







RenoPat-D is composed of dietary supplements that support kidney and liver function, helping to improve the body's detoxification processes. Components of this formula are hepatoprotective, helping improve antioxidant status, the binding of fats and improved bile flow and improved detoxification process in the liver. *RenoPat-D* also contains supplements that help improve kidney flow and detoxification.

Supplement Facts				
Serving Size: 4 capsules Servings Per Container: 30				
Ingredients	Amount Per Serving	% Daily Value	Formula Use(s)	
Proprietary Blend	2150 mg	*		
Globe Artichoke (<i>Cynara scolymus</i>) leaf Standardized to 3% cynarin		*	AntioxidantHepatoprotectiveCholeretic/Bile stimulating	
Goldenrod (<i>Solidago virgaurea</i>) aerial parts 4:1 (w/w) extract		*	AntioxidantDiureticHelps improve kidney function	
Alpha-lipoic acid (Mixed racemic)		*	 Antioxidant AMP-K activation and insulin receptor activation 	
Shatavari (<i>Asparagus racemous</i>) root Standardized to 50% saponins		*	 Antioxidant Nephroprotective Immune modulating Cholesterol support 	
Dandelion (<i>Taraxacum officinale</i>) root 4:1 (w/w) extract		*	DiureticCholeretic	

Milk thistle (<i>Silybum marianum</i>) seed	*	•	Antioxidant; increases hepatic
4.1 (w/w) extract		•	Hepatoprotective
		•	Enhances liver Phase I detoxification processes
* Daily value not established.			

Recommended Uses:

Helps support kidney and liver function, helping to improve the body's detoxification processes.

Recommended Dosage:

1-2 capsules, 3 times daily.

Product Overview:

RenoPat-D contains nutrients that support detoxification processes through liver, kidney and gallbladder function. *RenoPat-D* helps protect the body from stored environmental intoxicants in fat tissue that can release during the weight loss process. With chronic exposure to environmental toxins, the liver and kidney's detoxification capacities can be compromised. This can lead to glutathione depletion in the liver and an accumulation of toxins in the liver and kidneys, which can lead to imbalances in metabolism including: ¹

- Accelerated aging
- Insulin signaling problems ; type 2 diabetes
- Thyroid imbalances
- Sex hormone imbalances
- Gastrointestinal problems
- Musculoskeletal aches/pains
- Fatigue
- Weight gain
- Sleep problems
- Increased cortisol levels
- Reduced cognitive function; Alzheimer's disease
- Impaired immune function
- Atherosclerosis and cardiovascular diseases
- Cancer

Environmental intoxicants can act as endocrine disruptors, interfering with the endocrine system and produce adverse developmental, reproductive, neurological, and immune effects in both humans and wildlife. A wide range of substances, both natural and man-made, are thought to cause endocrine disruption, including pharmaceuticals, dioxin and dioxin-like compounds, polychlorinated biphenyls, DDT and other pesticides, and plasticizers such as phthalates and bisphenol A (BPA).² Pesticide intoxication can lead to metabolic imbalances such as insulin resistance and low thyroid function.^{3,4} The plasticizer BPA is also known to increase the risks of insulin resistance.⁵

Low testosterone levels have been linked to excess belly fat and insulin resistance, and phthalates have been reported to interfere with or block testosterone function.⁶ Phthalates are commonly found in cosmetics and personal care items such as shampoos, and a recent study reported that approximately 75% of the United States population has measurable levels of phthalates in their bodies.⁷

Heavy metals, including lead, mercury, arsenic, and cadmium, are environmental toxicants known to impact numerous physiological systems, including the reproductive, hepatic, renal, and nuero-endocrine immune-systems.⁸ Chronic heavy metal exposure may lead to the up-regulation of inflammatory signaling pathways.⁹ Mercury, commonly found in dental amalgam fillings, can cause microglia activation and lead to localized flora disturbances and immune activation in the gut. This may increase inflammatory signaling and nuero-endocrine-immune imbalances, leading to neurodegenerative diseases like Alzheimer's disease.¹⁰ Similarly, chronic lead exposure can damage the nuero-endocrine-immune system, leading to inflammatory signaling.¹¹

According to the Centers for Disease Control (CDC), approximately half of the US population uses at least one prescription drug in any given month.¹² As many drugs need to be metabolized by the liver either in order to become therapeutically active or to be removed from the bloodstream, prescription drug use can lead to an increase in oxidative stress on the liver and the need for healthy detoxification pathways.

