About me!

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Dr. Malisa Carullo holds a Doctorate in Naturopathic Medicine from the National University of Health Sciences in Chicago and a Master of Science in Biology from the University of Ottawa, specializing in genetics and molecular evolution. She is dedicated to biological medicine, focusing on chronic disease treatment, healthy aging, and the integration of naturopathic and sports medicine, with special interests in endocrinology and chronic infections.

As Senior Manager of Medical Information and Safety at Metagenics, Dr. Carullo leads the clinical services support team, ensuring healthcare providers have access to accurate, evidence-based product information to enhance patient safety and efficacy. Her role involves reviewing clinical data, managing safety protocols, and advancing practitioner education in integrative health solutions. Dr. Carullo’s work is instrumental in shaping Metagenics' commitment to scientific rigor and clinical application, supporting both practitioner success and patient wellness through integrative medicine.

The Role of Saffron, Chromium Picolinate, and Licorice Extract in Managing Mood, Sleep, Digestion, and Food Cravings

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Metagenics

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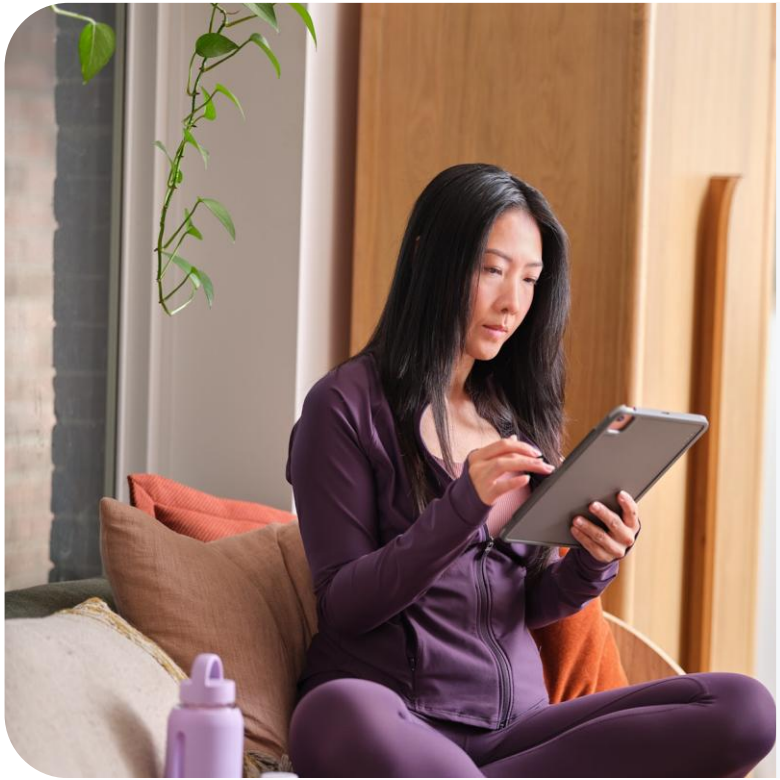
Learning Objectives

Understand the mechanisms by which saffron, chromium picolinate, and licorice extract influence metabolic function, mood, and digestive health.

Review clinical research demonstrating the effectiveness of these compounds in managing mood, sleep quality, digestive health, and food cravings.

Learn practical strategies for integrating these natural compounds into patient care plans.

Women’s Health

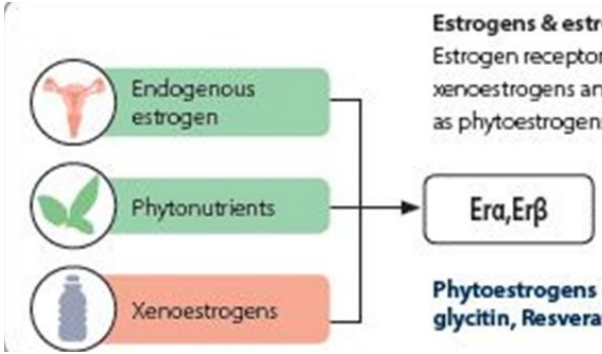


- Women’s health is influenced by hormonal fluctuations, metabolic processes, and neurochemical signaling, impacting:
  - Mood and stability
  - Sleep quality
  - Digestive health
  - Metabolic function
- Conditions such as stress-related mood disturbances, insomnia, gastrointestinal discomfort, and metabolic imbalances are common and can have long-term health consequences if not addressed.

Estrogen and Women's Health

	Reproductive Years			Menopausal Transition			Postmenopause
Average Age	1st Period: 9-15	16-30	31-42	Early Transition: 40s	Late Transition: late 40s–early 50s	Final Period: 51-55	50s and beyond
Menstrual Cycles	Variable	Regular	Regular	Cycle length vary increasingly	2 or more skipped periods	Amenorrhea	Amenorrhea
Signs and Symptoms	**Dysmenorrhea** Cramping/pain in lower abdomen or pelvic area, bloating, diarrhea, constipation, nausea, vomiting, unusual fatigue, headaches, breast pain/swelling, scanty blood flow, missed work	**Dysmenorrhea:** as previous **Secondary dysmenorrhea (31 yrs-menopause):** Pain lasts longer; may begin a few days before menses; lasts longer; pain worsens as menses continues; may not go away as it continues, may be caused by other problems like endometriosis, uterine fibroid, ovarian cysts **Premenstrual syndrome (PMS):** 5 days before menstrual cycle ending within 4 days after period starts Physical, Mental, and Emotional Over 300 symptoms: most commonly assessed are irritability, tension, depression, bloating, painful and sore breasts, headache fatigue, changes in sexual desire **Premenstrual dysphoric disorder (PMDD):** between 1 and 14 days or longer		Hot flashes, irritability, sleep disturbances, bone loss begins	Same as previous	Vaginal dryness, hot flashes can persist (for some into their 60s and 70s); bone loss progresses, etc.
		Fertility progressively declining					

Estrogen Signaling and Binding



Estrogens & estrogen receptor sensitivity

Estrogen receptors are present in both men and women. Endogenous estrogens environmental xenoestrogens and their metabolites selectively bind to estrogen receptors. Various phytonutrients, such as phytoestrogens, may moderate their binding, modulating cell signaling to support hormone balance.

Phytoestrogens (plant-derived estrogens): Lignans, Isoflavones: genistein, daidzein, glycitin, Resveratrol.

Erα

Increases proliferation
Excitatory
Proinflammatory
Increases glycolysis

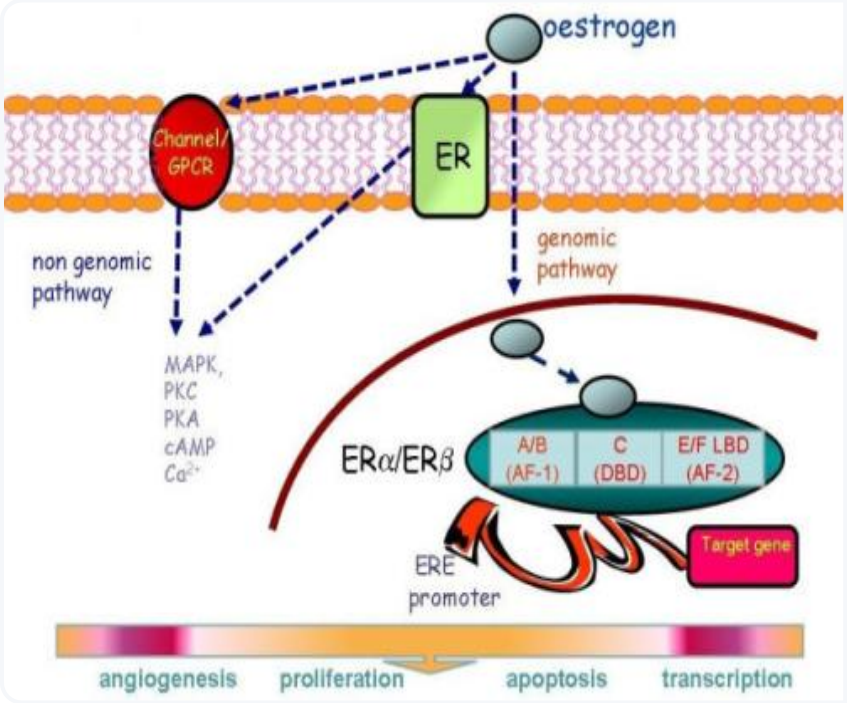
Erβ

Down regulates ER-α activation
Antiproliferative
Estrogen detoxification
Anxiolytic
Anti-inflammatory
Increases BDNF

Xenoestrogens (EDCs), such as Bisphenol A, can bind to both Erα and Erβ.
Many phytoestrogens have a higher binding affinity for Erβ.

