

**EnLyte**<sup>®</sup>  
Small Gel Cap  
FDA Medical Food  
EnLyterx.com

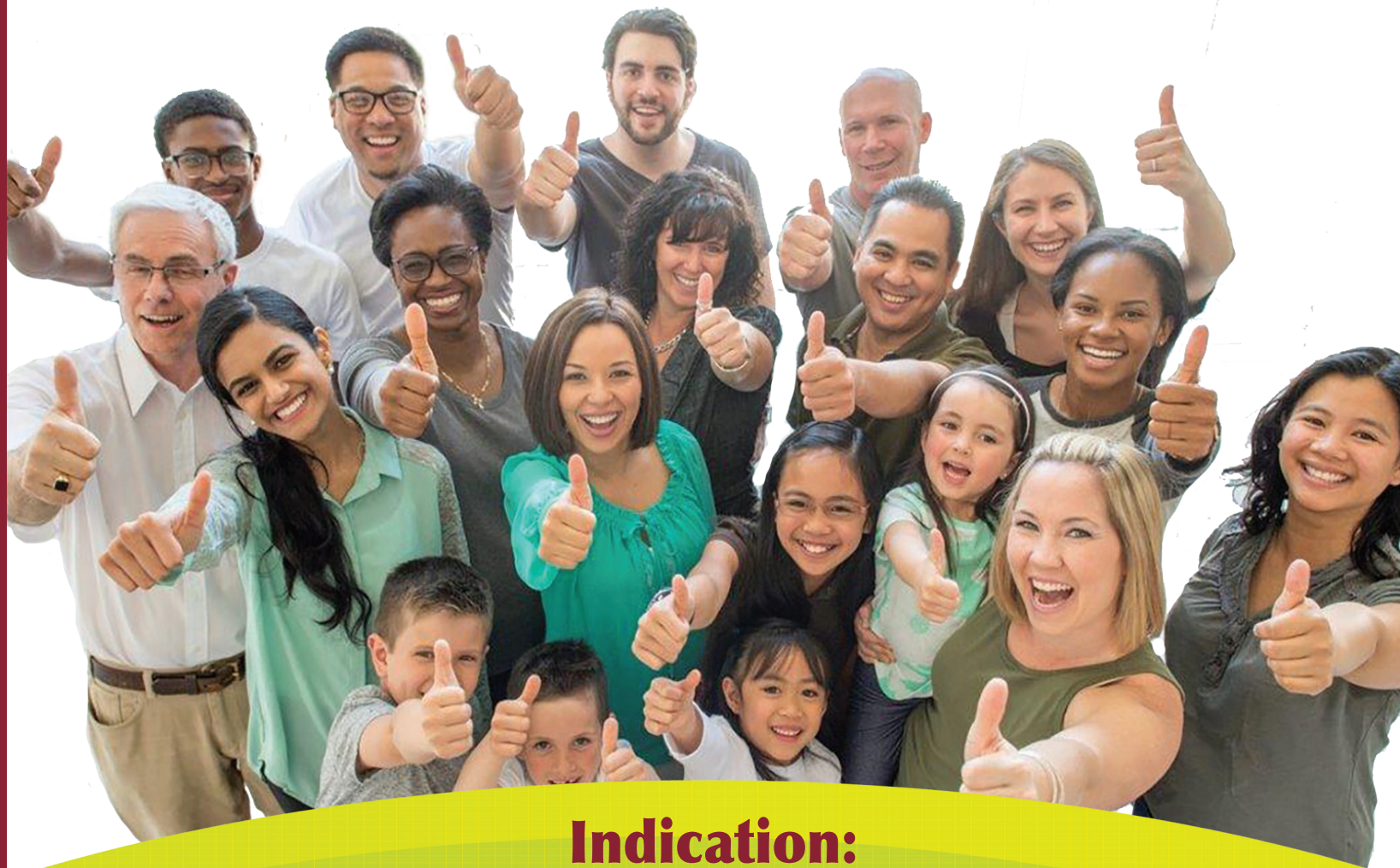
SAME INGREDIENTS  
3 BRANDS

**ENL**<sup>®</sup>  
FDA MEDICAL FOOD  
CASH PAY

**EnBraceHR**<sup>®</sup>  
Small Gel Cap  
PRESCRIPTION ONLY  
EnBraceHR.com

# Can Keep Them "Happy For Life"

*By Effectively Addressing The Root Causes of  
Depression, Anxiety and ADHD Naturally and Safely*



