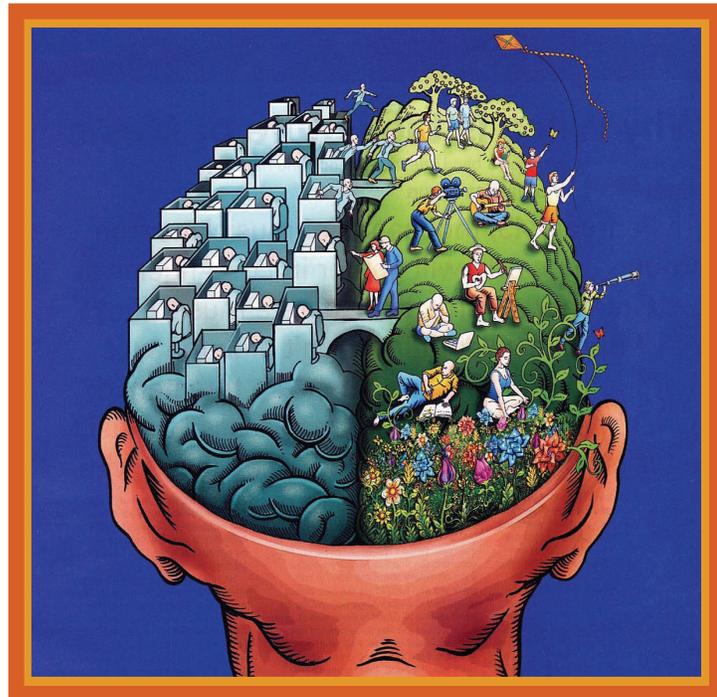


Using
EMPowerplus™
Q96 for Mental
Wellness in
Your Practice



QSciences EMPowerplus™ Q96

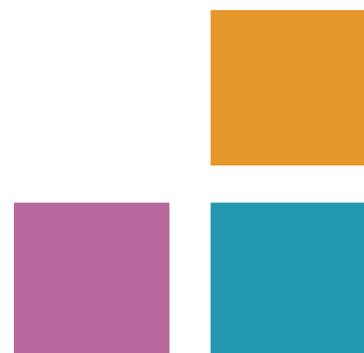


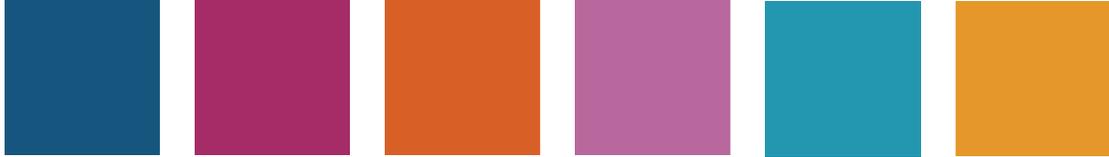
Healthcare Professional Guide

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QSciences EMPowerplus™ Q96

How Your Patients Can Benefit From A New Approach To Achieving Mental Wellness

New Thinking On What Causes Mental Illness

EMPowerplus™ began in 1996 in Canada as a father's desperate attempt to save his children from life-threatening, treatment-resistant mood disorders. Since then, many psychiatrists and other health care professionals have put EMPowerplus™ to the test. They have observed that, when the protocol is properly followed, the majority of people with major mental illnesses are able to lead normal lives. The challenge for researchers is to figure out how and why EMPowerplus™ has been effective for a broad range of mood disorders such as bipolar affective disorder, chronic depression, schizophrenia, obsessive-compulsive disorder and anxiety disorders. The fact that EMPowerplus™ has been so successful for so many people brings into question the standard thinking on what causes mental illnesses and how best to treat them.

