normal brain function. For instance, deficient levels of various B vitamins are related to pathologic brain and behavior disorders ranging from Korsakoff/s syndrome to pellagra. Recent work on folic acid (vitamin B9) suggests that low levels may be associated with depressive symptomatology and poor response to antidepressant medication.

Recent studies have shown low plasma levels of zinc and other minerals in people with mood and behavior disorders. Maes and colleagues found lower serum zinc levels in 48 unipolar depressed patients in comparison to 32 volunteers with normal mental health. Walsh and colleagues evaluated copper and zinc levels in 135 assaultive, incarcerated males in comparison to controls. They found an inverse relationship between zinc and the seriousness of the behavior, ranging from verbal assault to aggravated and violent assault: the lower the zinc, the greater the rate of violent behavior.

While Evince does not intend to present or market E.M.Power+™ for purposes of treatment, prevention, or cure of Central Nervous System diseases, the combined evidence suggests the importance of minerals and vitamins in proper central nervous system functioning.

Open Label Studies

E.M.Power+™ has been the subject of five published open label studies. In a recent study of Bipolar Disorder subjects, fourteen patients began a nutrient therapy protocol and 11 completed a minimum of six months (J Clin Psychiatry 62:12, December 2001). Paired t tests revealed significant decrements in scores from study entry to the most recent visit on all 3 outcome measures assessing depression (HAM-D), mania (YMRS), and general psychiatric status (BPRS).

The effect size was large for each of the 3 outcome measures (>.80). These 11 patients have now been followed for a mean ∀ SD of 43.9 ∀ 18.0 weeks (range, 26-86 weeks). The mean symptom reduction was 55% on the HAM-D, 60% on the BPRS, and 66% on the YMRS. The number of psychotropic medications was reduced by more than 50% in these patients after they began taking the supplement, from a mean of 2.7 ∀ 2.0 per patient at study entry to 1.0 ∀ 1.1 at the most recent visit ($t = 3.54$, $df = 10$, $p < .01$). The protocol allowed psychiatrists to change medications freely as part of their patient management.

In another study by Kaplan et al, Effective mood stabilization with a broad-based nutritional supplement: 20 adults and children, Paired t-tests for the adults showed treatment benefit on all measures: Ham-D ($M=19.0$ to $M=5.4$, $t(9)=5.59$, $p<.01$); BPRS ($M=35.3$ to $M=7.4$, $t(9)=2.57$, $p<.05$); YMRS ($M=15.1$ to $M=6.0$, $t(9)=4.11$, $p<.01$). Psychotropic medications decreased significantly from an average of 2.7/patient at entry to 1.0/patient at follow up ($t(10)=3.54$, $p<.01$). For the children, treatment benefit was also significant. There were lower scores for the CBCL: withdrawn ($t(8)=3.79$, $p<.01$); anxiety problems ($t(8)=2.97$, $p<.05$); social problems ($t(8)=2.89$, $p<.05$); thought problems ($t(8)=3.67$, $p<.01$); attention problems ($t(8)=3.85$, $p<.01$); delinquent behaviour ($t(8)=3.71$, $p<.01$); and aggressive behaviour ($t(8)=3.46$, $p<.01$). The YOQ and the YMRS also showed significant improvement $t(8)=5.97$, $p<.001$, $t(3)=4.54$, $p<.05$, respectively.

A study conducted by Charles W. Popper, M.D.,(Harvard Medical School, Boston, and McLean Hospital, Belmont, Mass.) of 22 patients (10 adults, 9 adolescents, 3 preadolescents) who clinically met criteria for bipolar disorder, showed a positive response in 19 of the research participants. Of these, 2 showed mild improvement, 7 moderate improvement and 10 marked improvement. Among the 15 patients who were being treated with medication when they began the nutritional supplement, 11 patients have been stable for 6 to 9 months without psychiatric medications.