**Indication:**

***Clinical Dietary Management  
of Major Depressive Disorder***

Once-a-day dosing / No age restriction

# **TEAM METHYLATION**

## ***PRE-METABOLIZED COENZYMES AND COFACTORS: BRAIN READY 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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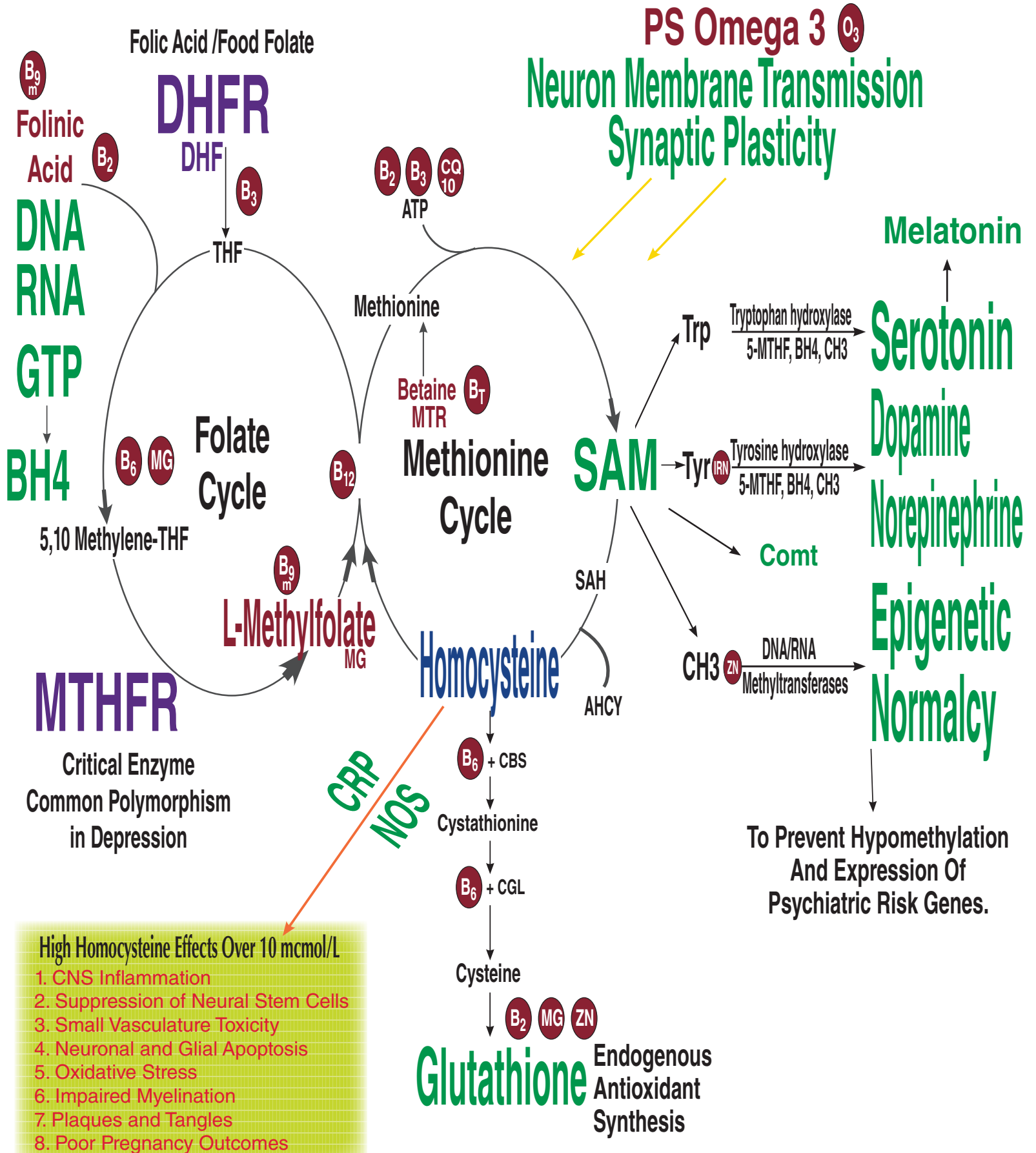
### **Energizer**