Nutrients In Balance

EMPowerplus™ (EMP) is a special nutritional supplement made by Truehope in Canada and marketed through QSciences in the U.S. under the label EMPowerplus™ Q96 that contains a balance of vitamins, minerals and other nutrients. EMP contains no drugs. All of the ingredients have been in common use for at least 50 years. The difference between EMP and regular over-the-counter multivitamins is in the balance and range of ingredients, and their bioavailability. For reasons that are just now beginning to be understood, people with certain mental disorders have an increased need for particular nutrients. People with gastrointestinal problems may be particularly at risk. For example, numerous comorbidity studies have found that more than 90% of patients with irritable bowel syndrome also have a psychiatric disorder.¹ EMP delivers an optimal nutrient balance in a consistent, highly bioavailable form that promotes a healthy chemical balance in the brain.

Theories About Why Mental Illnesses Occur

In the September 2007 issue of the Psychological Bulletin¹, University of Calgary researcher Dr. Bonnie J. Kaplan and colleagues put forth four possible theoretical models for why specific, broad spectrum nutrient supplementation (such as EMP) appears to have a positive effect on certain mental disorders. In the article, Dr. Kaplan says that "...mood symptoms may be expressions of inborn errors of metabolism, manifestations of deficient methylation reactions, alterations of gene expression by nutrient deficiency, and/or long-latency deficiency diseases." The authors conclude that "these models provide possible explanations for why micronutrient supplementation could ameliorate some mental symptoms."

**“With EMPowerplus™,
most patients can achieve
comparable or better
symptom control and
resolution of side effects,
and that means a better
treatment outcome.”**

– Dr. Lawrence E. Cormier

Past and Ongoing Research

A growing number of research studies by medical professionals support Truehope's decade-long observations that EMP helps people overcome mood disorders.³⁻⁹ Researchers around the world are currently using EMP in mood disorder research. Truehope's and QSciences' goal is to introduce safer, more effective treatments into standard psychiatric care, through scientific research.

Doctors Discuss Their Experience With EMP

Many doctors who have worked with patients using EMP will tell you that the supplement controls symptoms such as the violent mood swings, anxiety, hallucinations and rages characteristic of mental illnesses. Here's what three physicians who are currently using EMP in their practices have to say about the specialized nutrient supplementation approach.

Dr. Lawrence E. Cormier

Board-certified general psychiatrist and integrative-holistic mental health care practitioner in private practice in Denver, Colorado.

Dr. Scott Shannon

Assistant clinical professor of child psychiatry at the University of Colorado Children's Hospital, Denver, Colorado. Author of *Please Don't Label My Child: Break the Doctor-Diagnosis-Drug Cycle and Discover Safe, Effective Choices for Your Child's Emotional Health*

Dr. Lawrence E. Cormier

Holistic psychiatrist in private practice in Carrboro, North Carolina, looking at the physical, mental, emotional and spiritual wellbeing of each patient.

How long have you been using EMP?

Dr. Cormier: "I've treated more than 20 patients with EMP during the past three and a half years."

Dr. Shannon: "I've been a pediatric psychiatrist for 30 years and a nutritionally oriented psychiatrist for 20. My book is about mental health issues in kids and I have a chapter on nutrition that talks about EMP. I've been using EMP for seven or eight years and have treated about 200 pediatric patients so far."

Dr. Sadler: "I have a general psychiatric practice and treat about 12 patients with EMP, including a few children."

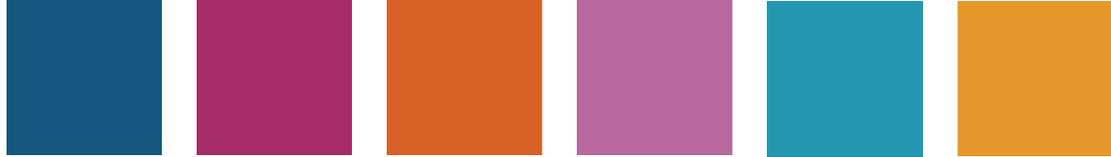
How effective are conventional treatments for treating pediatric bipolar disease?

Dr. Shannon: "The results are at best fair. Using EMP, the results go well beyond this. It is a more effective treatment than prescription agents at this point, in my opinion."

