

# Niacinamide B<sub>6</sub>

5975

Please Copy for Your Patients

## Niacinamide B<sub>6</sub> Contains Vitamin B<sub>6</sub> and Niacinamide

The niacin and vitamin B<sub>6</sub> contained in this product are both important vitamins in the B-complex family. They are each responsible for many important physiological processes concerned with physical and mental health and well-being. Niacin is a coenzyme essential for cell respiration, protein and carbohydrate metabolism, and lipid synthesis. Vitamin B<sub>6</sub> performs many important regulatory tasks inside the body, but its main responsibility is to break down and synthesize amino acids. In addition, vitamin B<sub>6</sub> plays a predominant role in other metabolic and chemical processes that influence many important bodily functions. For example, vitamin B<sub>6</sub> regulates and maintains the delicate fluid balance within the body and assists in nervous and musculoskeletal system functions by maintaining a proper sodium and potassium balance at the cellular level. While deficiencies of both of these important vitamins are uncommon, today's fast-paced lifestyles and lack of nutrients in the diet can lead to insufficiencies often at times when our bodies require even greater amounts of certain nutrients.†

## How Niacinamide B<sub>6</sub> Keeps You Healthy

### Supports immune and nervous system function

The vitamin B<sub>6</sub> portion of niacinamide enhances immune efficiency, aids in antibody production, and promotes red cell formation. Both niacin and vitamin B<sub>6</sub> play essential roles in nervous system function.†

### Influences cellular health

Vitamin B<sub>6</sub> is required to synthesize RNA and DNA, the important nucleic acids that carry genetic instructions for normal cellular growth and reproduction. Niacin is necessary to maintain healthy skin.†

### Facilitates metabolic processes

Both niacin and vitamin B<sub>6</sub> are integral components of essential metabolic processes happening every minute of every day inside our bodies. Niacin works to metabolize carbohydrates, fats, and proteins. Vitamin B<sub>6</sub> is necessary for the production of hydrochloric acid and the proper absorption of fats and proteins.†

### Maintains a healthy circulatory system

Niacin and vitamin B<sub>6</sub> each have the ability to maintain healthy cholesterol levels in the blood in individuals with healthy levels. Niacin improves circulation. Vitamin B<sub>6</sub> inhibits the formation of homocysteine, a toxic substance that attacks the heart muscle and deposits cholesterol around the heart muscle.†



**Introduced in:**

1949

**Content:**

40 Capsules

#### Supplement Facts:

Serving Size: 1 capsule  
Servings per Container: 40

		%DV
Calories	2	
Niacin	50 mg	250%
Vitamin B <sub>6</sub>	9 mg	450%

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



# Niacinamide B<sub>6</sub>

## What Makes Niacinamide B<sub>6</sub> Unique

### Unique Product Attributes

#### Multiple nutrients from a variety of plant and animal sources

- Extracts from bovine and ovine tissues provide nutrients and support to the corresponding tissues in humans
- Vitamins, minerals, and nutrients from plants and animal tissues work synergistically for maximum effect†

### Unique Processing

#### Exclusive low-temperature, high-vacuum drying technique

- Preserves the enzymatic vitality and nutritional potential of ingredients

#### Not disassociated into isolated components

- The nutrients in Niacinamide B<sub>6</sub> are processed to remain intact, complete nutritional compounds

#### Degreed microbiologists and chemists in our on-site laboratories constantly conduct bacterial and analytical tests on raw materials, product batches, and finished products

- Ensures consistent quality and safety

#### Vitamin and mineral analyses validate product content and specifications

- Assures high-quality essential nutrients are delivered

### Whole Food Philosophy

Dr. Lee challenged common scientific beliefs by choosing a holistic approach of providing nutrients through whole foods. His goal was to provide nutrients as they are found in nature—in a whole food state where he believed their natural potency and efficacy would be realized. Dr. Lee believed that when nutrients remain intact and are not split from their natural associated synergists—known and unknown—bioactivity is markedly enhanced over synthetic nutrients. Following this philosophy, even a small amount of a whole food concentrate will offer enhanced nutritional support, compared to a synthetic or fractionated vitamin. Therefore, one should examine the source of nutrients rather than looking at the quantities of individual nutrients on product labels.

