

ANXIOUSNESS and the Role of Neuroendocrine Health

Proven Results Using Sanesco's Evidence-Based Clinical Model



Do your patients complain of anxiousness?
Are your patients searching for an alternative to the pharmaceutical model?
Are you looking for new ways to engage your patients?

Anxiety disorders are the most prevalent mental illness in the US, affecting 40 million adults age 18 and older (17% of the population) every year. Many of these patients are demanding personalized treatments and non-pharmaceutical interventions (National Alliance On Mental Illness (NAMI.org), 2018).

NeuroLab's neuroendocrine testing and expert clinical team will provide you with objective data to develop and monitor protocols. Targeted Nutritional Therapy™ (TNT) formulas can then be used to address neuroendocrine imbalances with a limited side effect profile.

With an exceptional clinical track record and backed by research-driven science, Sanesco's Communication System Management™ (CSM) model has been shown to support your patients complaining of anxiousness. Additionally, patients who complain of problems with libido, stamina, focus, and sleep also show improvement after intervention with the CSM™ model (testing followed by recommended TNT™ protocols).

Patient Example 1: Anxiousness with Low Serotonin and High Norepinephrine

	Serotonin	Nor-epinephrine	ANXIOUSNESS	IRRITABILITY	MOODINESS	FATIGUE
Baseline	40.7	46.8	Severe	Severe	Severe	Severe
After CSM, TNT	130.5	29.9	Mild	Mild	None	Mild

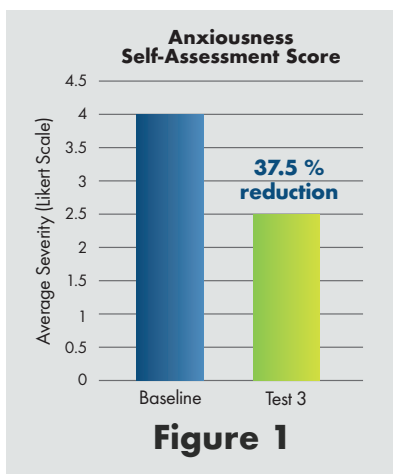
Patient Example 2: Anxiousness with Low GABA and High Glutamate

	GABA	Glutamate	ANXIOUSNESS	JOINT PAIN	POOR LIBIDO	POOR MEMORY	POOR FOCUS	POOR SLEEP	SHAKINESS
Baseline	226.4	23.8	Severe	Severe	Profound	Moderate	Profound	Severe	Severe
After CSM, TNT	710.9	4.8	None	None	None	None	None	None	None

Patient Example 3: Anxiousness with Low GABA and Low Serotonin

	Serotonin	GABA	ANXIOUSNESS	LOW MOOD	FATIGUE	POOR STAMINA
Baseline	40.7	46.8	Severe	Severe	Severe	Severe
After CSM, TNT	130.5	29.9	Mild	Mild	Mild	None

Scientific Findings Supporting the Use of CSM™ for Anxiousness



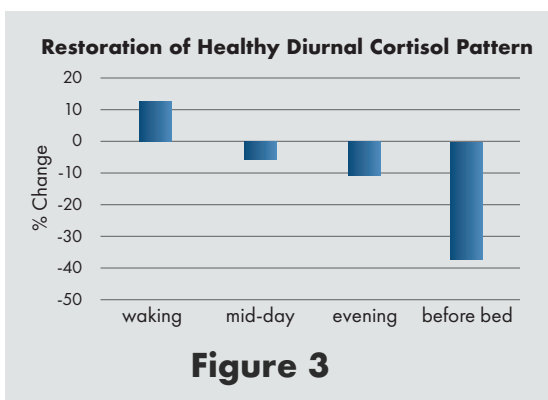
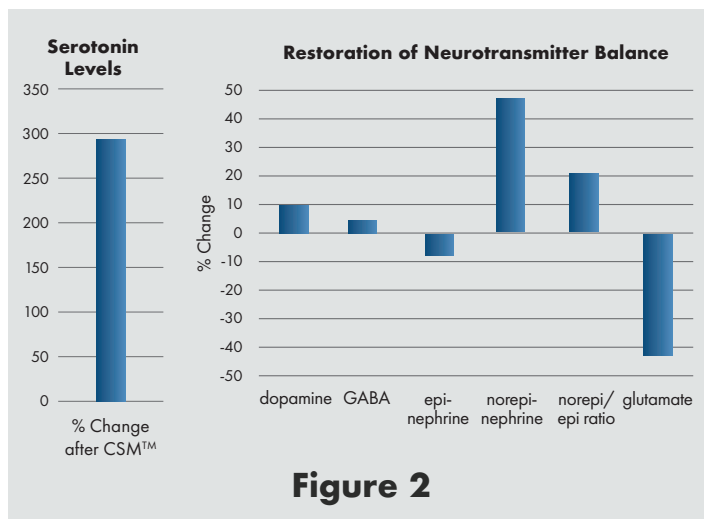
CSM™ is an Effective Approach in Reducing Anxiousness