Success With EMPowerplus™

"I've been taking EMPowerplus for a little over a year. Since then I have had no manic and no depressive episodes, and have discontinued all psychiatric medication including lithium and sleeping medications. And I keep feeling better and better, particularly more and more relaxed. I do not know anyone else who takes EMPowerplus but I have to think an awful lot of people should give it a try, especially since there's nothing on the label that makes it sound risky, and it seems that bipolar disorder is practically epidemic these days. I have an extensive background in mental health, with graduate degrees from Harvard and U.C. Berkeley. I spent 25 years as a clinical social worker and never saw any results with bipolar clients like the results I have had from EMPowerplus. Moreover, I really appreciate the people at Truehope who phone me regularly to check on how I'm doing and to make suggestions."

— Peter Silverman



What about adult Patients?

Dr. Shannon: “Although 70-80 percent of my experience using EMP has been with children and young adults, I do use EMP in 20-30 adult patients with bipolar disease. The results are almost as good as they are in the pediatric population. One of my concerns is that the years of being on psychiatric medications may impair the response in adults.”

Did you have any initial concerns about treating patients with EMP?

Dr. Cormier: “Yes. The effectiveness of this treatment approach and the very idea of putting patients on a 36-ingredient supplement product concerned me. The difficulties reported in patients taking both medication and EMP also raised safety concerns for me. Finally, the risks to my standing as a credible, licensed physician weighed on me for several years before I decided to start treating patients with EMP in 2005. Recognizing that these are concerns many doctors have, I want to share my clinical experience with the product and related medical knowledge. There is a growing body of bona fide medical evidence, published in peer reviewed journals, on the use of EMP to treat mental disorders in adults and in children. More research projects are currently underway or in planning. EMP contains vitamins, minerals and nutritional supplements that have been widely used for many years. Most of these ingredients can be found in lesser amounts in the average diet. The full dose of EMP is well within safe levels as established by the Institute of Medicine and government regulatory bodies.”

How does EMP compare to other nutrition-based treatments?

Dr. Shannon: “I do come across a lot of products that are multi-level marketed and reputed to cure everything from ingrown toenails to premature baldness, so I’m pretty skeptical. Some serious thinkers in the psychiatric community have spoken up about EMP and I’ve listened to what they had to say. Dr. Charles Popper at Harvard wrote one of the textbooks that I used as a child psychiatry fellow. And his Journal of Clinical Psychiatry article is one of the resources on the Truehope website.”

What considerations led you to incorporate the use of EMP into your practice?

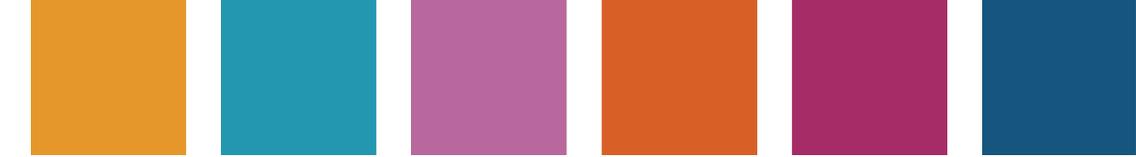
Dr. Shannon: “Ultimately, what made me want to try EMP is the fact that very few of the drug treatments that we prescribe in children have adequate science behind them and yet they carry big risks. We see potential movement issues with neuroleptics and possible kidney toxicity with lithium. With EMP, the risks seemed much smaller.”

Dr. Sadler: “My first introduction to EMP was eight years ago. A nine-year-old patient had moved from Texas, where a child psychiatrist has diagnosed her with bipolar disorder. The patient had been to several child psychiatrists and had been on many different medications. Nothing contained her symptoms. The child had also been treated with different vitamins. After finding the Truehope information online, the patient’s mother had ordered the supplement, the daughter was taking it and her mood swings had ended. I followed the patient for a number of years and during this time, her mood remained stable. Then adolescence

“EMP contains vitamins, minerals and nutritional supplements that have been widely used for many years. Most of these ingredients can be found in lesser amounts in the average diet. The full dose of EMP is well within safe levels as established by the Institute of Medicine and government regulatory bodies.”