Additional Research

We are preparing to evaluate the effect of nutritional supplementation on various test participants with Central Nervous System imbalances, dosage variables, and long-term adverse and positive reactions.

Author/ Year	Design	Duration	N	Dosage	Results (p < 0.05)
Bonnie J. Kaplan, et al. (2000)	Randomized, placebo-controlled trial of the supplement for Bipolar I has been funded and began in July 2000.	From 1.5 to 6 months	10	Up to 32 capsules per day	The change in mean scores for each scale from study entry to the time of the last visit are as follows: Ham-D (20.4 to 8.2), BPRS (37.3 to 9.9), YMRS (16.8 to 6.1), and OQ (75.2 to 48.2).
Bonnie J. Kaplan, et al. (2000)	Adults (aged 19-46) with Bipolar Disorder (I, II, and NOS) and children with mood/anxiety disorders (aged 8-15 years) assessed at entry and post-treatment used the Hamilton-Depression Scale (Ham-D), Brief Psychiatric Rating Scale (BPRS), Young Mania Rating Scale (YMRS), Child Behaviour Checklist (CBCL), and Youth Outcome Questionnaire (YOQ).	Adults: average of 44 weeks Children: average of 14 weeks	20	Up to 32 capsules per day	For the adults, paired t-tests showed treatment benefit on all measures: Ham-D (M=19.0 to M=5.4, t(9)=5.59, p<.01); BPRS (M=35.3 to M=7.4, t(9)=2.57, p<.05); YMRS (M=15.1 to M=6.0, t(9)=4.11, p<.01). For the children, treatment benefit was also significant. There were lower scores for the CBCL: withdrawn (t(8)=3.79, p<.01); anxiety problems (t(8)=2.97, p<.05); social problems (t(8)=2.89, p<.05); thought problems (t(8)=3.67, p<.01); attention problems (t(8)=3.85, p<.01); delinquent behavior (t(8)=3.71, p<.01); and aggressive behavior (t(8)=3.46, p<.01). The YOQ and the YMRS also showed significant improvement: t(8)=5.97,p<.001, t(3)=4.54, p<.05, respectively.
Bonnie J. Kaplan, et al. (1999)	Results based on the number of tender points [maximum 18] and myalgic score from the sum of tenderness at each point [scale of 0 = no tenderness to 4 = severe tenderness]; a Fibromyalgia Impact Questionnaire [SEQ], a Self Efficacy Questionnaire [SEQ] and an Illness Intrusiveness Rating Scale [IIRS]	13 months	1	Up to 32 capsules per day	"... this patient's symptoms improved significantly. She no longer feels stiff and sore, and her energy levels are normal...The lower scores on the FIQ and IIRS are indicative of improved clinical status, as is the higher score on the SEQ...the patient's improved sense of well being is likely due to the nutritional supplements. Given the educated and skeptical attitude of the patient...we think her improvement is very unlikely attributable to an expectancy effect."
Bonnie J. Kaplan, et al. (2000)	Patients aged 19-46, assessed using the Hamilton-Depression Scale (Ham-D), Brief Psychiatric Rating Scale (BPRS), Young Mania Rating Scale (YMRS)	$\exists$ 6 months	11	Up to 32 capsules per day	The change in mean scores for each scale from study entry to the time of the last visit are as follows: Ham-D (20.4 to 8.2), BPRS (37.3 to 9.9), YMRS (16.8 to 6.1), and OQ (75.2 to 48.2).

Directions for Use

Take capsules with food, allowing the stomach to adjust to mineral intake. This practice will decrease potential nausea as it closely simulates the release of nutrients from your food. If nausea is experienced, try immediately eating 3-4 soda crackers. If the crackers fail, lower your dosage per day and work up to higher intake gradually. Should nausea continue, despite taking supplement with food, we suggest taking broad-spectrum digestive enzymes from plant sources.

Be sure that each dosage is separated by at least three (3) hours, as per chart, to obtain maximum effect.