Also, the Western diet high in saturated fats and fructose, increases the incidence of nonalcoholic fatty liver disease (NAFLD), which can lead to insulin resistance and obesity and is recognized as the leading cause of chronic liver disease in adults and children.¹³

RenoPat-D if formulated to support all phases of detoxification processes in the liver, improves immunity and supports healthy kidney function in order to improve metabolic health.

Supporting Research:

Artichoke (Cynara scolymus)

Much of the health benefits of artichoke leaves have been attributed to the antioxidant effects.^{14,15} For the liver, artichoke has been reported to have hepatoprotective effects.¹⁶ Artichoke supplements have been reported to

•	Antioxidant
	milliomulii

- Helps improve bile flow
- Aids in processing cholesterol

lower blood cholesterol and triglyceride levels in humans and animals.^{17,18} Cynarin, found in globe artichoke, reportedly decreases the rate of cholesterol synthesis in the liver, enhances biliary excretion of cholesterol and increases conversion towards the bile acids (choleretic activity).¹⁹ Cholelithiasis and fatty liver disease share some important risk factors, such as central obesity, insulin resistance, and diabetes.²⁰

Alpha Lipoic Acid (ALA)

Alpha lipoic acid (ALA) is an essential cofactor for mitochondrial bioenergetic enzymes and

functions as an antioxidant and anti-inflammatory agent.²¹ ALA helps improve glutathione levels.²² ALA is reported in laboratory animal studies to reduce the neurotoxic effects of heavy metal exposure, including lead, mercury and cadmium.^{23,24,25} It is also reported in clinical studies to improve insulin sensitivity, improve glycemic control and to help improve symptoms and incidence of neuropathies.^{26,27,28}

Shatavari (Asparagus racemosus)

Shatavari is an herb used commonly in Ayurvedic medicine for a variety of conditions, including adaptogenic, antibacterial, anti-inflammatory, nephroprotective, immune modulation and antioxidant. An

- Antioxidant; protects against glutathione depletion
- Supports detox enzyme function
- Reduces heavy metal toxicity
- Improves insulin sensitivity

Antioxidant

- Helps improve kidney function
- Immune health

animal study found Shatavari to have antilithiatic effects, lending support to traditional uses for kidney health.²⁹

Animal studies have reported that shatavari is capable of producing leucocytosis with neutrophilia and, furthermore, was able to prevent myelosuppression by reducing cyclophosphamide-induced leucopenia.³⁰ In a laboratory animal study, shatavari extracts showed significant up-regulation of Th1 (IL-2, IFN-g) and Th2 (IL-4) cytokines suggesting its mixed Th1/Th2 adjuvant activity.³¹

Laboratory studies have reported that Shatavari has antioxidant effects, improving nitric oxide status.^{32,33} Laboratory studies have reported that extracts of *Asparagus racemosus* decreased oxidative damage in the rat brain by increasing GPx (glutathione peroxidase) activity and GSH (glutathione) content and reducing membrane lipid peroxidation and protein carbonyl, thereby providing protective effects on chemically induced excitotoxicity.³⁴ Chemical excitotoxins in foods include monosodium glutamate (MSG), artificial dyes/colors and artificial sweeteners.

