Prostate Supreme™

designs for health®
Science first.

By David M. Brady, ND, DC, CCN, DACBN & Suzanne Copp, MS

Prostate Supreme™ provides balanced and comprehensive support for optimal prostate health and function, which are essential to a man's optimal urinary health and sexual vitality. This formulation promotes a healthy testosterone to dihydrotestosterone (DHT) balance and favorable aromatase activity to limit the conversion of testosterone to estradiol, a process found to cause prostate tissue proliferation and benign prostatic hyperplasia (BPH). BPH, swelling of the prostate gland, is commonly experienced by 50-60% of men over the age of 50. Prostate Supreme™ also supports optimal bladder function and provides targeted nutritional and antioxidant support to rejuvenate the prostate and maintain prostate health.

The prostate is a small gland that surrounds the neck of the bladder and urethra, both of which are responsible for ensuring healthy urinary flow. The major known function of the prostate gland is to manufacture and secrete seminal fluid, which carries, nourishes, and protects the spermatozoa necessary for human reproduction. In addition, it helps maintain moisture that protects the lining of the urethra, the passage through which urine and seminal fluids flow out of the body.

Highlights

Prostate Supreme™ includes the mineral zinc, and the amino acids glycine, alanine, and glutamic acid, all of which are nutrients found in seminal fluid. Maintaining proper levels of zinc in the seminal fluid contributes to maintaining a healthy prostate. Zinc is stored in the prostate gland and is needed for sperm production.

Lycopene is the most abundant carotenoid found in the prostate gland. This carotenoid provides the red color in tomatoes and pink grapefruit. It is an efficient quencher of singlet oxygen free radicals. Lycopene has been linked with reduced risk of prostate and cervical cancers, as well as supporting cardiovascular health.

The high-quality extract from saw palmetto berries is included in this formulation for its legendary activity in sustaining healthy prostate and sexual function. Saw palmetto berry, and its fatty acid constituents, is the most well studied, well known, and widely used herb for supporting prostate health. A three year study in Germany demonstrated that saw palmetto extract significantly promoted prostate health in 73% of the participants.

Pumpkin seed is a rich source of zinc, fatty acids, and plant sterols, and has a long history of traditional use in maintaining urinary tract and prostate health. Saw palmetto and pumpkin seed are also particularly rich sources of beta-sitosterol, which is found in almost all plants and is known to benefit prostate health. Several double-blind placebo controlled studies have documented the ability of beta-sitosterol to support prostate health.

Double-blind studies using extracts from the nettle plant (*Urtica dioica*) have confirmed its ability to support prostate health. The nettle plant affects natural sex steroid compounds and the proteins that carry them through the body. Research out of the University of California, Berkeley has also concluded that diindolylmethane (DIM) exhibits potent antiproliferative and antiandrogenic properties. It is known that DIM inhibits dihydrotestosterone (DHT) stimulation of DNA synthesis, that it is a strong competitive inhibitor of DHT binding to the androgen receptor, and it is also an estrogen agonist. Chrysin, a flavonoid found in high concentrations in honey, has been shown to be an inhibitor of aromatase enzyme activity, reducing the over production of proliferative estrogens from testosterone.

Available in 60 & 120 count capsules

Supplement Facts

Serving Size 2 capsules
Servings Per Container 30

Amount Per Serving		% Daily Value
Vitamin D (as Cholecalciferol)	1000 IU	250%
Vitamin B-6 (as Pyridoxine HCl)	10 mg	500%
Zinc (TRAACS® Zinc Bisglycinate Chelate)	10 mg	70%
Saw Palmetto (*Serenoa repens*)(fruit) [standardized to contain 45% fatty acids]	450 mg	*
Nettle (*Urtica dioica*)(root) [standardized to contain 0.8% ß-sitosterol]	250 mg	*
L-Glycine	100 mg	*
L-Alanine	100 mg	*
L-Glutamic Acid	100 mg	*
Chrysin	100 mg	*
Diindolylmethane (DIM)	100 mg	*
Pumpkin Seed Extract (*Cucurbita pepo*)(seed)	60 mg	*
Lycopene	20 mg	*

*Daily Value not established.