– Dr. Lawrence E. Cormier





hit and she said, 'I don't want to take this.' She refused to cooperate with treatment and her symptoms, including mood swings, anger and oppositional behavior, returned."

What are the advantages of EMP?

Dr. Shannon: "The advantages are many. EMP is made up of naturally occurring compounds that occur in most children's diets, so I have no problem prescribing them. On the other hand, for almost all of the psychiatric medications, we have little to no long-term experience with how they affect the developing brain. And in fact, most of the meds I prescribe to treat bipolar disorder end up having significant side effects such as weight gain, hyperlipidemia, sedation, lethargy and Type 2 diabetes. For kids who are learning and moving through developmental stages, being sedated and out of it is a problem. This is not so much a problem for adults.

What I see with EMP is that the kids are much more cognitively clear and don't have the same side effects at all. They are not sedated and they don't have issues with weight gain."

Why are there so many ingredients in EMP?

Dr. Cormier: "Empirically, it has been shown that a multi-ingredient product is more effective than a product with isolated vitamin or mineral ingredients. Thousands of enzymes and metabolic co-factors in our bodies and nervous system require these ingredients as building blocks for mental health. Using a multi-ingredient formulation was contrary to my medical education, however. I was taught to 'use one medication to treat one disease.' In reality, clinicians learn that many conditions require more than one drug to optimize treatment response, be it diabetes, cancer or major depression. For instance, the majority of patients with bipolar illness are currently treated with three or more medications daily."

Dr. Shannon: "There are hundreds of enzymes, catalysts and co-factors in the human brain that come from our nutrition. We're not smart enough at this point to know what causes what. But the human body is very adept if it has enough of the building blocks to take what it needs and get rid of the rest safely. The silver bullet mentality – where we think that there's one problem and one problem only – doesn't apply to the human brain."

Dr. Sadler: "The body needs a balance of many nutrients in order to function. Vegetables don't contain a single vitamin; they contain hundreds. The problem of mood swings is not usually due to the lack of one nutrient but the lack of many nutrients in balance together."

Does EMP really work? Tell us about the research that has been published in reputable medical journals.



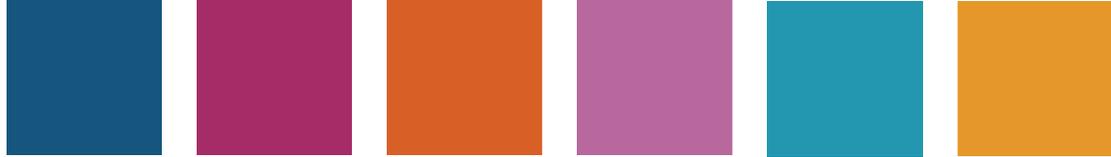
Dr. Shannon: "There are five published studies in psychiatric journals. But I think because of the lower risk involved using natural supplements, my threshold for using a non-toxic product is much lower than for using a product that has potential risks for the developing brain."

An Approach That Works

"Over the course of about six months, I had about 20 patients with bipolar disorder who were in various stages of trying the supplement. And after seeing [their responses] within this period of time, and actually for considerably longer after that, I knew rationally that this was a treatment that worked."

– Dr. Charles Popper

(Dr. Popper now treats approximately 125 patients who use EMP)



Dr. Sadler: “There are currently several studies in the works. But in the meantime, I rely on my own review of the literature and clinical experience. The patients I am following have improved and remain improved over time. They don’t have side effects. They can get on with their lives and do what they need to do.”

How does EMP work?

Dr. Cormier: “Like most biological treatments used to treat mental conditions, we have theories and some evidence and yet do not know exactly how they work. One analogy that makes sense to me is the ‘leaky dam theory.’ That is, that a particular mental condition is not due to a single nutrient or functional deficiency or ‘leak,’ but is the result of many deficiencies. If this is the case, it follows that a broad-spectrum vitamin/mineral product with many ingredients would be more effective than a product containing one or two ingredients.”