(Gao 2015)(Harris 2005)

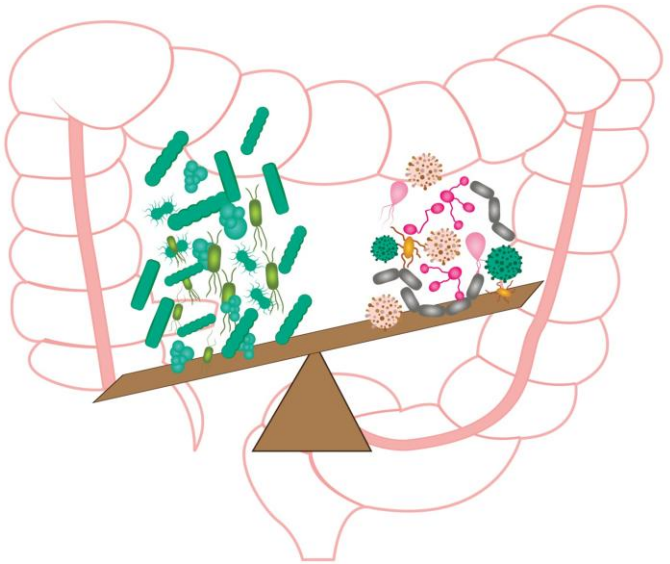
Estrogen and Metabolic Regulation



- Estrogen (E2) acts via ERα and ERβ receptors in metabolic tissues (liver, adipose, muscle, pancreas, hypothalamus).
- Enhances insulin sensitivity, suppresses hepatic gluconeogenesis, and modulates lipid metabolism.
- Menstrual cycle: Insulin sensitivity fluctuates—greater during follicular phase (high E2) vs. luteal phase.
- Menopause: Decline in E2 → ↑ visceral adiposity, ↓ mitochondrial efficiency, ↑ risk of metabolic syndrome.

(Barros 2011)(Fuentes 2019)

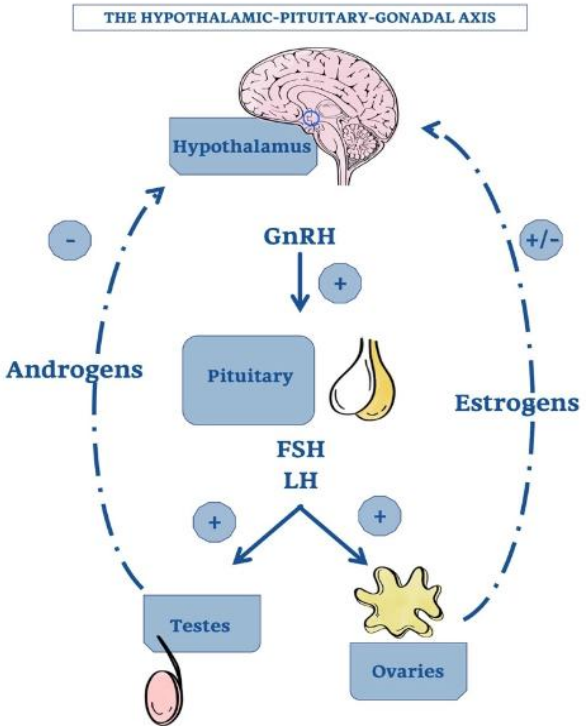
Hormonal Interactions with GI Function



- Progesterone (P4): Relaxes smooth muscle, reduces gastric emptying, and slows GI motility (luteal phase constipation).
- Cortisol: Chronically elevated levels alters gut barrier function, microbiota diversity, and increases visceral hypersensitivity.
- Estrogen: Modulates gut permeability and diversity via ERβ in intestinal epithelium.
- Conditions: Irritable bowel syndrome (IBS), particularly in females, correlates with hormonal fluctuations and stress-linked dysregulation of the gut-brain axis.

(Chen 2019)(Coquoz 2022)

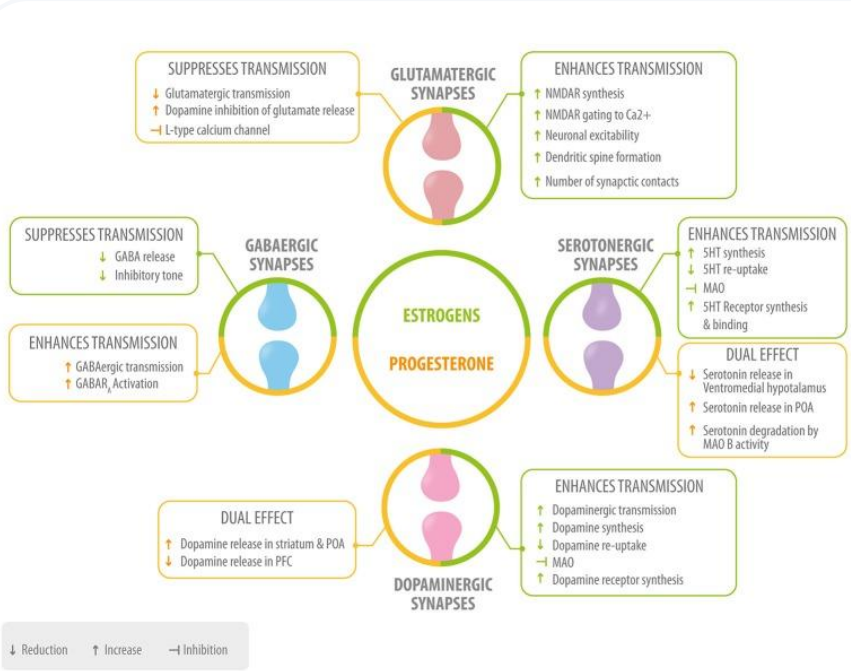
HPO Axis and Reproductive Hormone Dynamics



- Pulsatile GnRH → stimulates FSH and LH from anterior pituitary.
- FSH promotes follicular growth; LH triggers ovulation via theca cell androgen production and granulosa cell estrogen synthesis.
- Estrogen exerts positive/negative feedback on GnRH depending on cycle phase; progesterone stabilizes the luteal phase.
- Life stages:
    - Puberty: HPO axis activation
    - Reproductive years: Cyclical function
    - Menopause: Ovarian senescence → low E2/P4, ↑ FSH/LH

(Rezzani 2020)