**Proprietary Blend:** Bovine liver, porcine stomach, calcium lactate, soy (bean), bovine spleen, ovine spleen, defatted wheat (germ), potassium para-aminobenzoate, porcine brain, and ascorbic acid.

**Other Ingredients:** Gelatin, niacinamide, water, pyridoxine hydrochloride, and colors.

**Suggested Use:** One capsule per day, or as directed.

**Sold to health care professionals.**

Studies on nutrients generally use large doses and these studies, some of which are cited below, are the basis for much of the information we provide you in this publication about whole food ingredients. See the supplement facts for Niacinamide B<sub>6</sub>.

Agte V.V., et al. 1997. Effect of nicotinic acid on zinc and iron metabolism. *Biomaterials* 10(4):271-276.  
Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 5th ed. St. Louis, MO: Mosby: 1108-1109, 1366.  
Azen S.P., et al. 1996. Progression of coronary artery disease predicts clinical coronary events. Long-term follow-up from the Cholesterol Lowering Atherosclerosis Study. *Circulation* 93(1): 34-41.  
Balch J.F., Balch P.A. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group: 15-16.  
Berdanier C.D. 1995. *Advanced Nutrition Micronutrients*. Boca Raton, FL: CRC Press: 94-105.  
Bernstein A.L., Dinesen J.S. 1993. Brief communication: effect of pharmacologic doses of vitamin B<sub>6</sub> on carpal tunnel syndrome, electroencephalographic results, and pain. *Journal of the American College for Nutrition* 12(1): 73-76.  
Benedikt J., et al. 1996. Influence of different dietary vitamin B<sub>6</sub> supply during gravidity and lactation on total vitamin B<sub>6</sub> concentration (pyridoxine, pyridoxal and pyridoxamine) in blood and milk. *International Journal of Vitamin and Nutrition Research* 66(2): 146-50.  
Bender D.A. 1989. Vitamin B<sub>6</sub> requirements and recommendations. *European Journal of Clinical Nutrition* 43(5): 289-309.  
Bhattacharyya M., et al. 1988. Microviscosity in lecithin liposomes: effect of nicotinic acid. *Archives of Biochemical Biophysics* 63(1): 117-120.  
Blankenhorn D.H., et al. 1993. Beneficial effects of colestipol-niacin therapy on the common carotid artery. Two- and four-year reduction of intima-media thickness measured by ultrasound. *Circulation*. 88(1): 20-28.  
Brussaard J.H., et al. 1997. Micronutrient status, with special reference to vitamin B<sub>6</sub>. *European Journal of Clinical Nutrition* 51 (Suppl 3): 532-538.  
Chillard Y., Ottou J.E. 1995. Duodenal infusion of oil in midlactation cows 7. Interaction with niacin on responses to glucose, insulin, and beta-agonist challenges. *Journal of Dairy Science* 78(11): 2452-2463.  
Coffee C.J. 1998. *Metabolism*. 1st ed. Madison, CT: Fence Creek Publishing: 68-69, 85.  
Favier M., Hinginger L. Vitamins: B<sub>1</sub>, B<sub>6</sub>, B<sub>12</sub>. Consequences of a deficiency, of excessive vitamins and value of systematic supplementation. *J Gynecol Obstet Biol Reprod (Paris)* 26(Suppl 3): 100-108.  
Folkers K., et al. 1993. The activities of coenzyme Q<sub>10</sub> and vitamin B<sub>6</sub> for immune responses. *Biochem Biophys Res Commun* 193(1): 88-92.  
Foreman J.W., et al. 1996. Nutritional intake in children with renal insufficiency: a report of the growth failure in children with renal diseases study. *Journal of the American College of Nutrition* 15(6): 579-585.  
Giri S.N., et al. 1994. Amelioration of bleomycin-induced lung fibrosis in hamsters by dietary supplementation with taurine and niacin: biochemical mechanisms. *Environmental Health Perspectives* 102(Suppl 10): 137-147.  
Guyton A.C., Hall J.E. 1996. *Textbook of Medical Physiology*. 9th ed. 836.  
Guyton A.C., Hall J.E. 1997. *Human Physiology and Mechanisms of Disease*. 6th ed. Philadelphia, PA: W.B. Saunders Company: 588-589.