Dosage: Categories A, B & C			
Week	**Children (Pre-Puberty)**	**Adolescents (Ages 12–17)**	**Adults (Ages 18–99)**
1	1 capsule, four times a day (4 capsules) [1,2]		
2	2 capsules, four times a day (8 capsules) [1,2]		
3	3 capsules, four times a day (12 capsules) [1,2]		
4	4 capsules, four times a day (16 capsules) [1,2]		
5-12	Continue with the Acute Management Dose of 4 capsules, four times a day (16 capsules) [1,2]		
13	Contact your Doctor or Research Assistant to see if you can begin the Maintenance Management Dose or if continued Acute Dose increases is needed[3]		

[1] The dose may be increased every three days if the participant is tolerating the supplement.

[2] The dosage is dependent upon the Participant's age and response to the Nutrient Program; contact your Research Assistant.

[3] Maximum dose is 8 capsules, four times a day - 32 capsules

Side Effects

The incidents of reported side effects with nutritional supplementation using E.M.Power+™ have been rare, minor, and transitory. The most common side effect is nausea. Symptoms generally appear when patients forget to take the supplement with food. In almost all cases, nausea is alleviated or eliminated by dose reduction and a gradual increase up to full dose. Despite the challenge of taking up to 32 capsules daily, research participants generally report that the supplement is easy to tolerate.

Other side effects noted less frequently include headaches, diarrhea, vomiting, flatulance, and agitation. Classical symptoms of mineral or vitamin toxicity have not been encountered although these symptoms may emerge with chronic use and a lengthier treatment.

Safety and Toxicity

Overall, none of the ingredients of this supplement are present at levels that pose any apparent risk to healthy, non-pregnant adults. On the other hand, supplementation with dietary minerals and vitamins that significantly exceed the recommended daily intakes carries with it an unknown risk, and therefore the long-term safety of E.M.Power+™ cannot be definitively proven. Participants undergoing clinical trials of this supplement will be monitored for adverse reactions and general health – similar to that done when undergoing a trial of a new psychotropic medication.

Individuals with any known metabolic disorder (Wilson's disease, hemachromatosis, etc.) should not participate in E.M.Power+™ research. Pregnant and lactating women should also refrain because of uncertainty about fetal exposure.

Drug Interactions

MEDICATIONS. Medication, whether prescribed or un-prescribed, may adversely effect the operation of the CNS. For example, the use of anti-psychotics and antidepressants in combination with the Nutrient Program usually manipulates the CNS out of balance. All medication should be looked at closely to determine its affect on CNS operation. Medications that affect gut operation can also effect CNS operation. Tagamet, Prilosec and other anti-acids reduce the level of gut acidity, thereby controlling the production of hydrochloric acid, in turn reducing the digestion of food and nutrient uptake, throwing the body into a more deprived nutrient state. Over-the-counter medications containing codeine and other psychoactive ingredients may also interfere.

ANTIBIOTICS (ORAL). When an antibiotic is introduced into the stomach it will unselectively destroy more of the micro-flora than just a single pathogen. Compromised levels of micro-flora create element deficiencies by interfering with digestive processes. It is common for antibiotics to exacerbate symptoms of anyone with a CNS disorder.

STREET DRUGS. It is well established that street drugs can cause a major imbalance in CNS function. Street drugs work on the premise that they alter the bio-chemical state of the individual. Experience indicates that when street drugs are used in combination with E. M. Power+™ the Participant may regress and will have difficulty maintaining adequate neuro-chemical balance.

Warnings

Keep out of reach of children. If you are pregnant or nursing, or taking any form of prescription medication, consult a physician before using this product.

Shelf Life

Expiration date and lot code numbers are stamped on the side of the bottle.

How Supplied

E.M.Power+ is available in a convenient capsule form. A pre-mix powder is also currently under development for capsule intolerant individuals.

Storage

Store in a cool, dry place. Protect from the light.

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