A cohort of 62 pharmaceutical naïve patients who self-reported a significant level of anxiousness on Sanesco’s intake patient questionnaire (4-point Likert scale) were analyzed. We observe an overall 37.5% ($p < 0.01$, 2-way t-test) reduction in complaint severity after an average of 8 months of applying the CSM™ model which included Targeted Nutritional Therapy™ (TNT) intervention [Figure 1].

70% of the 62 subject cohort responded positively to the CSM™ intervention; no subjects reported an increase in complaint severity.

Enhance Serotonin Levels and Increase Norepinephrine/Epinephrine Ratio [Figure 2]

Numerous studies demonstrate a correlation between low serotonin levels and anxiousness^{1,2}; we show here that CSM™ intervention increases serotonin levels in anxious patients by nearly 300%. Further, this intervention increases the norepinephrine to epinephrine ratio by an average of 20%. Diminution of this ratio has been shown to lead to suicidal thoughts and behaviors.³ Dopamine, GABA and norepinephrine show small but significant increases. Epinephrine shows a small but significant decrease. All before and after comparisons in Figure 2 are significant at or below $p < 0.05$ (2-way t-test).

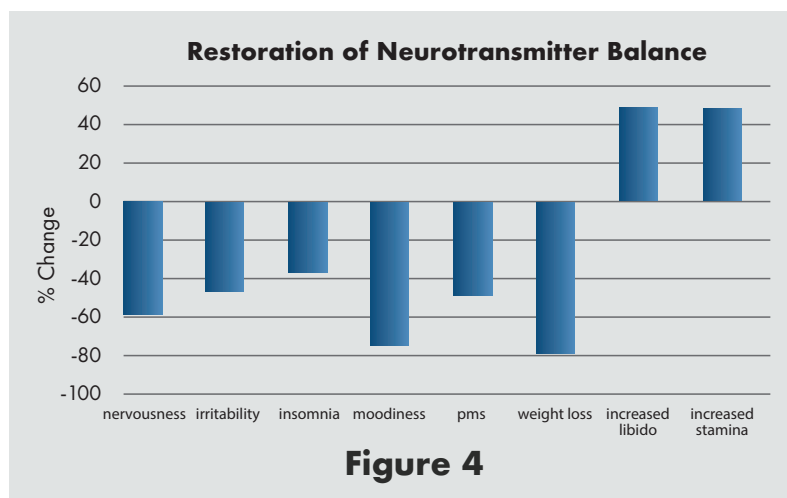


Restore Healthy Diurnal Cortisol Pattern in Anxious Patients

[Figure 3] Patients suffering from anxiousness frequently have poor sleep.⁴ Figure 3 shows that CSM™ intervention helps to restore healthy diurnal cortisol patterns in patients with complaints of anxiousness. All before and after comparisons in Figure 3 are significant at or below $p < 0.05$ (2-way t-test).

Improve Overall Patient Quality of Life [Figure 4]

CSM™ intervention produces broad improvements in quality of life metrics associated with complaints of anxiousness. Compared to baseline levels, patients report significant decrease in nervousness, irritability, insomnia, moodiness, PMS and weight loss. Conversely, we observe dramatic increases in libido and stamina. All before and after comparisons in Figure 4 are significant at or below $p < 0.06$ (2-way t-test).



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

For detailed information on research methodology, see Sanesco Monographs. REFERENCES: [1] Dayan P, Huys QJM (2008) Serotonin, inhibition, and negative mood. PLoS Comput Biol 4(1): e4. [2] Carver CS, Johnson SL, Joormann J (Two-Mode Models of Self-Regulation as a Tool for Conceptualizing Effects of the Serotonin System in Normal Behavior and Diverse Disorders 2009). Curr Dir Psychol Sci. 2009 Aug 1; 18(4): 195–199. [3] Ostroff RB, Giller E, Harkness L, & Mason J (1985). The norepinephrine-to-epinephrine ratio in patients with a history of suicide attempts. Am J Psychiatry, 142(2): 224-227. [4] Papadimitriou GN & Linkowski P (2005) Sleep disturbance in anxiety disorders, Int Rev of Psychiatry, 17(4): 229-236.