Dr. Sadler: “Standard therapy manipulates receptor sites in the brain, tricking the body into thinking that it has more neurotransmitters than it actually does. It doesn’t help the body make the neurotransmitters that it needs. What the body needs to work is good food. When patients have nutrient deficiencies, they need supplements to replenish the body.”

Is EMP safe? Isn't it potentially dangerous to take such high dosages of some of these ingredients? Aren't some of these ingredients toxic, such as germanium or high dosages of folic acid?

Dr. Shannon: “I have not seen toxic reactions in any of my patients. It is not a concern for me because none of the compounds [in EMP] come close to levels that have caused widespread concern.”

Dr. Sadler: “I do not think it is dangerous because you’re taking the supplement in proportion to other nutrients. It also comes in a chelated form, which is more easily absorbed by the body. What we want to do is replicate Nature.”

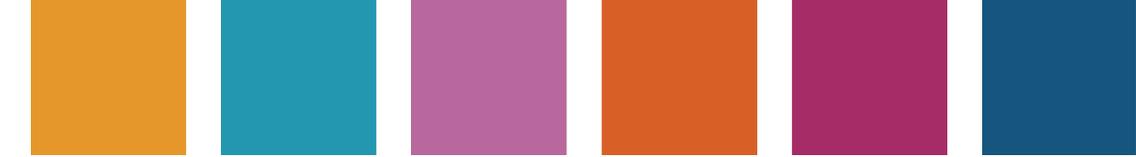
Are there side effects intrinsic to EMP, such as gastric upset, and how do you deal with them?

Dr. Cormier: “There is no perfect treatment, no silver bullet, be it a state-of-the-art drug or a natural product. Most patients have no side effects from EMP. For those who do, the most frequent side effects are gastrointestinal such as transitory or dose-related nausea, stomachache or loose stools. This usually resolves with temporary dose reduction or slowing down the dosage titration. For many adults, pre-existing GI conditions and so-called ‘interfering factors’ can come into play, including substance abuse, excessive caffeine intake, skipping meals and the concurrent use of psychoactive meds.”

“The patients I am following have improved and remain improved over time. They don’t have side effects. They can get on with their lives and do what they need to do.”

– Dr. Natalie Sadler





Why can't EMP be taken with psychoactive medication? Isn't it risky to discontinue a patient's psych meds at the same time they're starting up EMP?

Dr. Cormier: "I was quite skeptical initially about the advice not to combine EMP with psychoactive medications due to the emergence of adverse drug reactions or ADRs. I thought that a nutritional supplement should help the meds work better. However, I found that patients did, in fact, tend to get ADRs when adding EMP to an existing medication regimen. ADRs diminish and resolve, however, as the medications are reduced and then discontinued. This is supportive of the hypothesis that EMP normalizes brain function, making psychiatric medications less tolerable.

Certainly, there are risks associated with discontinuing medications and that is why it is advisable for patients to do the cross-taper in the care of a physician. One of my biggest concerns when I began treating patients with EMP was tapering and discontinuing medication, some of which I knew to be beneficial.

As a general psychiatrist, I care for many patients who have undergone conventional treatment for decades and have co-existing medical conditions being treated with still more medication. Add OTCs and other supplements and there is much to keep in mind. Some of my own patients I have treated for more than a decade; obviously these are established patients whose stability and mental health are of great concern to me."

Dr. Sadler: "What I have found is that the vitamins and minerals in the EMP potentiate psychiatric medication so that it is effective at smaller doses. Once this happens, I start to taper the patient off the psychiatric medication. Some patients can come off their medication in two weeks; others in a month or six weeks. It depends on the medication and whether or not there is a withdrawal syndrome. One has to taper down very slowly in these latter cases to limit the withdrawal effects.

Most patients that I've treated with EMP have been able to completely come off medication. There is a hold-your-breath moment but it usually works very well. Once the patient and his or her family sees that there are no more side effects or symptoms, everybody can relax and trust the process."

