B Activ®

B Complex with Benfotiamine and Quatrefolic®



Available in 30 capsules, 90 capsules, and 180 capsules

Discussion

The water-soluble B vitamins have to be absorbed in the small intestine and then go to the liver where they are biotransformed into their active coenzyme forms. B Activ contains vitamins B1 (thiamine), B2 (riboflavin), B6 (pyridoxine), and B12 (methylcobalamin) in their physiologically-active form making them easier to absorb and "readyfor-use." For example, in patients receiving pyridoxine HCl, only 33 percent responded with an increase in plasma pyridoxal-5'-phosphate (P5P); however, the level increased in all of the patients receiving P5P.*^[1]

Folate is provided as 5-methyltetrahydrofolate (5-MTHF), which bypasses metabolic steps to folate bioactivity. Despite research showing that folic acid and 5-MTHF have equivalent bioavailability and that supplementation with large doses of folic acid can "force" its conversion to the more active form, 5-MTHF may be the preferred form to replenish folate. This may be especially applicable to those with digestive challenges or genetic variations in folate metabolism.

[2-4] In this formula, 5-MTHF is provided as Quatrefolic—the glucosamine salt of 5-MTHF. In vitro and in vivo studies have proven that Quatrefolic has greater stability, solubility, and bioavailability over calcium salt forms of 5-MTHF. Folate is stored in small amounts in red blood cells (RBC), and RBC folate has been shown to be higher after supplementation with 5-MTHF compared to folic acid and placebo. Likewise, patients given 5 mg of 5-MTHF experienced plasma levels of 5-MTHF 700% greater than patients given folic acid.* [5]

Another unique ingredient in this formula is benfotiamine (S-benzoylthiamine 0-monophosphate), a safe, fat-soluble analog of thiamine. One study showed that it not only raised blood and tissue levels of thiamine at least five times higher than the water-soluble salt, but it also remained bioavailable after oral administration up to 3.6 times longer than thiamine salt. [6] Benfotiamine is the most potent of a class of thiamine-derived compounds present in small quantities in members of the *Allium* genus. The superiority of its biological activity compared to thiamine rests in its structure—a thiazole ring

Clinical Applications

- » Supports Carbohydrate Metabolism*
- » Supports Healthy Nervous System/Adrenal/Immune Function*
- » Supports Cardiovascular Health*
- » Supports Healthy Mental Function and Mood*

B Activ[®] contains the entire spectrum of B vitamins to support adrenal and neurological functions. It features activated forms of vitamins B2, B6, and B12; benfotiamine, a fat soluble, more physiologically active form of thiamine; and folate as Quatrefolic[®], which is proven to have greater stability, solubility, and bioavailability over calcium salt forms of 5-MTHF.*

opens to allow easy diffusion through a membrane and then closes to become structurally active.*

Benfotiamine increases transketolase activity, thereby diverting from three natural, yet destructive metabolic pathways: 1) it decreases the glucose metabolites that lead to the buildup of certain types of detrimental advanced glycation end products (AGEs); 2) it normalizes protein kinase C activity; 3) it protects the retina by preventing the activation of NF-kappaB therein. [7] Research suggests it may also protect the kidneys and endothelial cells. [8] Benfotiamine is useful for replenishing thiamine, this may be especially true in individuals that use the vitamin at a higher rate or in those with lifestyle habits that deplete it. *[9-11]

B Activ® Supplement Facts

Serving Size: 1 Capsule

	Amount Per Serving	%Daily Value
Thiamin (as thiamine HCI)	20 mg	1667%
Riboflavin (as riboflavin 5'-phosphate sodium)	20 mg	1538%
Niacin (as niacinamide and niacin)	140 mg	875%
Vitamin B6 (as pyridoxal 5'-phosphate)	20 mg	1176%
Folate (as (6S)-5-methyltetrahydrofolic acid, glucosamine salt) ^{S1}	680 mcg DFE	170%
Vitamin B12 (as methylcobalamin)	400 mcg	16,667%
Biotin	400 mcg	1333%
Pantothenic Acid (as d-calcium pantothenate)	150 mg	3000%
Choline (as choline dihydrogen citrate)	30 mg	5%
Benfotiamine	20 mg	**
** Daily Value not established.		

Other Ingredients: Capsule (hypromellose and water), stearic acid, magnesium stearate, and silica.

DIRECTIONS: Take one capsule daily, or as directed by your healthcare professional.

Consult your healthcare professional prior to use. Individuals taking medication should discuss potential interactions with their healthcare professional.

STORAGE: Keep closed in a cool, dry place out of reach of children.

FORMULATED TO EXCLUDE: Wheat, gluten, corn, yeast, soy, animal and dairy products, fish, shellfish, peanuts, tree nuts, egg, sesame, ingredients derived from genetically modified organisms (GMOs), artificial colors, and artificial sweeteners.





References

- Labadarios D, Rossouw JE, McConnell JB, et al. Vitamin B6 deficiency in chronic liver disease – evidence for increased degradation of pyridoxal-5-phosphate. Gut. 1977;18:23-27. [PMID: 838399]
- Yakut M, Ustün Y, Kabaçam G, et al. Serum vitamin B(12) and folate status in patients with inflammatory bowel diseases. Eur J Intern Med. 2010 Aug;21(4):320-23. [PMID: 20603044]
- Halsted CH, Villanueva JA, Devlin AM. Folate deficiency, methionine metabolism, and alcoholic liver disease. Alcohol. 2002 Jul;27(3):169-72. [PMID: 12163145]
- Kluijtmans LA, Van den Heuvel LP, Boers GH, et al. Molecular genetic analysis in mild hyperhomocysteinemia: a common mutation in the methylenetetrahydrofolate reductase gene is a genetic risk factor for cardiovascular disease. Am J Hum Genet. 1996 Jan;58(1):35-41. [PMID:8554066]
- Willems FF, Boers GH, Blom HJ, et al. Pharmacokinetic study on the utilisation of 5-methyltetrahydrofolate and folic acid in patients with coronary artery disease. Br J Pharmacol. 2004 Mar;41(5):825-30. [PMID: 14769778]
- Loew D. Pharmacokinetics of thiamine derivatives especially of benfotiamine. Int J Clin Pharmacol Ther. 1996 Feb;34(2): 47-50. [PMID: 8929745]
- Thornalley PJ. The potential role of thiamine (vitamin B1) in diabetic complications. Curr Diabetes Rev. 2005 Aug;1(3):287-98. [PMID: 18220605]
- Stirban A, Negrean M, Stratmann B, et al. Benfotiamine prevents macro- and microvascular endothelial dysfunction and oxidative stress following a meal rich in advanced glycation end products in individuals with type 2 diabetes. *Diabetes Care*. 2006 Sep;29(9):2064-71. [PMID: 16936154]
- Woelk H, Lehrl S, Bitsch R, et al. Benfotiamine in treatment of alcoholic polyneuropathy: an 8-week randomized controlled study (BAP I Study). *Alcohol*. 1998 Nov-Dec;33(6):631-38. [PMID: 9872352]
- Ayazpoor U. Chronic alcohol abuse. Benfotiamine in alcohol damage is a must [in German]. MMW Fortschr Med. 2001 Apr 19;143(16):53. [PMID: 11367995]
- Schupp N, Schmid U, Heidland A, et al. New approaches for the treatment of genomic damage in end-stage renal disease. J Ren Nutr. 2008 Jan;18(1):127-33. [PMID: 18089459]

