

GlucoResolve™

Nutritional Support for Healthy Glucose and Insulin Metabolism

Clinical Applications

- Supports Healthy Glucose and Insulin Levels
- Promotes Healthy Weight Management
- Optimizes Metabolism
- Contains Powerful Antioxidants
- Promotes AMPK Activity

Effective regulation of blood glucose has important implications for health. Mild disruption of glucose homeostasis can result in a plethora of unwanted health issues. The majority of people struggling with weight loss resistance also have blood sugar dysregulation and insulin resistance, a metabolic conundrum that only exacerbates the inability to lose weight. Insulin, also referred to as the “fat fertilizer”, is a peptide hormone secreted by the β cells of the pancreatic islets of Langerhans to help maintain normal blood glucose levels by facilitating cellular glucose uptake, regulating carbohydrate, lipid and protein metabolism and promoting cell division and growth.⁽¹⁾

A person experiencing insulin resistance has a normal or elevated insulin level that produces an attenuated biological response to glucose resulting in impaired glucose metabolism.⁽²⁾ Metabolic syndrome represents a cluster of abnormalities

and is a direct result of dysregulation of insulin metabolism. A signature clinical observation in metabolic syndrome is increased abdominal fat due to an increase in insulin production. This increased abdominal fat correlates strongly to insulin resistance. Not only is less adiponectin produced to help regulate the insulin, the amounts of non-esterified fatty acids, glycerol, hormones, cytokines and other proinflammatory markers – all involved in insulin resistance – are also increased.

Glucose and insulin homeostasis depend on a wide range of micronutrients often lacking in a typical American diet. **GlucoResolve™** provides targeted nutritional support for healthy glucose and insulin metabolism to foster healthy weight management. In addition to key vitamins and minerals, **GlucoResolve™** contains the following nutrients shown to be beneficial for glucose and insulin metabolism.

Pomegranate Seed Extract

Pomegranate extracts are known to possess enormous antioxidant benefits and also support healthy inflammatory pathways and

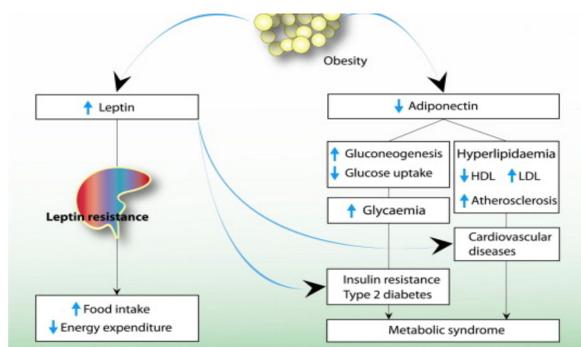


(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471
biotics@bioticsresearch.com • www.bioticsresearch.com

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

the maintenance of healthy blood sugar levels in vitro and in vivo.⁽³⁾ High in linoleic acid, linolenic acid, punicic acid, stearic acid, palmitic acid, phytosterols, elostearic acid, catalpic acid, phytosterols, polyphenols and isoflavones, pomegranate seeds are replete with health-promoting benefits. In a number of animal studies, pomegranate seed oil supplementation improved insulin sensitivity in high-fat diet (HFD) fed mice, confirming its ability to ameliorate glucose intolerance.⁽⁴⁾ Catalpic acid supplementation resulted in improvements of fasting glucose and insulin concentrations compared to the control. A decrease in the accumulation of abdominal white adipose tissue was also observed as well as increased high-density lipoprotein (HDL) cholesterol and lowered triglyceride levels in plasma.⁽⁵⁾ McFarlin et al⁽⁶⁾ reported that the consumption of pomegranate seed oil and an HFD resulted in decreases of body weight, leptin, insulin and increased adiponectin compared with controls since decreased body weight is mediated by the leptin-adiponectin pathway.



Berberine

Berberine has been shown to regulate glucose and lipid metabolism in vitro and in vivo and acts as a potent hypoglycemic agent. In one study, berberine's insulin sensitizing effect was demonstrated by significantly decreasing HbA1c levels in patients with blood sugar dysregulation.⁽⁷⁾

Alpha-Lipoic Acid (ALA)

Alpha-lipoic acid, a potent antioxidant, has been shown in many studies to enhance the body's ability to support healthy blood sugar levels in patients with glucose dysregulation. One study, in particular, examined the effects of ALA supplementation over a period of two months on fasting blood glucose (FBG), insulin resistance (IR) and glutathione peroxidase (GH-Px) activity in patients with insulin resistance and found a significant decrease in FBG, PPG and GH-Px levels compared to the placebo group.⁽⁸⁾