CoQ10 .....	500mcg
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# METHYLATION CHART

EnLyte/EnBrace HR provides all the downstream coenzymes, cofactors, and omegas needed to normalize and balance biochemical endpoints which correlates into clinical remissions in well-controlled clinical trials.

EnLyte, EnBrace HR Product Ingredients **Maroon** | Biochemical End Points **Green**



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

# THE JOURNAL OF CLINICAL PSYCHIATRY

MAY 2016

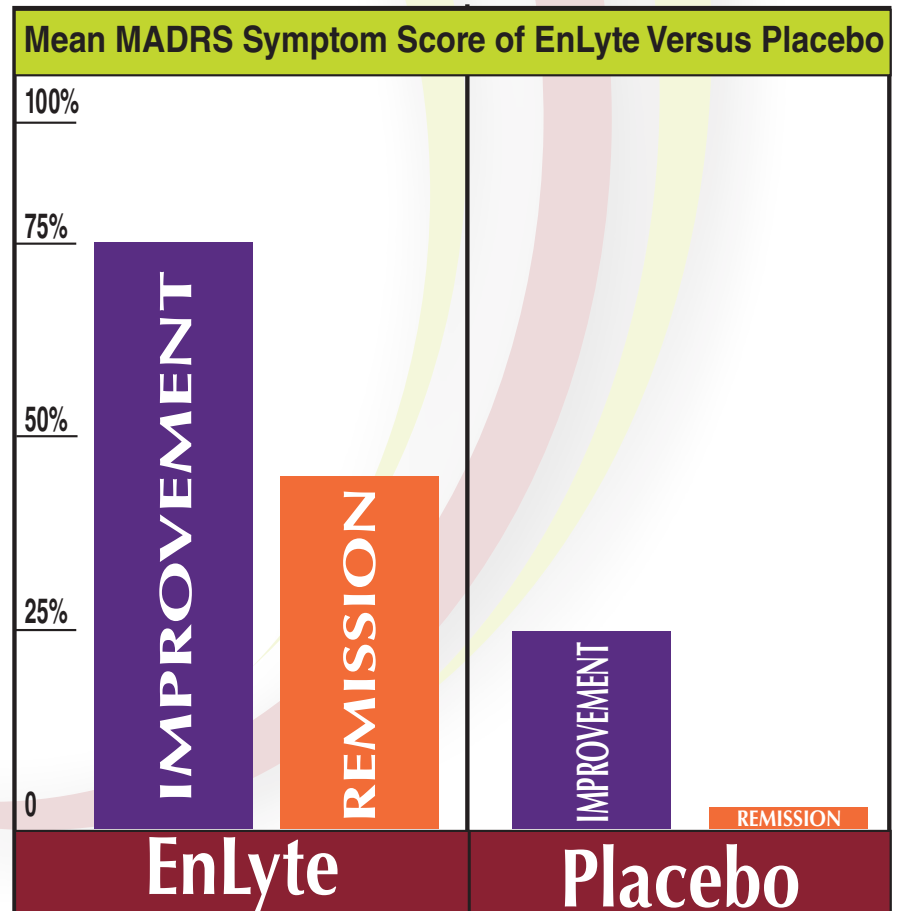
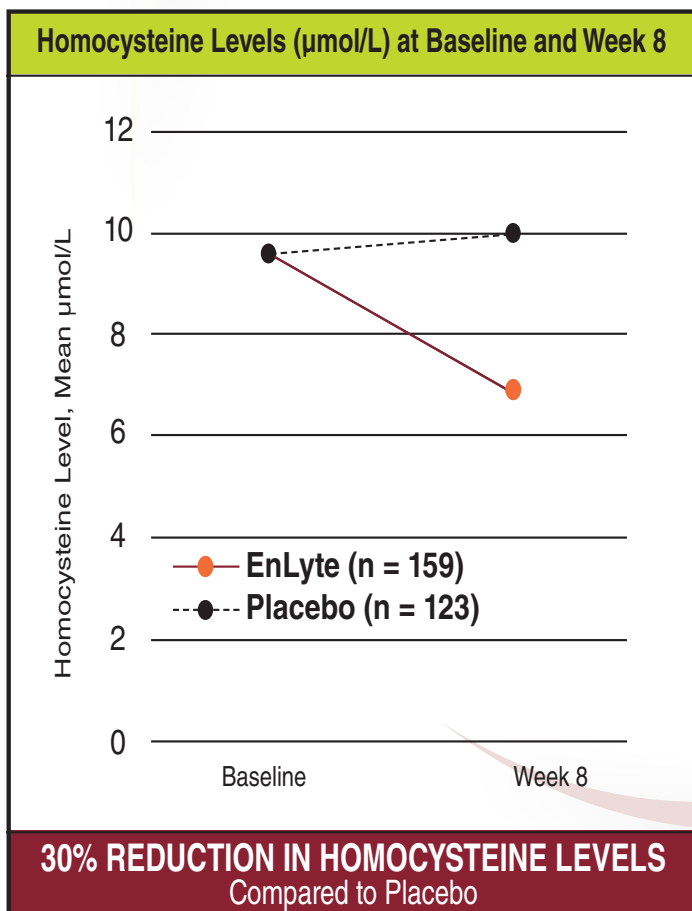
Correlation of Clinical Response With Homocysteine Reduction During Therapy With EnLyte/EnBrace HR  
in Patients With MDD Who Are Positive for MTHFR C677T or A1298C Polymorphism