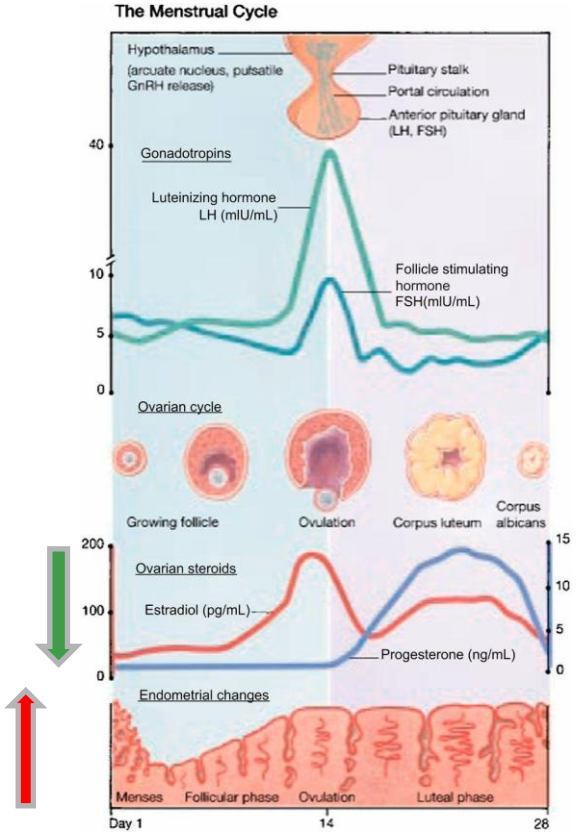
Estrogen and Neurotransmitter Modulation



- Estrogen upregulates serotonin synthesis (via tryptophan hydroxylase), 5-HT2A receptor density, and serotonin transporter (SERT) function.
- Estrogen enhances dopaminergic tone in mesolimbic pathway and modulates GABAergic inhibition via allopregnanolone (progesterone metabolite).
- Progesterone's action via GABA-A receptor modulation → anxiolytic effect during luteal phase (low levels linked to PMDD symptoms).

(Bendis 2024)(Del Rio 2018)

Hormonal Milestones and Affective Disorders



- Perimenopause: Fluctuating estrogen → serotonergic instability → ↑ risk of depression, anxiety.
- Postpartum: Rapid drop in E2/P4 postpartum → dysregulation of HPA axis → postpartum depression risk.
- PMDD: Neurosteroid withdrawal sensitivity hypothesis—abrupt decline in allopregnanolone → altered GABA-A receptor plasticity.
- Elevated cortisol blunts brain-derived neurotrophic factor (BDNF) expression and hippocampal neurogenesis → mood dysregulation under chronic stress.

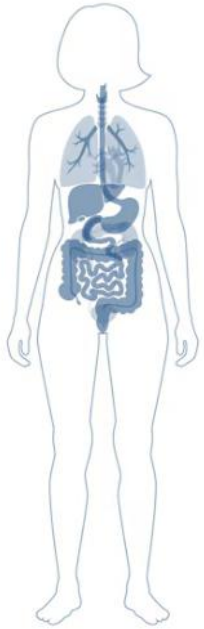
(Kundakovic 2022)

Circadian and Infradian Rhythms in Women

- Cortisol: Diurnal rhythm (peak in AM); dysregulated in chronic stress, depression, and Cushing's.
- Melatonin: Inversely regulated; impacts gonadotropin secretion and ovarian steroidogenesis.
- Menstrual cycle: Affects sleep patterns, thermoregulation, appetite regulation (via leptin/ghrelin).
- Hormonal shifts influence thermogenic capacity, resting metabolic rate, and behavioral motivation (e.g., reward-seeking during luteal phase).

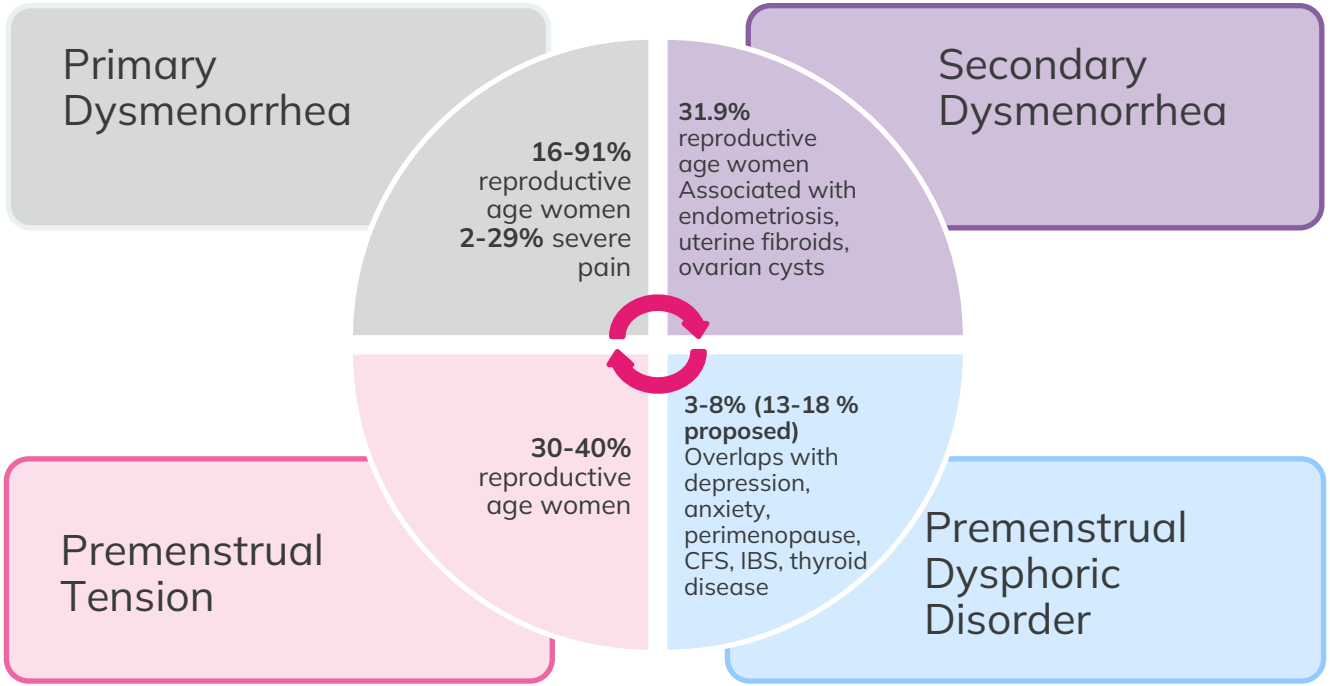
(Baker 2007)

Hormone-Driven Pathophysiology in Female-Specific Conditions



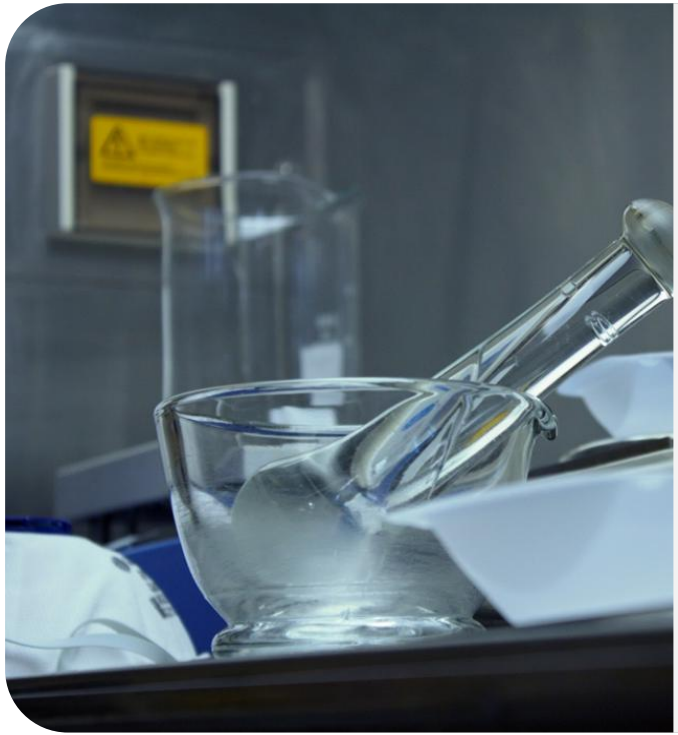
- Premenstrual syndrome
- Premenstrual dysphoric disorder
- Fibrocystic or painful breasts
- Dysmenorrhea
- Endometriosis
- Uterine fibroid tumors
- Cervical dysplasia
- Systemic lupus erythematosis