Green Tea Extract

Epigallocatechin gallate (EGCG), the most abundant form of catechin in green tea, has been known to be the main factor of beneficial effects of green tea. EGCG inhibits adipocyte proliferation, increases fat oxidation, and increases expression of GLUT-4 (glucose transporter) in adipose tissue of an animal model.^{(9),(10),(11)} In human studies, increased energy expenditures were documented.⁽¹²⁾ Also, Tian et al⁽¹³⁾ showed that green tea polyphenols had anti-obesity effect by up-regulating adiponectin levels in



BIOTICS
RESEARCH
CORPORATION

(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471
biotics@bioticsresearch.com • www.bioticsresearch.com

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

rats. In addition, polyphenols such as those found in green tea, influence glucose metabolism by inhibiting glucose absorption from the intestine, increasing insulin secretion from the pancreas, improving glucose uptake in muscle cells and adipocytes⁽¹⁴⁾, all critical to maintaining healthy and stable blood sugar levels.

Forskolin

Forskolin is a diterpene derived from the plant *Coleus forskohlii*, known to activate adenylate cyclase, which increases cellular cAMP (cyclic AMP) levels. AMP-activated protein kinase (AMPK) is an important regulator of cellular energy status. In adipocytes, stimuli that increase intracellular cyclic AMP (cAMP) have also been shown to increase the activity of AMPK.⁽¹⁵⁾ In one study evaluating the effects of forskolin on blood sugar, forskolin was found to predominantly decrease basal glucose in healthy rats and support healthy blood sugars in rats with insulin dysregulation.⁽¹⁶⁾

Carnitine

Carnitine is involved as part of a vital transport mechanism of fat metabolism in which fat enters energy production pathway. L-carnitine supplementation remodels fatty acid metabolism, insulin action and mitochondrial function and is positively indicated for those with blood sugar dysregulation.

Vanadium

Due to possible insulinotropic effects of vanadium, inadequate amounts of this trace

mineral are undesirable in those with blood sugar abnormalities. One study concluded vanadium depressed beta cell death, and by the proliferation of the viable beta cells, increased insulin activity and productivity.⁽¹⁷⁾

Vitamin E and Selenium

Vitamin E and selenium are essential nutritional factors which act as antioxidants and may be involved in glucose balance.^{(18),(19)} As many complications associated with diabetes may be related to excess free radical activity, adequate selenium and vitamin E should be supplied in the diabetic diet.

Chromium

The effect of chromium on glucose metabolism requires its conversion to glucose tolerance factor (GTF), a low-molecular-weight compound that contains chromium, niacin (nicotinic acid), glycine, glutamic acid, and cysteine. GTF has been shown to potentiate the action of insulin at the cellular level.⁽²⁰⁾ A systemic review and meta-analysis suggests favorable effects of chromium supplementation on glycemic control in patients with blood sugar dysregulation. Also, there was no increase in the risk of adverse effects compared to the placebo, confirming its safety.⁽²¹⁾ Tissue chromium levels were found to decline with age in Americans.⁽²²⁾



BIOTICS[®]
RESEARCH
CORPORATION

(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471
biotics@bioticsresearch.com • www.bioticsresearch.com

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

In other studies, including one by the U.S. Department of Agriculture, more than 50% of people consumed less than the lower level of chromium recommended by the National Academy of Sciences, Nutritional Research Council.⁽²³⁾ Chromium aspartate is a well-utilized form of supplemental chromium being solubilized at a wide range of pH. The amounts of chromium used in most clinical trials (*150 to 200 ug/ day) are apparently inadequate for some patients, even when more efficient chromium compounds are used. Larger amounts of chromium, such as 500 to 1,000 ug/day, have often had a greater benefit.⁽²⁴⁾

Biotin

The initial step in glucose utilization by the cell is its phosphorylation, mediated by the biotin-dependent enzyme hepatic glucokinase (GCK). Adequate biotin intake is, therefore, required to initiate intracellular glucose into the cell. Biotin may also play a role in stabilizing blood sugar levels through biotin-dependent enzymes, acetyl CoA carboxylase and pyruvate carboxylase.⁽²⁵⁾ In a 2015 animal study, biotin improved postprandial glucose levels in subjects with blood sugar dysregulation due to its effect on key enzymes in glucose metabolism such as GCK and phosphoenolpyruvate carboxykinase 1 (PCK1). Thus, biotin deficiency should be avoided in those with blood sugar disorders.⁽²⁶⁾