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**

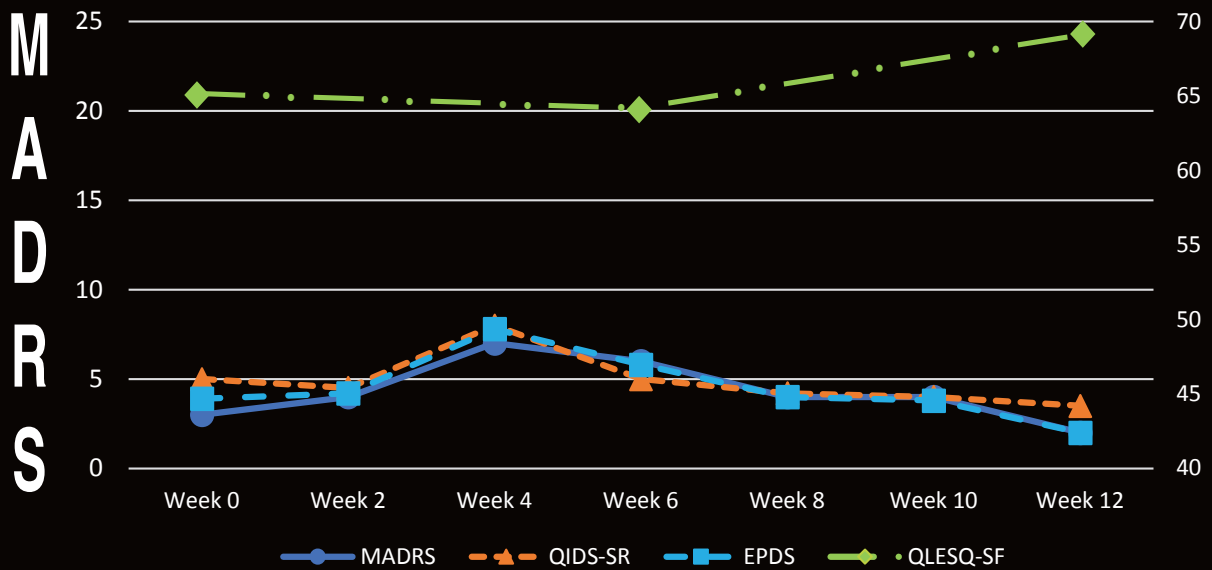


# EnBrace HR For The Treatment and Prevention of Depression in Women Trying to Conceive and During Pregnancy



Marlene P. Freeman, MD et al, Annals of Clinical Psychiatry February 2019 | FDA Approved

## Relapse Prevention Group: MDD, But Well at Baseline Due to SSRIs/SNRIs, Drug ADs Replaced With EnBrace HR at Pregnancy



### RESULTS:

Patients did not relapse to a major depressive episode or state compared to 63% that did in the Cohen Comparator.