Quality of Women's Life Related to Shifting Hormones



(Kahyaoglu-Sut 2016)(Halbreich 2003)

Conventional Approaches



Conventional approaches are palliative and not without side-effects:

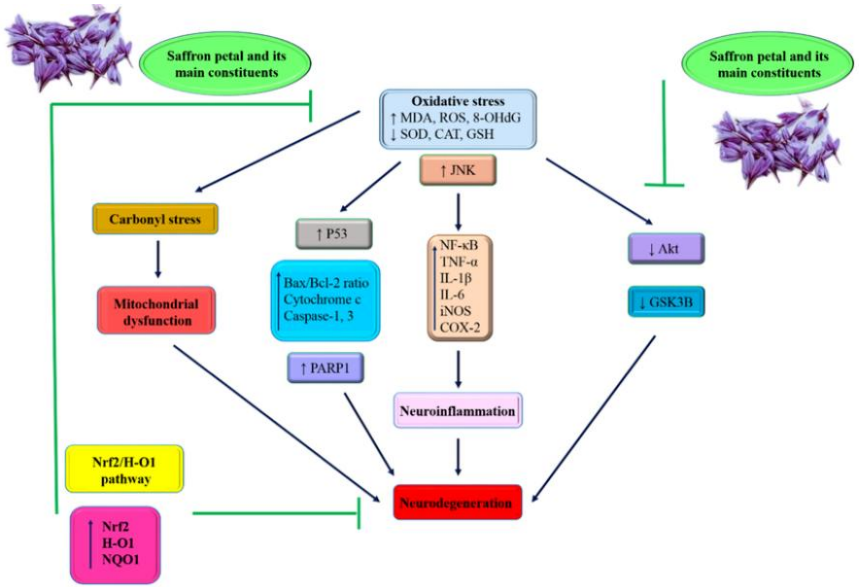
- NSAIDS
- Antidepressants
- Anxiolytics
- Diuretics
- Contraceptives/Hormones
- Surgery

Integrative Treatments

Emerging research suggests that botanicals and trace minerals may offer targeted support in these areas.

- Saffron (*Crocus sativus* L.) – Mood support & neurotransmitter balance.
- Licorice extract (*Glycyrrhiza glabra*) – Gut health & stress response.
- Chromium picolinate – Metabolic regulation & cravings management.
- Vitamin B6 – Neurotransmitter synthesis & hormonal support.

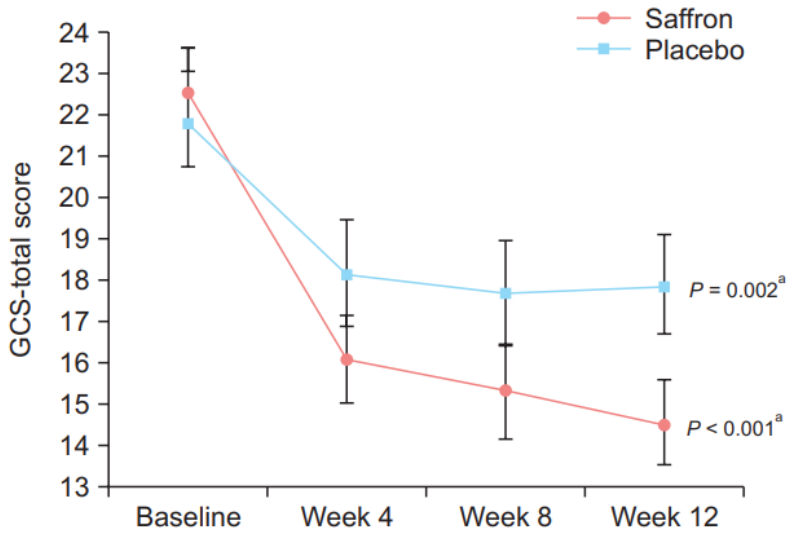
Crocus sativus L. (Saffron, Affron®)



- Powerhouse for brain health and emotional well-being.
- Active compounds: Safranal, crocin, crocetin, and picrocrocin.
- Primary benefits: Neuroprotection, mood stabilization, and sleep quality enhancement.
- Mechanisms:
  - Modulates serotonin, dopamine, and GABA.
  - Antioxidant properties reduce oxidative stress and inflammation.
  - Enhances neuroprotection and synaptic plasticity.

(Golpour-Hamedani 2024)(Rajabian 2019)(Rahbardar 2023)

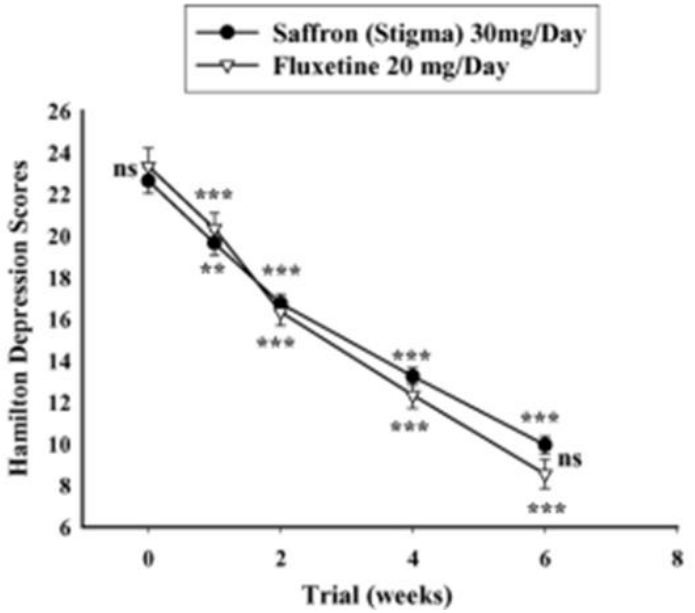
Clinical Study 1



- Double-blind placebo-controlled RCT.
- 82 perimenopausal women.
- 12 weeks of 14 mg twice daily saffron
- Greene Climacteric Scale (GCS) total score reflects overall psychological (e.g. stress and mood) and physical symptoms.
- After 12 weeks GCS total score improved by:
    - 32% in the saffron group
    - 14% in the placebo group
- Post-hoc analysis found saffron reduced anxiety and depression subscores more effectively than placebo.