An extract of Shatavari has also been reported in a laboratory study to have cholesterolreducing activity.³⁵ Inclusion of asparagus root powder in the diet of hypercholesterolemic rats resulted in a dose-dependant reduction in plasma and hepatic lipid profiles, increased fecal excretion of cholesterol, neutral sterol and bile acid along with increases in hepatic HMG-CoA reductase activity and bile acid content. The hepatic antioxidant status, including catalase, SOD and ascorbic acid levels, were also improved.

Milk thistle (Silybum marianum) seed

Milk thistle is one of the most important herbs for liver health. The active constituents (silymarins) of milk thistle are reported in laboratory and human studies to have hepatoprotective activity.^{36,37,38} Silymarin's hepatoprotective effects are accomplished via several mechanisms including

- Antioxidant; helps improve hepatic glutathione levels
- Hepatoprotective

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- Improves Phase I liver detoxification
- May also help protect kidney function

antioxidation, inhibition of lipid peroxidation, enhanced liver detoxification via inhibition of Phase I detoxification, enhanced glucuronidation, and protection of glutathione depletion and hepato-regenerative effects through an increase in protein synthesis in the liver.^{39,40} Silymarin has been demonstrated to increase glutathione content in the liver by more than 35 percent, increasing its antioxidant capacity.⁴¹

Laboratory studies have also reported that silymarin exhibits several anti-inflammatory effects, including inhibition of leukotriene and prostaglandin synthesis, Kupffer cell inhibition, mast cell stabilization, and inhibition of neutrophil migration.^{42,43} Animal studies have also demonstrated silybin reduces the conversion of hepatic stellate cells into myofibroblasts, slowing or even reversing fibrosis.⁴⁴ A 2007 Cochrane Database System Review looked at 18 human trials in 1008 patients and found liver-related mortality was significantly reduced by milk thistle in all trials, but not in high-quality trials.⁴⁵

Milk thistle has also been reported in laboratory studies to be nephroprotective, protecting the kidneys against chemically induced renal cancer by its antioxidant, anti-inflammatory and anti- proliferative activities.⁴⁶

Milk thistle is reported to interact with the CYP3A isoenzyme, and may increase the levels of some medications, including midazolam (Versed).⁴⁷

Goldenrod (Solidago virgaurea) aerial parts

Goldenrod (*Solidago sp.*) is well known as a plant that blooms in the late summer and causes allergies in many individuals. But goldenrod has been used medicinally for centuries as an agent for kidney related conditions.⁴⁸ Goldenrod is reported to have

 Diuretic properties
 Helps with kidney and urinary tract problems

diuretic, antioxidant, antibacterial and cardioprotective properties in laboratory studies.^{49,50,51} Although lacking in human clinical studies, the German Commission E (America's equivalent to the United States Pharmacopoeia) lists European goldenrod (*Solidago virgaurea*) as an agent for kidney and bladder disorders, including kidney stones, and goldenrod is generally accepted in Europe to help treat these conditions.

Dandelion (Taraxacum officinale) root

Dandelion has been used as a diuretic and "tonic" in traditional medicines for centuries. ⁵² Dandelion root has reported antioxidant and choleretic effects in laboratory animal studies, and has been reported to improve gastrointestinal microfloral balance (bifidogenic).^{53,54}

Helps improve liver and kidney function and detoxification

Toxicity, Contraindications, or Side Effects: There are no known toxicities or side effects from taking components of *RenoPat-D*. Due to the diuretic effects of several herbs in *RenoPat-D*, it is advised to take a quality multiple vitamin/mineral product to replenish nutrients when taking this supplement. If you have a preexisting medical condition and/or are taking prescription or non-prescription medications, talk with your doctor or pharmacist before taking any dietary supplement.

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DISCLAIMER: Statements made are for educational purposes and have not been evaluated by the US Food and Drug Administration. They are not intended to diagnose, treat, cure, or prevent any disease.

⁴ Santini F, Mantovani A, Cristaudo A, et al., Thyroid function and exposure to styrene. Thyroid. 2008 Oct;18(10):1065-9.