Dr. Shannon: "My perspective is that EMP helps the brain to move to its natural state of balance or homeostasis. Psychiatric meds alter the homeostasis in the human brain so they work at counter purposes to each other. Although I do occasionally combine low doses of psychiatric medications with EMP, in most patients who have never been on psychiatric medication, I don't need to. The big concern I have is whether or not psychiatric medications impair the natural healing ability of the human brain. For me, this is the implication out of this line of reasoning that concerns me most."

"My perspective is that EMP helps the brain to move to its natural state of balance or homeostasis. Psychiatric meds alter the homeostasis in the human brain so they work at counter-purposes to each other."

– Dr. Scott Shannon

An Approach That Works

“Typically, the problem that creates the most difficulty... are the withdrawal effects in those patients who had previously been on psychiatric drugs. In psychiatry, there are a very small number of drugs that are recognized as having withdrawal syndromes.

Typically, they're the benzodiazepines like Valium...

Or the serotonin reuptake inhibitors such as Prozac.

Those two classes of drugs are understood in psychiatry as having withdrawal effects. Under the amplifying effect of the vitamins and minerals, several other drug categories turn out to have withdrawal syndromes as well, and where we tend to run into difficulties in the transition are with those withdrawal syndromes.”

– *Dr. Charles Popper*

How easy is it to taper a patient off psychiatric medication?

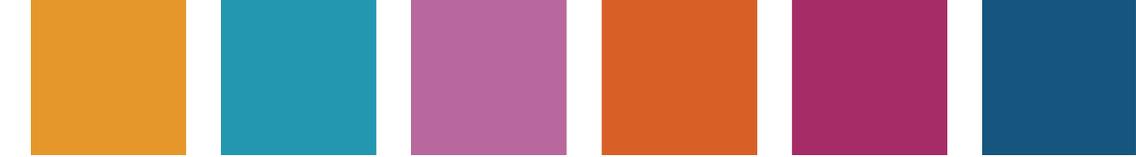
Dr. Cormier: “Starting EMP is relatively easy with new patients who are without prior or recent treatment with psychoactive meds. For those taking psych meds there are challenges, but managing them can be done using some of the same principles we use in clinical practice when doing cross-tapers with medications. We can see the emergence of symptoms that fall into two categories: so-called ADRs that tend to arise when the psych meds are reduced too slowly; and withdrawal when discontinuing meds too quickly. Sometimes it's a delicate procedure balancing the cross-taper from multiple psych meds onto EMP. ADRs are the kinds of side effects we commonly see with the psych meds, including over-sedation, EPS [extrapyramidal side-effects] and agitation, depending upon the class of med. Withdrawal symptoms range from typical drug withdrawal, such as from benzodiazepines, to a wide spectrum of discontinuation syndromes such as with SSRIs. ADRs and withdrawal arise more often with certain classes of psychoactive medications. Many of the details have been worked out during the past decade of use of EMP. In addition, the product maker has a doctor support line and protocols to assist doctors with this.”

What's your regimen for switching patients over to EMP?

Dr. Cormier: “I usually start by adding low dose EMP, then begin the cross-taper process, anticipating that during the first month some medications will be discontinued while others will take longer, possibly many months, to be discontinued. There are cross-taper protocols to help guide physicians but to some degree, each patient's course of treatment with EMP is unique – more so for patients who start out on multiple medications. Also, patients are to discontinue their multivitamins and some other supplements. Stay alert for interactions between EMP and psychoactive meds, for interfering factors and developments with coexisting medical conditions. A mealtime T.I.D. dosage regimen enhances its effectiveness and tolerability. For a small percentage of patients, perhaps a person with a condition having psychotic features, a maintenance dose of EMP combined with low-dose antipsychotic medication may be the best I can achieve in the long run. This is still a huge improvement. Just as with conventional psych meds treatment, there are nutritional supplements such as inositol that can be used as adjuncts with EMP.”