(Lopresti 2021)

Clinical Study 2



- 6-week double-blind, randomized pilot trial in 40 adults diagnosed with major depression.
- Saffron extract 30 mg/day or antidepressant medication fluoxetine 20 mg/day.
- Hamilton Rating Scale for Depression (HAM-D)
- Saffron at this dose was effective similar to fluoxetine in the management of mild to moderate depression (p=0.71)

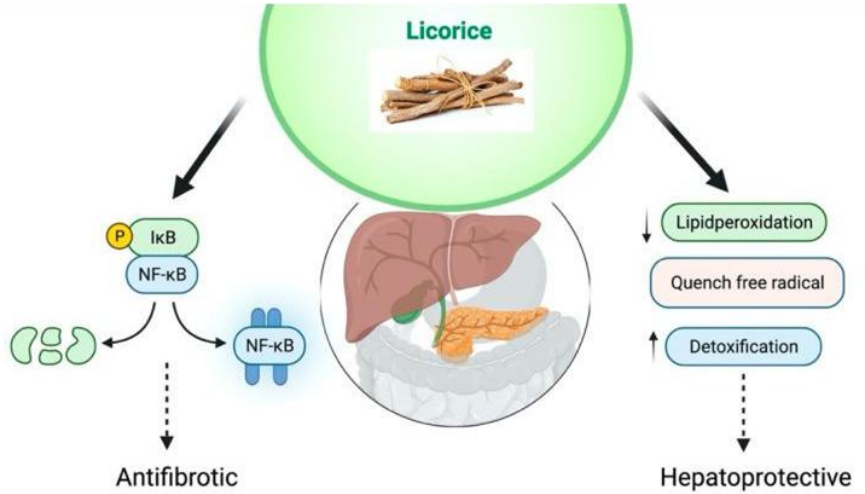
(Lopresti 2021)

Clinical Study Review

Study Overview	Study Results	Clinical Applicability of Findings	Research Reference
◦ DBPC-RCT ◦ 56 participants, self-reporting anxiety and/or sadness ◦ Saffron extract 30 mg/day or placebo for 8 weeks	◦ Profile of Mood States (POMS) depression subscale ◦ Saffron treatment showed a greater reduction of POMS depression subscale than the placebo (p=0.046)	◦ Improves mood, reduces depression symptoms	Jackson PA et al. *Front Nutr*. 2021;7:606124.
◦ DBPC-RCT in 40 adults diagnosed with major depression ◦ Saffron extract 30 mg/d or placebo for 6 weeks	◦ Hamilton Rating Scale for Depression (HAM-D) ◦ Saffron was more effective than placebo in the management of mild to moderate depression ◦ Reduced by 12.20 ± 4.67 points from baseline in saffron group ◦ Reduced by 5.10 ± 4.71 points from baseline in placebo group	◦ Improves mood and reduces depressive symptoms	Akhondzadeh S et al. *Phytother Res.* 2005;19(2):148-151.
◦ DBPC-RCT in 128 healthy participants reporting low mood but not diagnosed with depression ◦ Saffron extract 28 mg or 22 mg or placebo daily for 4 weeks	◦ Profile of Mood States (POMS) total mood disturbance scale ◦ Total scale and all subscales (tension, depression, anger, fatigue, confusion, vigour) were significantly improved by week 4 in the affron 28 mg/day group vs placebo (p<0.001) ◦ Significant treatment effect on the change scores for the Depression Anxiety Stress Scale-21 (DASS-21) Depression subscale (p<0.001) and Anxiety subscale (p<0.001)	◦ Improves mood, vigor, reduces fatigue, stress, confusion	Kell G et al. *Complement Ther Med.* 2017;33:58-64.
◦DBPC-RCT in 55 individuals experiencing poor sleep quality ◦Saffron extract 28 mg or placebo daily for 4 weeks	◦ Insomnia Severity Index (ISI; primary) and Restorative Sleep Questionnaire and Pittsburgh Sleep Dairy (RSQ and PSD; secondary) ◦ Saffron group had greater improvements in ISI total score than the placebo (p=0.017) ◦ Greater improvements in RSQ total score (p=0.029) and PSD sleep quality ratings (p=0.014)	◦ Improves restorative sleep quality	Lopresti AL et al. *J Clin Sleep Med.* 2020;16(6):937-947.

DBPC-RCT=double-blind placebo-controlled randomized controlled trial

Glycyrrhiza glabra Extract (Licorice)



- Traditionally used in Ayurvedic medicine for respiratory disorders, gastric ulcers and metabolic conditions
- Bioactive compounds: Glycyrrhizin, glycyrrhizic acid, flavonoids (glabridin, isoliquiritigenin, liquiritigenin)
- Key benefits: Anti-inflammatory, antimicrobial, hepatoprotective, and gastroprotective effect
- Mechanisms:
  - Modulates lipoxygenase (LOX) and cyclooxygenase (COX) pathway modulation

(Wahab 2021)

Clinical Study 1

Table 3: Efficacy of GutGard on improvement of total symptom scores and Nepean dyspepsia index (mean ± SE).

Groups	Total symptom scores (Change from baseline)		Nepean dyspepsia index (Change from baseline)	
	Day 15	Day 30	Day 15	Day 30
Placebo (n = 25)	−5.08 ± 0.57	−8.24 ± 0.76	−4.04 ± 0.49	−6.56 ±0.85
GutGard (n = 25)	−11.32 ± 0.77*	−15.20 ± 0.71*	−12.08 ± 0.82*	−19.56 ± 0.85*

*$P \leq .05$ versus placebo.

Table 5: Effect of GutGard on the individual symptoms scores.

Parameter	Groups (n = 25)	Day 15		Day 30	
		Change in score	Effect size	Change in score	Effect size
Upper abdominal fullness	Placebo	−0.52	0.393	−0.88	0.665
	GutGard	−1.72	5.186	−2.28	6.875
Upper abdominal pain	Placebo	−0.04	0.084	−0.16	0.336
	GutGard	−1.24	1.127	−1.88	1.709
Belching	Placebo	−0.76	0.734	−0.96	0.927
	GutGard	−1.16	2.352	−1.40	2.838
Bloating	Placebo	−0.8	0.755	−1.08	1.019
	GutGard	−1.04	1.733	−1.36	2.267
Early satiety	Placebo	−0.88	0.848	−1.04	1.002
	GutGard	−0.52	0.770	−0.72	1.065
Nausea	Placebo	−0.16	0.225	−0.28	0.393
	GutGard	−0.56	1.065	−0.92	1.749
Vomiting	Placebo	−0.16	0.210	−0.32	0.419
	GutGard	−0.68	1.133	−0.80	1.333
Regurgitation	Placebo	−0.28	0.211	−0.80	0.603
	GutGard	−1.52	1.675	−1.84	2.028
Heartburn	Placebo	−0.84	0.899	−1.44	1.541
	GutGard	−1.52	1.568	−2.12	2.187
Loss of appetite	Placebo	−0.64	0.492	−1.28	0.985
	GutGard	−1.36	0.905	−1.88	1.252

- Double-blind placebo-controlled RCT in 50 participants with functional dyspepsia.
- GutGard 75 mg or placebo twice daily for 30 days.
- Global assessment of GI symptoms (primary) and Nepean Dyspepsia Index (NDI) and individual GI symptoms (secondary).
- Compared with placebo, GutGard showed:
  - A significant decrease in total symptom scores and NDI on day 15 and day 30 (p<0.05)
  - Improvement in terms of the effect size in 9 of the 10 individual symptoms
  - 60% overall improvement in digestive symptoms (56% markedly improved and 4% symptom free)

(Raveendra 2012)