### 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.

**Female Hormones Regulate Serotonin in The Female Brain!  
EnBrace HR normalizes and balances neurotransmitters in times of fluctuation and deficiency to manage:**

### PMS

(Premenstrual Syndrome)  
Mild/Moderate



### Menopause



### PMDD

(Premenstrual Dysphoric Disorder)  
Severe (DSM-5)



**Tension/Anxiety - Depressed Mood - Irritability/Anger - Appetite Changes - Cravings - Insomnia - Social Conflict Withdrawal Feeling Overwhelmed - Hopelessness - Hot Flashes**

## ***Coenzyme Treatment of Childhood and Adolescent Depression and ADHD:***

### **A Case Series**

A. Farah MD, Gauri Madan MD, April 21, 2021

### **In Depression**

- Indicated for MDD
- No Age Restriction
- Majority in Study Remitted
- No Side Effects Reported
- No Suicidal/Violent Thoughts

### **In ADHD**

Treat “**Adjunctively**” with Stimulants to Address the “Whole Symptom Complex”

- Root Biochemical Cause
- Emotional Dysregulation
- Psychiatric Comorbidities
- Nutritional Deficiencies

### **“Monotherapy”**

- Root Biochemical Cause
- In MTHFR SNP
- To Avoid Drug Side Effects
- During Drug Holiday

#### **MDD Algorithm:**

Andrew Farah MD, DFAPA

1. EnLyte 1 a day
2. Partial Goal, Week 3  
Add Prozac 5-10 mg. a day
3. Partial Goal, Week 6, Each BID

#### **ADHD Step-Care Algorithm:**

Arwen Podesta MD, DFAPA, DFASAM

1. EnLyte 1 a day
2. Partial Goal, Week 4  
Add Drug Non-Stimulant  
Or Low Dose Drug Stimulant
3. Partial Goal, Week 8  
Increase Drug Stimulant

# ALL NATURAL SAFETY PROFILE

FDA Reported Side Effects	<u>EnLyte</u>	SSRI's	SNRI's
<i>Weight Gain</i>	<b>No!</b>	Yes	Yes
<i>Loss of Libido, difficulty achieving erections, inability to reach orgasm</i>	<b>No!</b>	Yes	Yes
<i>Increased thoughts of suicide and aggression in adolescents &amp; adults</i>	<b>No!</b>	Yes	Yes
<i>Drowsiness or Confusion</i>	<b>No!</b>	Yes	Yes
<i>Nervousness &amp; Agitation</i>	<b>No!</b>	Yes	Yes

*"90% of individuals with depression have lower CNS folate levels than their non-depressed counterparts"*

# CONTRIBUTORS TO FOLATE AND OTHER B VITAMIN COENZYME DEFICIENCIES

GENETIC	CONDITIONS	DRUGS	POPULATIONS
MTHFR SNPS C677T A1298C	Gastric Bypass	Lamictal	Pregnant
	Celiac Disease	Metformin	Post Partum
	Kidney Disease	Methotrexate	Breast Feeding
	Liver Disease	Corticosteroids	Elderly
	Diabetes	NSAIDs	ADHD/ASD
Family History	Cancers	Antibiotics	Hispanic
Mental Illness	Anemias	Anticonvulsants	Alcoholic
Miscarriages	Crohn's	Oral Contraceptives	Drug Addiction
Birth Defects	Psoriasis		Smokers
Heart Disease	Eczema	Cholesterol Lowering	Child Bearing Age
Diabetes	Infection Viral / Bacterial		Diuretics
		H2 Antagonists	Contaminants
		Phenytoin	
B-Vitamin Non Tested Methylation Polymorphisms Suspected	Cardiac	SSRIs	Poor Nutrition
	Epilepsy	SNRIs	Vegetarian
	Seizures	Aspirin	Stressed