⁵ Ropero AB, Alonso-Magdalena P, García-García E, Ripoll C, Fuentes E, Nadal A. Bisphenol-A disruption of the endocrine pancreas and blood glucose homeostasis. Int J Androl. 2008 Apr;31(2):194-200. Epub 2007 Oct 31.

⁶ Phillips ML. Phthalates and metabolism: exposure correlates with obesity and diabetes in men. Environ Health Perspect. 2007;115(6):A312.

⁷ Stahlut RW, van Wihngaarden E, Dye TD, et al. Concentrations of urinary phthalate metabolites are associated with increased waist circumference and insulin resistance in adult U.S. males. Environ Health Perspect. 2007;115(6):876-82.

⁸ Dietert RR, Piepenbrink MS. Lead and immune function. Crit Rev Toxicol. 2006;36(4):359-85.

⁹ Galanis A, Karapetsas A, Sandaltzopoulos R. Metal-induced carcinogenesis, oxidative stress and hypoxia signalling. Mutat Res. 2008 Oct 30. [Epub ahead of print]

¹⁰ de Vos G, Abotaga S, Liao Z, et al. Selective effect of mercury on Th2-type cytokine production in humans. Immunopharmacol Immunotoxicol. 2007;29(3-4):537-48.

¹¹ Park SK, Schwartz J, Weisskopf M, et al. Low-level lead exposure, metabolic syndrome, and heart rate variability: the VA Normative Aging Study. Environ Health Perspect. 2006;114(11):1718-24.
 ¹² Centers for Disease Control. www.CDC.gov. Accessed January 15, 2010.

¹³ Tiniakos DG, Vos MB, Brunt EM. Nonalcoholic Fatty liver disease: pathology and pathogenesis. Annu Rev Pathol. 2010;5:145-71.

¹⁴ Küçükgergin C, Aydın AF, Ozdemirler-Erata G, Mehmetçik G, Koçak-Toker N, Uysal M. Effect of Artichoke Leaf Extract on Hepatic and Cardiac Oxidative Stress in Rats Fed on High Cholesterol Diet. Biol Trace Elem Res. 2009 Aug 4. [Epub ahead of print]

¹⁵ karpanska-Stejnborn A, Pilaczynska-Szczesniak L, Basta P, Deskur-Smielcka E, Horoszkiewicz-Hassan M. The influence of supplementation with artichoke (Cynara scolymus L.) extract on selected redox parameters in rowers. Int J Sport Nutr Exerc Metab. 2008 Jun;18(3):313-27.

¹⁶ Gebhardt R, Fausel M. Antioxidant and hepatoprotective effects of artichoke extracts and constituents in cultured rat hepatocytes. Toxicol in Vitro 1997;11:669-672.

¹⁷ Pittler MH, Thompson CO, Ernst E. Artichoke leaf extract for treating hypercholesterolaemia. Cochrane Database Syst Rev 2002;(3):CD003335.

¹⁸ Englisch W, Beckers C, Unkauf M, et al. Efficacy of Artichoke dry extract in patients with hyperlipoproteinemia. Arzneimittelforschung 2000;50(3):260-265.

¹⁹ Fintelmann V. Therapeutic profile and mechanism of action of artichoke leaf extract: hypolipemic, antioxidant, hepatoprotective and choleretic properties. Phytomedicine 1996;suppl 1:50.

²⁰ Ioannou GN. Cholelithiasis, Cholecystectomy, and Liver Disease. Am J Gastroenterol. 2010 Jan 12. [Epub ahead of print]

²¹ Zhang Y, Han P, Wu N, et al. Amelioration of Lipid Abnormalities by α -Lipoic acid Through Antioxidative and Anti-Inflammatory Effects. Obesity (Silver Spring). 2011;19(8):1647-53.

²² Lii CK, Liu KL, Cheng YP, et al. Sulforaphane and alpha-lipoic acid upregulate the expression of the pi class of glutathione S-transferase through c-jun and Nrf2 activation. J Nutr. 2010;140(5):885-92.