Supplement Facts

Serving Size: 3 Capsules
Servings Per Container: 60

	Amount Per Serving	% Daily Value		Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate)	750 mcg RAE	83%	Potassium (as potassium aspartate)	49.5 mg	<1%
Vitamin C (as calcium ascorbate and ascorbic acid)	250 mg	278%	Alpha-Lipoic Acid	125 mg	*
Vitamin D (as cholecalciferol)	10 mcg	50%	Taurine	100 mg	*
Vitamin E (as d-alpha tocopheryl acetate and natural mixed tocopherols)	135 mg	900%	Pomegranate seed extract	100 mg	*
Thiamin (as cocarboxylase chloride and thiamin mononitrate)	12.5 mg	1,042%	Berberine hydrochloride	50 mg	*
Riboflavin (as riboflavin-5-phosphate)	10 mg	769%	Green Tea (leaf/extract)(50% EGCG)	50 mg	*
Niacin (as niacinamide and niacin)	75 mg	469%	Acetyl-L-Carnitine HCl	25 mg	*
Vitamin B6 (as pyridoxal-5-phosphate)	10 mg	588%	Coenzyme Q10 (emulsified)	25 mg	*
Folate (as calcium folinate)	400 mcg DFE	100%	N-Acetyl-L-Cysteine	25 mg	*
Vitamin B12 (as methylcobalamin)	25 mcg	1,042%	Forskohlii (Coleus forskohlii)(rhizome)(extract)	25 mg	*
Biotin	1,500 mcg	5,000%	Baikal Skullcap (Scutellaria baicalensis)(root)(extract)	15 mg	*
Pantothenic Acid (as d-calcium pantothenate)	50 mg	1,000%	Grape Seed (Vitis vinifera)(extract)(95% OPCs)	15 mg	*
Zinc (as zinc picolinate and zinc citrate)	15 mg	136%	Quercetin	12.5 mg	*
Selenium (as selenomethionine)	55 mcg	100%	Phytolens® (Lens esculenta)(extract)(husk)	1.5 mg	*
Copper (as copper gluconate)	1 mg	111%	Vanadium (as vanadium aspartate)	50 mcg	*
Manganese (as manganese citrate)	5 mg	217%			
Chromium (as chromium aspartate)	500 mcg	1,429%			

* Daily Value not established

Other ingredients: Capsule shell (gelatin and water), cellulose and magnesium stearate.

This product is gluten, dairy and GMO free.

RECOMMENDATION: Three (3) capsules one (1) to two (2) times each day, with meal, as a dietary supplement or as otherwise directed by a healthcare professional.

WARNING: Avoid if pregnant or lactating, have polycystic kidney disease, or taking blood thinners or blood pressure medication.

KEEP OUT OF REACH OF CHILDREN

Store in a cool, dry area.
Sealed with an imprinted safety seal for your protection.

Product # 1852 Rev. 01/20

* For the list of references, visit

www.bioticsresearch.com/glucoresolve



BIOTICS
RESEARCH
CORPORATION

(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471
biotics@bioticsresearch.com • www.bioticsresearch.com