How long does it take to work?

Dr. Cormier: “This depends on many variables. Diagnoses, age and gender, current symptoms and past history such as prior hospitalization or psychosis, the current treatment regimen including the number and type of psychiatric meds and any psychosocial treatments, medical co-morbidity and psychosocial stressors can each come into play. Like most conventional treatments for major mental disorders, onset of action varies. Some symptoms improve faster while others are more closely tied to functional outcome and require many months or even a year or more to improve substantially. Certain disorders such as Type 1 bipolar illness



presently or most recently in a manic or mixed state usually begin to respond quite favorably within two weeks. In contrast, response for a middle-aged man with treatment-resistant depression who has been taking multiple meds long-term and who also has GERD and diabetes will be much more gradual. He will likely not experience the robust and complete treatment response often achieved in a young adult with bipolar illness and no co-morbidities.”

Dr. Shannon: “The range of beneficial response types I see with EMP range from as quickly as one to two weeks to as long as four to six months. But the most typical response pattern would be four to eight weeks. Often, the first thing that improves is irritability, rage and agitation. Then I see sleep cycles regulate and improve. Then I begin to see mood begin to balance and patients have fewer severe swings. After this, I begin to see anxiety issues improve. What I am least convinced about is the ability of EMP to help with hyperactivity. Sometimes that does not occur. I often work with supplements and diet and if I need to, I will sometimes go to a medication such as Strattera.

This is a long-term chronic problem in kids and my approach is that if the EMP doesn’t deal with it appropriately and adequately, then we can go to conventional treatment.

I tell parents that they have a choice between the vitamin therapy and the psychiatric medications. Some 95% of my parents opt for the vitamin/mineral choice first when given the option. I would encourage child psychiatrists to consider other options because in my experience, parents prefer to have these options.”

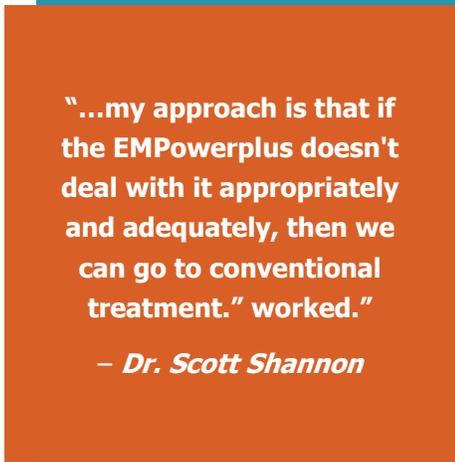
Advocates of EMP say that symptom recurrence months down the road is due to prolonged withdrawal. Isn’t this a recurrence of psychiatric symptoms?

Dr. Sadler: “I have seen this a little bit. In my experience, patients who have problems with symptom recurrence aren’t watching their diet carefully enough. If he or she is eating foods that cause Candida [albicans] to grow in the gut, for instance, the minerals won’t be absorbed.

If people have gained weight because of the medication that they’re on, then being on the EMP tends to facilitate normal body function and metabolism and there is often weight loss. Sometimes, drugs are stored in fat tissue. When you lose weight, the drug is released and the side effects look like the actual illness you’re trying to treat. My experience has been limited with this. If I do find that a patient is having withdrawal symptoms, I will sometimes add another supplement.”

How long can a person take EMP?

Dr. Cormier: “Duration of treatment is an individual matter. I’ve treated more than 20 patients during the past three-and-a-half years. We know that there are some patients who do well with episodic treatment, much like with standard meds. However, most adults require long term therapy of indefinite duration to achieve the best possible outcome. Successful management of interfering factors really comes into play with respect to long-term outcome. Also, the three



“...my approach is that if the EMPowerplus doesn't deal with it appropriately and adequately, then we can go to conventional treatment.” worked.”