Clinical Study 2

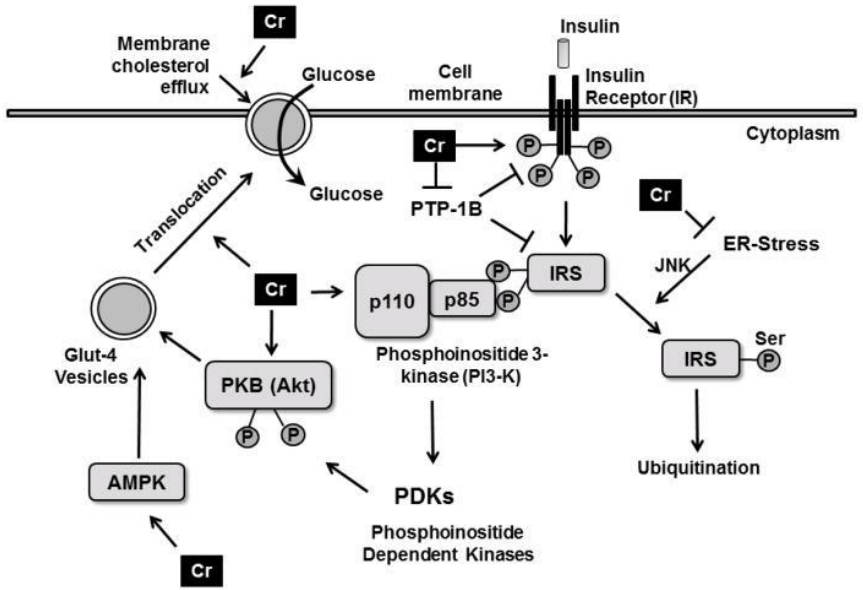
- Double-blind placebo-controlled RCT in 100 participants with *H. pylori.*
- GutGard 150 mg or placebo daily for 60 days.
- Gastric load of *H. pylori*, assessed using 13C-urea breath test (^{13}C-UBT) and Stool antigen test (HpSA).
- Compared with placebo, GutGard showed a significant decrease in *H. pylori* gastric load.
- On day 60, HpSA was negative in 56% GutGard group and 4% in placebo.
- On day 60, ^{13}C-UBT was negative in 48% GugGard group and 2% in placebo.

Table 2: Effect of GutGard on *H. pylori* gastric load (mean ± SD).

Parameter	Groups	Day 0	Day 30	Day 60	Significance			
					Variables	df	*F* value	*P* value
DOB	GutGard	7.12 ± 1.36	6.24 ± 1.24	4.21 ± 1.15	Group	1,98	5.63	0.02
	Placebo	6.88 ± 1.34	6.40 ± 1.31	6.10 ± 1.30	Time	2,196	3047.10	0.00
					Group × time	2,196	1120.27	0.00

(Puram 2013)

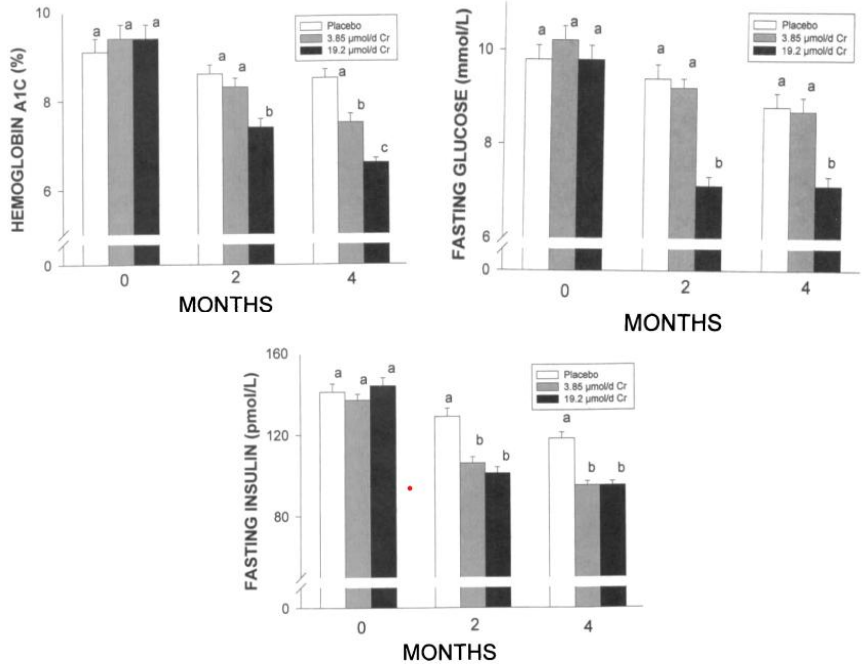
Chromium Picolinate



- Essential trace mineral crucial for: Insulin function, glucose metabolism, and lipid regulation.
- Active form: Trivalent chromium (Cr^{3+}).
- Key metabolic benefits: Enhances insulin sensitivity, improves glucose and lipid metabolism, reduces oxidative stress.
- Mechanisms:
  - Insulin potentiation
  - AMP-activated protein kinase activation
  - Modulates lipoxygenase (LOX) and cyclooxygenase (COX) pathway modulation

(Hua 2012)

Clinical Study 1



- Double-blind placebo-controlled RCT in 180 individuals with type 2 diabetes.
- Cr picolinate 200 mcg/day (3.85 umol/day), 1000 mcg/day (19.2 umol/day) or placebo for 4 months.
- High Cr: significantly reduced fasting glucose and 2-hour glucose test, fasting insulin, and HbA1c after 2 and 4 months.
- Low Cr: significantly reduced fasting insulin after 2 and 4 months and HbA1c after 4 months (Only high dose Cr improved glucose).

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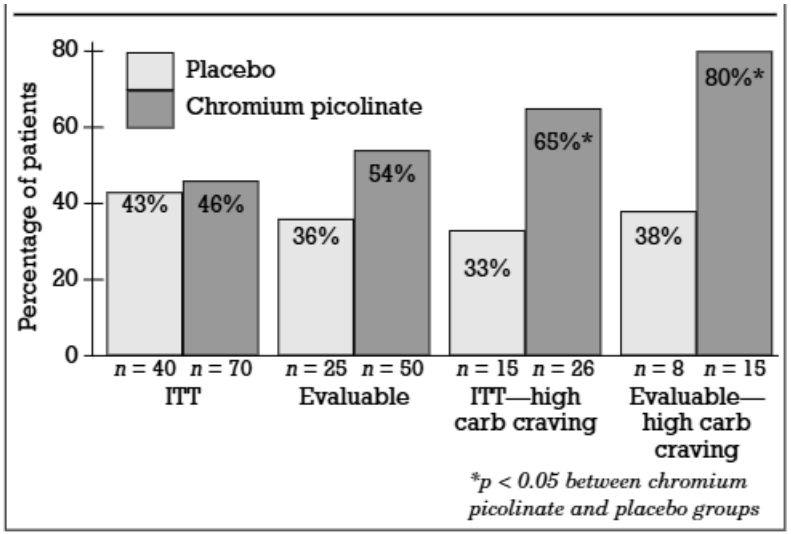
(Anderson 1997)

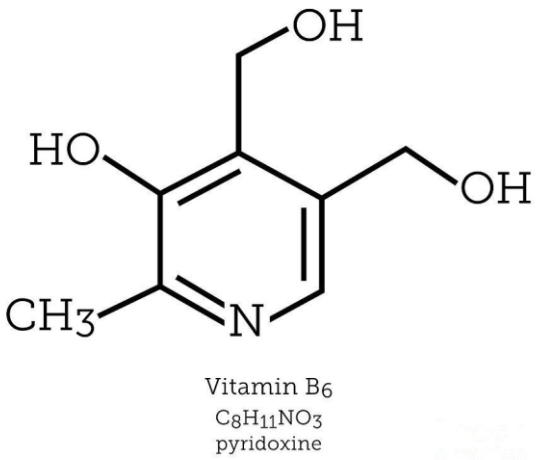
Clinical Study 2



- Double-blind placebo-controlled RCT in 113 adults with atypical depression.
- Placebo or 400 mcg/day elemental Cr as provided by Cr picolinate for the first 2 w and 600 mcg/day for the remaining 6 w
- Individual HAM-D 29 items
- Secondary analysis of HAM-D individual items showed improvements with Cr supplementation:
- Greater response on total HAM-D-29 scores than the placebo group (65% vs. 33%; $p<0.05$)
- Appetite increase (-1.18 Cr vs. -0.64 placebo)
- Increased eating (-1.22 Cr vs. -0.56 placebo)