²³ Müller L. Protective effects of DL-alpha-lipoic acid on cadmium-induced deterioration of rat hepatocytes. Toxicology. 1989;58(2):175-85.

²⁴ Anuradha B, Varalakshmi P. Protective role of DL-alpha-lipoic acid against mercury-induced neural lipid peroxidation. Pharmacol Res. 1999;39(1):67-80.

²⁵ Gurer H, Ozgunes H, Oztezcan S, Ercal N. Antioxidant role of alpha-lipoic acid in lead toxicity. Free Radic Biol Med. 1999;27(1-2):75-81.

¹ Zoeller RT. Environmental chemicals impacting the thyroid: targets and consequences. Thyroid. 2007;17(9):811-7.

² Mantovani A. Risk assessment of endocrine disrupters: the role of toxicological studies. Ann N Y Acad Sci. 2006 Sep;1076:239-52.

³ Lee DH, Lee IK, Porta M, Steffes M, Jacobs DR Jr. .Relationship between serum concentrations of persistent organic pollutants and the prevalence of metabolic syndrome among non-diabetic adults: results from the National Health and Nutrition Examination Survey 1999-2002. Diabetologia. 2007 Sep;50(9):1841-51. Epub 2007 Jul 12.

²⁶ Mcllduff CE, Rutkove SB. Critical appraisal of the use of alpha lipoic acid (thioctic acid) in the treatment of symptomatic diabetic polyneuropathy. Ther Clin Risk Manag. 2011;7:377-85.

²⁷ Udupa AS, Nahar PS, Shah SH, et al. Study of comparative effects of antioxidants on insulin sensitivity in type 2 diabetes mellitus. J Clin Diagn Res. 2012;6(9):1469-73.

²⁸ Padmalayam I, Hasham S, Saxena U, Pillarisetti S. Lipoic acid synthase (LASY): a novel role in inflammation, mitochondrial function, and insulin resistance. Diabetes. 2009 Mar;58(3):600-8.

²⁹ Christina AJ, Ashok K, PAckialakshmi M, et al. Antilithiatic effect of Asparagus racemosus Willd on ethylene glycol-induced lithiasis in male albino Wistar rats. Methods Find Exp Clin Pharmacol. 2005 Nov;27(9):633-8.

³⁰ Thatte UM, Dahanukar SA. Comparative study of immunomodulating activity of Indian medicinal plants, lithium carbonate and glucan. Methods Find Exp Clin Pharmacol 1988;10:639-44.

³¹ Gautam M, Diwanay S, Gairola S, Shinde Y, Patki P, Patwardhan B. Immunoadjuvant potential of Asparagus racemosus aqueous extract in experimental system. J Ethnopharmacol. 2004 Apr;91(2-3):251-5.

³² Visavadiya NP, Soni B, Soni B, Madamwar D. Suppression of reactive oxygen species and nitric oxide by Asparagus racemosus root extract using in vitro studies. Cell Mol Biol (Noisy-le-grand). 2009 Feb 25;55 Suppl:OL1083-95.

³³ Wiboonpun N, Phuwapraisirisan P, Tip-pyang S. Identification of antioxidant compound from Asparagus racemosus. Phytother Res. 2004 Sep;18(9):771-3.

³⁴ Parihar MS, Hemnani T. Experimental excitotoxicity provokes oxidative damage in mice brain and attenuation by extract of Asparagus racemosus. J Neural Transm. 2004 Jan;111(1):1-12. Epub 2003 Dec 3.
 ³⁵ Visavadiya NP, Narasimhacharya AV. Asparagus root regulates cholesterol metabolism and improves antioxidant status in hypercholesteremic rats. Evid Based Complement Alternat Med. 2009 Jun;6(2):219-26.

Epub 2007 Aug 27.

³⁶ Hoofnagle JH. Milk thistle and chronic liver disease. Hepatology. 2005;42(1):4.