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

GlucoResolve™

LIT-306 References

1. Gisela Wilcox, Insulin and Insulin Resistance. *Clin Biochem Rev.* 2005 May;26(2):19-39.
2. Cefalu WT. Insulin resistance: cellular and clinical concepts. *Exp Biol Med (Maywood)* 2001;226:13-26.
3. Aviram M, Volkova N, Coleman R, Dreher M, Reddy MK, Ferreira D, et al. Pomegranate phenolics from the peels, arils and flowers are anti-atherogenic: studies in vivo in atherosclerotic apolipoprotein E-deficient (EO) mice and in vitro in cultured macrophages and lipoproteins. *J Agric Food Chem* 2008;56:1148-57.
4. Hontecillas R, O'Shea M, Einerhand A, Diguardo M, Bassaganya-Riera J. Activation of PPAR gamma and alpha by puniceic acid ameliorates glucose intolerance and suppresses obesity-related inflammation. *J Am Coll Nutr* 2009;28:184-95.
5. Hontecillas R, Diguardo M, Duran E, Orpi M, Bassaganya-Riera J. Puniceic acid decreases abdominal fat deposition, improves glucose homeostasis and upregulates PPAR alpha expression in adipose tissue. *Clin Nutr* 2008;27:764-72.
6. McFarlin BK, Strojacker KA, Jueht MI. Pomegranate seed oil consumption during a period of high-fat feeding reduces weight gain and reduces type 2 diabetes risk in CD-1 mice. *Br J Nutr* 2009;102:54-9.
7. Jun Yin, Huili Xing, Jianping Ye. Efficacy of Berberine in Patients with Type 2 Diabetes. *Metabolism.* 2008 May;57(5):712-717.
8. Ansar H, Mazloom Z, Kazemi F, Hejazi N. Effect of alpha-lipoic acid on blood glucose, insulin resistance and glutathione peroxidase of type 2 diabetics. *Saudi Med J.* 2011 Jun;32(6):584-8.
9. Furuyashiki T, Nagayasu H, Aoki Y, Bessho H, Hashimoto T, Kanazawa K, Ashida H. Tea catechin suppresses adipocyte differentiation accompanied by down-regulation of PPARgamma2 and C/EBPalpha in 3T3-L1 cells. *Biosci Biotechnol Biochem.* 2004;68:2353-2359.
10. Klaus S, Pultz S, Thone-Reineke C, Wolfram S. Epigallocatechin gallate attenuates diet-induced obesity in mice by decreasing energy absorption and increasing fat oxidation. *Int J Obes (Lond)* 2005;29:615-623.
11. Wu LY, Juan CC, Hwang LS, Hsu YP, Ho PH, Ho LT. Green tea supplementation ameliorates insulin resistance and increases glucose transporter IV content in a fructose-fed rat model. *Eur J Nutr.* 2004;43:116-124.
12. Rumpler W, Seale J, Clevidence B, Judd J, Wiley E, Yamamoto S, Komatsu T, Sawaki T, Ishikura Y, Hosoda K. Oolong tea increases metabolic rate and fat oxidation in men. *J Nutr.* 2001;131:2848-2852.
13. Tian C, Ye X, Zhang R, Long J, Ren W, Ding S, Liao D, Jin X, Wu H, Xu S, Ying C. Green tea polyphenols reduced fat deposits in high fat-fed rats via erk1/2-PPARgamma-adiponectin pathway. *PLoS One.* 2013;8:e53796.
14. Hanhineva K, Torronen R, Bondia-Pons I, Pekkinen J, Kolehmainen M, Mykkanen H, Poutanen K. Impact of dietary polyphenols on carbohydrate metabolism. *Int J Mol Sci* 2010;11:1365-402.
15. Insel, P. and Ostrom, Rennolds, Forskolin as a Tool for Examining Adenylyl Cyclase Expression, Regulation and G Protein Signaling. *Cellular and Molecular Neurobiology.* 2003;Volume 23, Issue 3, pp 305-314.
16. Rios-Silva et al. Effect of Chronic Administration of Forskolin on Glycemia and Oxidative Stress in Rats with and without Experimental Diabetes. *Int J Med Sci.* 2014;11(5):448-452.
17. Pirmoradi L, Noorafshan A, Safae A, Abbas Dehghani G. Quantitative Assessment of Proliferative Effects of Oral Vanadium on Pancreatic Islet Volumes and Beta Cell Numbers of Diabetic Rats. *Iran Biomed J.* 2016 Jan;20(10):18-25.
18. Asayama K, Kooy NW, Burr IM. Effect of vitamin E deficiency and selenium deficiency on insulin secretory reserve and free radical scavenging systems in islets: decrease of islet manganese superoxide dismutase. *J Lab Clin Med* 1986; 107:459-464.
19. Echert CD, Breskin MW, Wise WW, Knopp RH. Association between low serum selenium and diminished visual function in diabetic women. *Fed Proc* 1985;44:1670.
20. Toepfer EW, Mertz W, Polansky MM, Roginski EE, Wolf WR. Preparation of chromium-containing material of glucose tolerance factor activity from brewer's yeast extracts and by synthesis. *J Agric Food Chem* 1977;25:162-166.
21. Suksomboon N, Poolsup N, Yuwanakorn A. Systematic review and meta-analysis of the efficacy and safety of chromium supplementation in diabetes. *J Clin Pharm Ther.* 2014 Jun;39(3):292-306.
22. Schroeder HA, Nason AP, Tipton IH. Chromium deficiency as a factor in atherosclerosis. *J Chronic Dis* 1970;23:123-142.
23. Anderson RA, Kozlovsky AS. Chromium intake, absorption and excretion of subjects consuming self-selected diets. *Am J Clin Nutri* 1985;41:1177-1183.
24. Gliemann WH, Mertz W. Effect of trivalent chromium on glucose tolerance. *Metabolism* 1966;15:510-502.
25. Coggeshall JC, Heggars JP, Robson MC, Baker H. Biotin status and plasma glucose in diabetics. *Ann NY Acad Sci* 1985;447:389-393.
26. Xiang X, Liu Y, Zhang X, Zhang W, Wang Z. Effects of biotin on blood glucose regulation in type 2 diabetes rat model. *Wei Sheng Yan Jiu.* 2015 Mar;44(2):185-9.



BIOTICS
RESEARCH
CORPORATION

(800) 231-5777

6801 Biotics Research Drive • Rosenberg, TX 77471
biotics@bioticsresearch.com • www.bioticsresearch.com