(Docherty 2005)

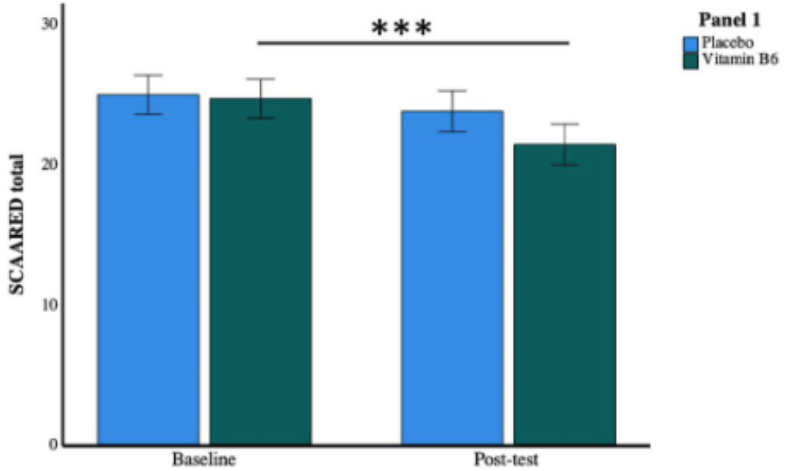
Vitamin B6



- A key coenzyme in metabolic and hormonal regulation.
- Active form: Pyridoxal 5'-phosphate (P5P).
- Essential coenzyme in 140+ biochemical reactions, including amino acid metabolism, neurotransmitter synthesis, steroid hormone regulation.
- Role in steroid hormone activity:
    - Modulates steroid hormone receptor function.
    - Reduces sensitivity to glucocorticoids, estrogens, and androgens.
    - Deficiency linked to hormonal imbalances.
- Additional health benefits:
    - Supports DNA stability and methylation.
    - Reduces oxidative stress, crucial for women's health.

(Parra 2018)

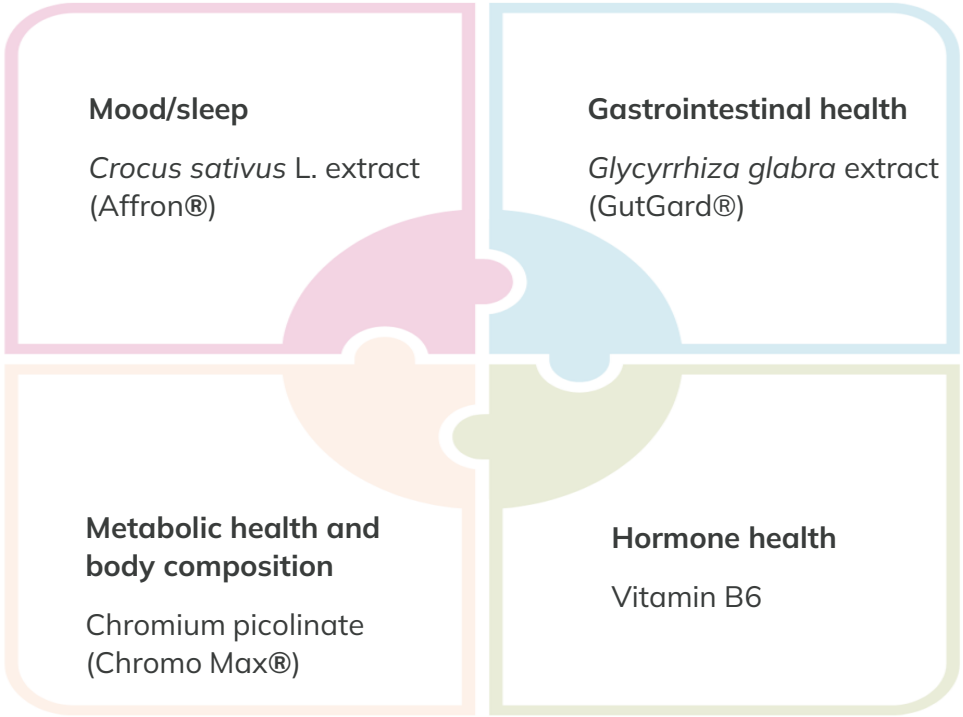
Clinical Study 1



- Double-blind study in 478 adults.
- Self-reported anxiety and depression assessed at baseline and after supplementation.
- High-dose vitamin B6 supplementation significantly reduced anxiety ($p<0.001$)
- Showed a trend towards lowering depression.
- Enhanced GABAergic inhibition, evidenced by increased surround suppression of visual contrast detection ($p=0.011$)

(Field 2022)

Summary


Mood/sleep
Crocus sativus L. extract (Affron®)
Gastrointestinal health
Glycyrrhiza glabra extract (GutGard®)
Metabolic health and body composition
Chromium picolinate (Chromo Max®)
Hormone health
Vitamin B6

Case Study

- 47-year-old female
- Elementary school teacher
- Presenting Concerns:
  - Intrusive thoughts (e.g., irrational fears, catastrophic thinking)
  - Emotional lability
  - Poor sleep quality
  - Mid-day energy crashes
  - Mild digestive discomfort (bloating, occasional urgency)
  - No formal psychiatric diagnosis

Case Study: Symptom presentation

- Patient began experiencing troubling intrusive thoughts and emotional hypersensitivity over the past year—coinciding with irregular menstrual cycles, new-onset sleep disturbances, and increased irritability in the premenstrual phase.
- Though not meeting criteria for a psychiatric disorder, her symptoms significantly impacted daily life.
- *"Out of nowhere, I'll think—what if I lose control while driving, or say something awful to a student? I know I'd never do it, but it makes my chest tighten and I can't let it go."*
- Ruled out major depression and anxiety disorder but noted she was in perimenopause (perhaps late stage) following work-up.
- Treatment goals: Support neuroendocrine sensitivity to hormonal fluctuation, blood sugar instability, and gut-brain axis reactivity.

Case Study: Lifestyle

- Currently does not eat gluten or drink alcohol
- Removed dairy
- Desiccated Thyroid 45mg
- Progesterone 200mg
- Consistency with 3 meals daily + increase protein

Case study: Patient plan

Intervention	Dose	Mechanism/Benefit
Medical food for compromised gut function (2'-FL, IMO)	2 scoops within 1 hour of waking	• Stabilizes blood sugar for the day, reduces cortisol spikes. • Supports gut integrity and a healthy microbiome.
S.boulardii, B. lactis Bi-07™, L. plantarum Lp-115, L salivarius Ls-33, L. acidophilus NCFM™, S. thermophilus St-21,B.lactis Bl-04	1 capsule/ day	• Improves gut barrier, reduces inflammation, supports estrogen metabolism.
Specialized pro-resolving mediators	3 x 500mg softgels/day	• Mood, reduces inflammation
B6, Mg, Taurine, NAC, Green tea extract formula	2 capsules/day	• Mood, insulin resistance.
Melatonin, Kava formula	1 capsule ~7pm	• Support sleep
Myo-Inositol, Mg formula	1 scoop/day	• Enhances insulin sensitivity, supports ovarian function, reduces anxiety, calms nervous system.