³⁷ Ferenci P, Dragosics B, Dittrich H, et al. Randomized controlled trial of silymarin treatment in patients with cirrhosis of the liver. J Hepatol. 1989 Jul;9(1):105-13.

³⁸ Saller R, Meier R, Brignoli R. The use of silymarin in the treatment of liver diseases. Drugs. 2001;61(14):2035-63.

³⁹ Hoofnagle JH. Milk thistle and chronic liver disease. Hepatology. 2005 Jul;42(1):4.

⁴⁰ Rainone F. Milk thistle. Am Fam Physician. 2005;72(7):1285-8.

⁴¹ Das SK, Vasudevan DM. Protective effects of silymarin, a milk thistle (Silybium marianum) derivative on ethanol-induced oxidative stress in liver. Indian J Biochem Biophys. 2006 Oct;43(5):306-11.

⁴² Wilasrusmee C, Kittur S, Shah G, Siddiqui J, Bruch D, Wilasrusmee S, Kittur DS. Immunostimulatory effect of Silybum Marianum (milk thistle) extract. Med Sci Monit. 2002 Nov;8(11):BR439-43.

⁴³ Dehmlow C, Erhard J, de Groot H. Inhibition of Kupffer cell functions as an explanation for the hepatoprotective properties of silibinin. Hepatology. 1996 Apr;23(4):749-54.

⁴⁴ Bares JM, Berger J, Nelson JE, Messner DJ, Schildt S, Standish LJ, Kowdley KV. Silybin treatment is associated with reduction in serum ferritin in patients with chronic hepatitis C. J Clin Gastroenterol. 2008 Sep;42(8):937-44.

⁴⁵ Rambaldi A, Jacobs BP, Iaquinto G, Gluud C. Milk thistle for alcoholic and/or hepatitis B or C liver diseases--a systematic cochrane hepato-biliary group review with meta-analyses of randomized clinical trials. Am J Gastroenterol. 2005;100(11):2583-91.

⁴⁶ Kaur G, Athar M, Alam MS. Dietary supplementation of silymarin protects against chemically induced nephrotoxicity, inflammation and renal tumor promotion response. Invest New Drugs. 2009 Jul 10. [Epub ahead of print]

⁴⁷ Brantley SJ, Graf TN, Oberlies NH, et al. A systematic approach to evaluate herb-drug interaction mechanisms; investigation of milk thistle extracts and eight isolated constituents as CYP3A inhibitors. Drug Metab Dispos. 2013;41(9):1662-70.

⁴⁸ Melzig MF. [Goldenrod – a classical component in the urological phytotherapy]. Wein Med Wochenschr. 2004;154(21-22):523-7.

⁴⁹ El-Tantawy WH. Biochemical effects of Solidago virgaurea extract on experimental cardiotoxicity. J Physiol Biochem. 2013;[Epub ahead of print].

⁵⁰ Starks CM, Williams RB, Goering MG, et al. Antibacterial clerondane diterpenes from Goldenrod (Solidago virgaurea). Phytochemistry. 2010;71(1):104-9.

 ⁵¹ Leuschner J. Anti-inflammatory, spasmolytic and diuretic effects of a commercially available Solidago gigantean Herb. Extract. Arzneimittelforshung. 1995;45(2):165-8.
 ⁵² Schutz K. Carle R. Schieber A. Taraxacum: A review on its phytochemical and pharmacological profile. J

⁵² Schutz K. Carle R. Schieber A. Taraxacum: A review on its phytochemical and pharmacological profile. J Ethnopharmacol. 2006;107:313–323.

⁵³ Sumanth M. Rana A. In vivo antioxidant activity of hydro-alcoholic extract of Taraxacum officinale roots in rats. Indian J Pharmacol. 2006;38 pNA.

⁵⁴ Trojanova I, Rada V, Kokoska L, et al. The bifidogenic effect of Taraxacum officinale root. Fitoterapia. 2004;75(7-8):760-3.