– Dr. Scott Shannon

the advantage of working with Truehope and other doctors to manage the transition from medications to EMP

“It takes a clinician with a pretty good familiarity with the transition process. This is not something that a psychiatrist – even a well-specialized psychopharmacologist – if just given material, would be able to use in a safe and effective way, because the whole notion of the vitamins and minerals amplifying the effects of the psychiatric drugs would be foreign and even a little difficult to believe using the conventional models of treatment. So that knowing that one has to make adjustments, let alone how to make the adjustments, in reducing the psychiatric drug doses would not be a simple extension of normal psychopharmacologic thinking, based on conventional medications.”

– Dr. Charles Popper

times a day regimen and cost are challenging for some people. Supplements treatment is usually not covered by health insurance; however, the product-maker does have a bona fide assistance program for the indigent.”

Considering the difficulties in switching adults from psychoactive medications to EMP, why do it?

Dr. Cormier: “People need and want good mental health. They want symptom relief and good function. Persistent medication side effects spoil the satisfaction of even good symptom control, keeping relief and good function out of reach. Weight gain, cardiovascular and metabolic problems, and sexual side effects to say nothing of life-threatening adverse drug events with psychoactive medications and combinations thereof, keep most patients from achieving and maintaining a truly satisfactory treatment outcome. With EMP most patients can achieve comparable or better symptom control and resolution of side effects, and that means a better treatment outcome.”

What lifestyle changes have you found helpful for your patients?

Dr. Sadler: “I encourage people to eat food that comes from the farm, to avoid processed foods and sugar substitutes, and to have a balanced diet that has adequate protein. If patients can eat local, organic food – pasture-raised chicken and grass-fed beef and whole grains – that’s really good. I usually ask patients to avoid caffeine because it’s a stimulant and keeping blood sugar levels even is key. When blood sugar climbs and then falls, mood changes can occur. We’re talking about more here than taking a pill that corrects symptoms. We’re talking about changing your lifestyle, what you eat and how you feel.”

Using EMP In Your Practice

Who can benefit?

Anyone with a brain will benefit from EMP, however, it was formulated for people with mental illnesses such as bipolar affective disorder, depression, schizophrenia, anxiety disorders and obsessive compulsive disorder have benefited from EMP. There have also been some intriguing success stories with the mood symptoms of other disorders. Age, general health, situational factors, medication and street drug use may all impact recovery time, but no one is ever beyond hope.

A Safe Product With Minimal Side Effects

EMP produces no side effects, other than minor, temporary gastrointestinal upset and temporary headaches in a few people. Based on information compiled by the U.S. Institute of Medicine and Health Canada on safe levels of vitamins and minerals, the most serious risk of taking EMP at therapeutic levels is temporary, minor gastrointestinal problems that may occur in a small percentage of people.¹⁰⁻¹⁵ These side effects can normally be mitigated if EMP is taken with food or dosage is reduced temporarily and then increased gradually.

How To Get The Optimum Results From EMP

As well as manufacturing and providing the supplement EMP, Truehope has established a separate entity called Micronutrient Support that has a comprehensive support program for healthcare professionals. With over a decade of experience in working with users of EMP and their doctors, Micronutrient Support is a valuable resource that is available for a nominal registration fee of \$49.95 per year for unlimited access.

What Micronutrient Support Offers

- Detailed protocol for getting the best results with EMP
- Personal assistance in adapting the protocol to individual patients
- Network of physicians currently using EMP in their practices, who meet by conference call on a regular basis to discuss their observations, experiences and research
- Updates on new research and published articles
- Daily symptom evaluation charts. These are filled out online by participants and are an easy way for you to keep track of how your patients are doing

Resources For The Healthcare Professional

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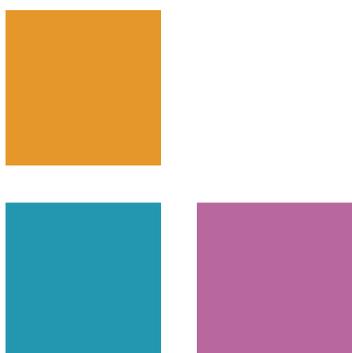
Research on
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