Case Study: Patient plan (cont)

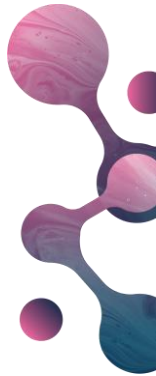
Started a multi-ingredient formula containing:

- Saffron
- DGL licorice extract
- Chromium
- Chamomile extract
- Vitamin B6
- Decaffeinated green tea extract

Case Study: Outcomes

- Reported fewer disturbing thoughts, and when they did arise, they felt ‘less sticky’
  - *“I notice the thoughts, but they don’t spiral. It’s like I can shrug them off more easily.”*
- By week three, Sarah experienced fewer reactive episodes.
  - *“I don’t feel as easily set off. I still get emotional, but I recover faster.”*
- *Sarah also noted less “gut tension” on stressful days.*
  - *“My stomach isn’t in knots when I get overwhelmed anymore.”*
- Fewer 3PM energy crashes and reduced cravings for quick carbs.
  - *“I can teach through the afternoon without snacking or getting irritable.”*

This concludes the scientific presentation



HerWellness™

Healthy Hormones™

Cross Platform Proprietary Blend

Saffron
-Mood
-Sleep

Green tea extract
-Estrogen metabolism
-Antioxidant
-Metabolic support

Vitamin B6
-Modulation of steroid hormones

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Proprietary blend and hormone balancing claims applicable to the 4 new HerWellness products. Estrovera is excluded.

HerWellness™ Naturally Balanced

Supplement Facts

Serving Size 1 Capsule†
Servings Per Container 30

Amount Per Serving	% Daily Value
Vitamin B_6 (as pyridoxal 5'-phosphate) ..... 2 mg	118%
Chromium (as chromium picolinate)†† (Chromax®) .... 600 mcg	1,714%
Licorice (*Glycyrrhiza glabra*) root extract††† ..... 150 mg	**
A Proprietary Blend of: ..... 51 mg	**
Decaffeinated green tea (*Camellia sinensis*) leaf extract, Vitamin B_6 and Saffron (*Crocus sativus*) stigma extract‡)	
Chamomile (*Matricaria recutita*) petal extract ..... 50 mg	**
Saffron (*Crocus sativus*) stigma extract‡ ..... 28 mg	**

**Daily Value not established.

- An all-in-one solution to naturally promote hormone balance, a healthy metabolism and digestion.
- Designed to target 5 hormonal symptoms:
  - Less bloating in 2 weeks
  - Better sleep in 4 weeks
  - Calmer state of mind in 4 weeks
  - Reduced carbohydrate cravings
  - Supports metabolism: Maintains healthy insulin metabolism, metabolic health, and body composition

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

HerWellness™ Rapid Period Relief

Supplement Facts

Serving Size 2 Softgels
Servings per Container 10

Amount Per Serving		% Daily Value
Calories	10	
Total Fat	1 g	1%**
Vitamin B_6 (as pyridoxal 5'-phosphate)	2 mg	118%
A Proprietary Blend of:	1 g	***
Black sesame (*Sesamum indicum*) seed oil, Turmeric (*Curcuma longa*) rhizome extract, and Indian frankincense (*Boswellia serrata*) gum resin extract† [providing 260 mg curcuminoids and standardized to 1% (10 mg) 3-O-Acetyl-11-keto-beta-boswellic acid (AKBA)]		
Greater galangal (*Alpinia galanga*) rhizome extract††	300 mg	***
A Proprietary Blend of:	10 mg	***
Decaffeinated green tea (*Camellia sinensis*) leaf extract, Vitamin B_6, and Saffron (*Crocus sativus*) stigma extract		

**Percent Daily Values are based on a 2,000 calorie diet.
***Daily Value not established.

Other Ingredients: Softgel shell [gelatin, glycerin, water, turmeric (color)], beeswax, sunflower lecithin, and sunflower oil. **Contains: Sesame.**

- Fast-Acting: Starts working in 30 minutes.
- Long-Lasting: Provides relief for up to 6 hours.
- Help you stay energized and full of vitality and reduced fatigue
- Improved energy and had less fatigue in 6 hours
- 73% of women rated the formulation to be excellent for period pain relief
- Comprehensive Relief: Addresses cramps, tension, backaches, and fatigue.

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HerWellness™ Rapid Stress Relief

Supplement Facts

Serving Size 1 Soft Chew
Servings Per Container 30

	Amount Per Serving	% Daily Value
Calories	25	
Total Fat	0.5 g	1%**
Total Carbohydrate	4 g	1%**
Total Sugars	2 g	***
Includes 2 g Added Sugars		4%**
Vitamin B_6 (as pyridoxal 5'-phosphate)	2 mg	118%
Sodium	10 mg	<1%
L-Theanine	200 mg	***
Milk Protein Hydrolysate	75 mg	***
A Proprietary Blend of: Decaffeinated green tea (*Camellia sinensis*) leaf extract, Vitamin B_6, and Saffron (*Crocus sativus*) flower extract	3 mg	***

**Percent Daily Values are based on a 2,000 calorie diet.
***Daily Value not established.

- Rapidly alleviates stress and irritability within 1 hour by improving alpha-band wave activity which is linked to a relaxed but alert mental state
- L-theanine promotes a calm but alert mental state, beneficial for work and daily function.
- Lactium® helps with stress-related blood pressure fluctuations and improves sleep quality.
- Clinically tested formula with a proprietary blend for hormonal balance and stress relief.

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

HerWellness™ Recharge Overnight

Supplement Facts

Serving Size 2 Tablets
Servings Per Container 30

Amount Per Serving		% Daily Value
Vitamin C (as ascorbic acid)	100 mg	111%
Thiamin (as thiamine hydrochloride)	1.1 mg	92%
Vitamin B_6 (as pyridoxal 5'-phosphate)	2 mg	118%
Magnesium (as magnesium bis-glycinate)	100 mg	24%
Zinc (as zinc bis-glycinate)	10 mg	91%
Holy Basil (*Ocimum tenuiflorum*) leaf extract	250 mg	**
A Proprietary Blend of: Decaffeinated green tea (*Camellia sinensis*) leaf extract, Vitamin B_6, and Saffron (*Crocus sativus*) stigma extract	10 mg	**

**Daily Value not established.

- Proven to reduce stress and promote mental calmness.
- Enhances the body's natural ability to repair and rejuvenate.
- Supports deep, restorative sleep and muscle relaxation.
- Reduces stress hormone levels, as shown by significant reductions in salivary cortisol and blood pressure.

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

HerWellness™ Estrovera

Supplement Facts

Serving Size 1 Tablet
Servings per Container 90

Amount Per Serving	
Rhapontic Rhubarb (*Rheum rhaponticum* L.) Root† Extract (ERr 731®) [Providing 2.2 mg rhaponticin and 1 mg desoxy-rhaponticin]	4 mg*

*Daily Value not established.

Other Ingredients: Microcrystalline cellulose, stearic acid (vegetable), croscarmellose sodium, silica, and enteric coating (ethyl cellulose, hydroxypropylmethylcellulose, medium-chain triglycerides, ammonium hydroxide, sodium alginate, hydroxypropylcellulose, oleic acid, and stearic acid).

- Relieves 12 Common Symptoms:
  - Hot flashes, night sweats, sleep disturbances, menopausal anxiety, negative mood, irritability, vaginal dryness, physical and emotional exhaustion, joint and muscular discomfort, and menopausal headaches*
- Relief in 1-4 Weeks: 83% of women reported symptom relief in 1-4 weeks††*

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

‡‡Compared with perimenopausal women receiving placebo, those receiving ERr 731 experienced significant symptom relief.††Survey conducted online by Metagenics March 2023 with 424 women currently or previously taking HerWellness Estrovera®.+Research conducted by IQVIA for Metagenics.‡Survey conducted online by Metagenics September 21 to October 5, 2020, with 75 women currently taking HerWellness Estrovera®.

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Thank you!

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