# EnLyte / EnBrace HR

## Meet The Ingredient Requirements For American Psychiatric Association

Complementary and Alternative Medicine in Major Depressive Disorder: The American Psychiatric Association Task Force Assessment of Evidence, Challenges and Recommendations

APA Taskforce: Marlene Freeman MD, Maurizio Fava MD, J Lake MD, MH Trivedi MD, David Mischoulon MD

"Folate: Folate and several related compounds have received study to ascertain if there is a potential role in the treatment of MDD. There is consistent and growing evidence of a role for various folate forms in the prevention and treatment of depression. Studies to date demonstrate efficacy of augmentation of antidepressants with folic acid, folinic acid (leucovorin), and 5-methyltetrahydrofolate (5-MTHF). Similar findings may be attributable to the fact that these folate forms share an interconversion potential in the complex set of pathways that comprise the one-carbon or methylation cycles. These reactions, which in turn depend on B12 and homocysteine availability, are postulated to exert an antidepressant effect by impacting the synthesis of neurotransmitters such as serotonin, dopamine, and norepinephrine."

**#1**

*"Folate augmentation should be used to enhance antidepressant efficacy from the start of treatment or, for patients who are already on antidepressant treatment, to convert partial or non-responders into responders or remitters."*

**#2**

*"Folate and methylfolate monotherapy may benefit certain depressed populations."*

**#3**

*"APA advocates for, folate/methylfolate with B12 and Omega 3s as monotherapy or augmentation strategy for MDD."*

# MDD Algorithm:

Andrew Farah MD, DFAPA

## **Adult MDD/Mild – Moderate**

### **EnLyte/EnBrace HR 1 a Day**

Partial/non-response at 4 weeks, Enlyte/EnBrace HR twice a day

Partial/non-response add SRI or SNRI, continue EnLyte/EnBrace HR (BID)

## **Adult MDD/Severe**

### **EnLyte/EnBrace HR with SRI or SNRI [ from Day 1 ]**

Partial/non-response at 3 weeks – increase Enlyte/EnBrace HR to BID /

increase dose of antidepressant @ clinician discretion

Partial/non-response 6 weeks - Enlyte/EnBrace HR BID/switch AD/or

escalate dose at discretion

No response 12 weeks to BID Enlyte/EnBrace HR and >3

ADs: TMS or ketamine + Enlyte/EnBrace HR

## **MDD in Pregnancy**

### **EnLyte/EnBrace HR 1 a Day**

Partial/non-response - 3 weeks Enlyte/EnBrace HR BID

Partial/non-response 6 weeks- continue Enlyte/EnBrace HR,

add SRI [Not Paxil/Wellbutrin]

Partial/non-response 9 weeks: cont. Enlyte/EnBrace HR with new AD  
or with TMS

# HOW TO PRESCRIBE

## STEP #1

### USE OUR ONLINE PRESCRIBER FORM

Visit [www.enlyterx.com](http://www.enlyterx.com) and click on “Prescribe Now!” Fill in prescriber and patient information and then hit “submit”

## 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 INFORMATION

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

# INSURANCE COVERAGE

## MEDICAID COVERAGE:

**LOUISIANA:** EnBrace HR / EnLyte Preferred on La MCD with no PA

**TEXAS:** EnLyte Preferred on Texas MCD with no PA

**SOUTH DAKOTA:** Enlyte is Preferred on SD MCD.

**NEW YORK:** EnBrace HR Preferred.

## COMMERCIAL COVERAGE:

**COMMERCIAL COVERAGE IS DEPENDENT ON INDIVIDUAL INSURANCE PLANS**

## DISCOUNTED CASH PAY OPTION:

**If EnLyte is not covered on an individual insurance plan, patients have the option of purchasing the non-prescription version called “ENL” through Direct Value Dispense at an affordable cost. Call 985.629.5825 For More Information.**

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