Other ingredients: Vegetable stearate, silicon dioxide, bovine gelatin (capsule).

MADE WITH NON-GMO INGREDIENTS

Epidemiological and laboratory data support a role for vitamin D in the growth and differentiation of human prostatic cells; mortality rates from prostate cancer are also inversely related to the availability of ultraviolet (UV) radiation. 1,25(OH)2D exerts prodifferentiating, antiproliferative, and antimetastatic effects on these cells. The consensus emerging from analytic epidemiologic studies is that low levels of UV radiation/vitamin D are indeed associated with an increased risk of prostate cancer in individual men. Vitamin D is included in this formula due to studies which link low vitamin D levels to increased incidence of prostate cancer and due to the literature support for the prodifferentiating, antiproliferative, and antimetastatic effects on prostate cancer cells.

Who Should Take Prostate Supreme™

Men interested in optimal prostate health and those with a personal or family history of benign prostatic hypertrophy or hyperplasia (BPH), men experiencing frequency of urination, and men wishing to reduce the risk of prostate cancer should consider taking Prostate Supreme™. Men over the age of 35 may also want to take Prostate Supreme™ for prevention, whereas men over the age of 50 may find this product beneficial in helping to avoid unpleasant symptoms related to BPH. *Men with active prostate cancer should not take Prostate Supreme™ without consulting with their health care provider.*

How to Take:

- Take 2 capsules per day, or as directed by your health care practitioner.

*Note: Prostate Supreme™ is not intended to be a primary treatment for prostate cancer and is not a replacement for regular prostate check-ups, including digital examinations and blood studies (i.e., PSA and prostatic acid phosphatase).