Harrower H.R. 1922. *Organotherapy in General Practice*. 25.  
Jacob S.W., Francone C.A., Lossow W.J. 1982. *Structure and Function in Man*. 5th ed. Philadelphia, PA: W.B. Saunders Company: 509.  
Jacobson T.A., et al. 1994. Fluvastatin and niacin in hypercholesterolemia: a preliminary report on gender differences in efficacy. *American Journal of Medicine* 96(6A): 645-685.  
Johansson J.O., et al. 1997. Nicotinic acid treatment shifts the fibrinolytic balance favourably and decreases plasma fibrinogen in hypertriglyceridaemic men. *Journal of Cardiovascular Risk* 4(3): 165-171.  
Kirschmann J.D. 1979. *Nutrition Almanac*. Revised ed. New York, NY: McGraw-Hill Book Company: 25-27, 36-37.  
Lapuerta P., et al. 1995. Use of neural networks in predicting the risk of coronary artery disease. *Computed Biomedical Research* 28(1): 38-52.  
Leeda M., et al. 1998. Effects of folic acid and vitamin B<sub>6</sub> supplementation on women with hyperhomocysteinemia and a history of preeclampsia or fetal growth restriction. *American Journal of Obstetrics and Gynecology* 179(1): 135-139.  
Mann W.A., et al. 1995. Trials of the effects of drugs and hormones on lipids and lipoproteins. *Current Opinions in Lipidology* 6(6): 354-359.  
Miller G.D., et al. 1996. Age considerations in nutrient needs for bone health. *Journal of the American College of Nutrition* 15(6): 553-555.  
Miller L.T., et al. 1985. The effect of dietary protein on the metabolism of vitamin B<sub>6</sub> in humans. *Journal of Nutrition* 115(12): 1663-1672.  
Morishita S., et al. 1986. Strains and species differences in experimental hyperlipidemia. *Nippon Yakurigaku Zasshi* 87(3): 259-264.  
Phoenix J., et al. 1998. Effect of vitamin B<sub>6</sub> supplementation in McArdle's disease: a strategic case study. *Neuromuscular Disorders* 8(3-4): 210-212.  
Pitchford P. 1993. *Healing With Whole Foods*. Revised ed. Berkeley, CA: North Atlantic Books: 122, 402-403.  
Rimland B., et al. 1978. The effect of high doses of vitamin B<sub>6</sub> on autistic children: a double-blind crossover study. *American Journal of Psychiatry* 135(4): 472-475.  
Rimm E.B., et al. 1998. Folate and vitamin B<sub>6</sub> from diet and supplements in relation to risk of coronary heart disease among women. *JAMA* 279(4): 359-364.  
Shils M.E., Young V.R. 1988. *Modern Nutrition in Health and Disease*. 7th ed. Philadelphia, PA: Lea & Febiger: 370-381.  
Stone N.J. 1996. The clinical and economic significance of atherosclerosis. *American Journal of Medicine* 101(4A): 4A40S-4A48S, 48S-49S.  
Sugihara J., et al. 1988. Studies on intestinal lymphatic absorption of drugs. II. Glyceride prodrugs for improving lymphatic absorption of naproxen and nicotinic acid. *Journal of Pharmacobiodynamics* 11(8): 555-562.  
Tully D.B., et al. 1994. Modulation of steroid receptor-mediated gene expression by vitamin B<sub>6</sub>. *FASEB J* 8(3): 343-349.  
Tver D.F., Russell P. 1989. *The Nutrition and Health Encyclopedia*. 2nd ed. New York, NY: Van Nostrand Reinhold: 366-368, 445-446.  
Van Wynsberghe D., Noback C.R., Carola R. 1995. *Human Anatomy and Physiology*. 3rd ed. New York, NY: McGraw-Hill, Inc: 872.  
Westertorp-Plantenga M.S., et al. 1994. *Food Intake and Energy Expenditure*. Boca Raton, FL: CRC Press: 23.  
Wilson E.D., Fisher K.H., Fuqua M.E. 1965. *Principles of Nutrition*. 2nd ed. New York, NY: John Wiley & Sons, Inc: 272-284, 290-294.