References

1. Plosker GL, Brogden RN. Serenoa repens (Permixon®): A review of its pharmacological and therapeutic efficacy in benign prostatic hyperplasia. Drugs & Aging 9(5):379-395, 1996.
2. Ravenna L et al. Effects of the lipidosterolic extract of Serenoa repens (Permixon®) on hyman prostatic cell lines. Prostate 2994):219-230, 1996.
3. Wilt TJ et al. Saw palmetto extracts for treatment of benign prostatic hyperplasia - A systematic review. JAMA 280:1604-9, 1998.
4. Gerber GS et al. Saw palmetto (Serenoa repens) in men with lower urinary tract symptoms: effects on urodynamic parameters and voiding symptoms. Urology 51:1003-7, 1998.
5. Koch E, Biber A. Pharmacological effects of Sabal and urtica extracts as basis for a rational medication of benign prostatic hyperplasia. Urologe 34:90-5, 1994.
6. Champault G, et al. A double blind trial of an extract of the plant Serenoa repens in benign prostatic hyperplasia. Br J Clin Pharmacol, Sept;18(3):461-462, 1984.
7. Gyorkey F et al. Zinc and magnesium in human prostate glands. Cancer Res 27:1348-53, 1967.
8. Leake A et al. Interaction between prolactin and zinc in the human prostate gland. J Endocrinol 102(1):73-6, 1984.
9. Leake A et al. The effect of zinc on the 5-alpha-reduction of testosterone by the hyperplastic human prostate gland. J Steroid Biochem 20:651-5., 1984.
10. Fahim MS et al. Zinc treatment for the reduction of hyperplasia of the prostate. Fed Proc 35:36, 1976.
11. Harris ED. Cellular copper transport and metabolism. Annu Rev Nutr. 20:291-310, 2000.
12. Werbach MR, Murray MT. Botanical Influences on Illness: A Sourcebook of Clinical Research, 2nd Ed. Third Line Press, Inc., Tarzana, Calif. 2000.
13. Gann PH, Ma J, Giovannucci E, et al. Lower prostate cancer risk in men with elevated plasma lycopene levels: results of a prospective analysis. Cancer Res. 59:1225-1230, 1999.
14, Giovannucci E. Tomatoes, tomato-based products, lycopene, and cancer: Review of the epidemiologic literature. J Natl Cancer Inst. 87:1767-1976, 1995.
15. Sengupta A, Das S. The anti-carcinogenic role of lycopene, abundantly present in tomato. Eur J Cancer Prev. 8:325-330, 1999.
16. Kucuk, O et al. Lycopene supplementation in men with prostate cancer (PCa) reduces grade and volume of preneoplacia (PIN) and tumor, decreases serum PSA and modulates bio markers of growth and differentiation. Karmano Cancer Institute, Wayne State University, Detroit, MI, 1999.
17. PDR for Nutritional Supplements, 1st Ed. Medical Economics/Thompson Healthcare, 2001.
18. PDR for Herbal Medicines, 1st Ed. Medical Economics/Thompson Healthcare, 1998.
19. Gambelunghe C, Rossi R, Sommavilla M, Ferranti C, Rossi R, Ciculi C, Gizzi S, Micheletti A, Rufini S. Effects of chrysin on urinary testosterone levels in human males. J Med Food. 2003 Winter;6(4):387-90.
20. Schneider HJ, Honold E, Mashur T. Treatment of benign prostatic hyperplasia. Results of a surveillance study in the practices of urological specialists using a combined plant-base preparation. Fortschr Med 1995; 113.
21. Gerber GS, Zagaja GP, Bales GT, et al. Saw palmetto (Serenoa repens) in men with lower urinary tract symptoms: Effects in urodynamic parameters and voiding symptoms. Urology 1998;51.
22. Koch E, Biber A. Pharmacological effects of sabal and urtica (nettle) extracts as a basis for rational medication of benign prostatic hyperplasia. Urologe 1994; 334.
23. Hsing AW, Comstock GW, Abbey H, Polk F. Serologic precursors of cancer. Retinol, carotenoids, and tocopherol and risk of prostate cancer. Journal of National Cancer Institute 1990;82
24. Modified citrus pectin-monograph. Altern Med Rev. 2000 Dec;5(6):573-5.
25. Gambelunghe C, Rossi R, Sommavilla M, Ferranti C, Rossi R, Ciculi C, Gizzi S, Micheletti A, Rufini S. Effects of chrysin on urinary testosterone levels in human males. J Med Food. 2003 Winter;6(4):387-90.
26. Tokar EJ, Webber MM. Cholecalciferol (vitamin D3) inhibits growth and invasion by up-regulating nuclear receptors and 25-hydroxylase (CYP27A1) in human prostate cancer cells. Clin Exp Metastasis. 2005;22(3):275-84.
27. Tokar EJ, Webber MM. Chemoprevention of prostate cancer by cholecalciferol (vitamin D3): 25-hydroxylase (CYP27A1) in human prostate epithelial cells. Clin Exp Metastasis. 2005;22(3):265-73.
28. SCHWARTZ GG , et al. Vitamin D and the epidemiology of prostate cancer. Semin Dial, 2005 Jul-Aug; 18(4):276-89.
29. Schwartz GG. Vitamin D and the epidemiology of prostate cancer. Semin Dial. 2005 Jul-Aug;18(4):276-89.
30. Schwartz GG, Whitlach LW, Chen TC, et al. Human protate cells synthesize 1,25-dihydroxyvitamin D3 from 25-hydroxyvitamin D3. Cancer Epidemiol Biomarkers Prev. 1998 May;7(5):391-5.
31. Mullan RJ, Bergstrahl EJ, Farmer SA, et al. Growth factor, cytokine, and vitamin D receptor polymorphisms and the risk of benign prostatic hyerplasia in a community-based cohort of men. Urology. 2006 Feb;67(2):300-5.
32. Bhuiyan MM, Li Y, Banerjee S, Ahmed F, Wang Z, Ali S, Sarkar FH. Down-regulation of androgen receptor by 3,3'-diindolylmethane contributes to inhibition of cell proliferation and induction of apoptosis in both hormone-sensitive LNCaP and insensitive C4-2B prostate cancer cells. Cancer Res. 2006 Oct 15;66(20):10064-72.
33. Garikapaty VP, Ashok BT, Tadi K, Mittelman A, Tiwari RK. Synthetic dimer of indole-3-carbinol: second generation diet derived anti-cancer agent in hormone sensitive prostate cancer. Prostate. 2006 Apr 1;66(5):453-62.