

WE EARN YOUR TRUST, ONE BOTTLE AT A TIME



CURCUTEX (CURCUMIN COMPLEX)

RN Labs Curcutex delivers a highly absorbable form of curcumin, using soy-free proprietary Meriva®* phytosome complex technology.

Curcumin has been shown to significantly reduce oxidation, inflammation and pain, offering the potential to support a broad range of health conditions.

- Soy-Free Meriva uses Sunflower Phospholipids instead of typical Soy-based Phytosome/Liposome technology.
- Curcuminoids include: Curcumin, Bisdemethoxycurcumin, Demethoxycurcumin.



- ✓ Soy-free
- ✓ Full Curcumin Complex
- ✓ Highly Absorbable Phytosome Technology
- ✓ Anti-inflammatory Properties (supporting gut, skin, brain, etc.)
- ✓ Antioxidant Properties (supporting vascular, mitochondria, etc.)
- ✓ Anti-spasmodic Properties
- ✓ May Assist Muscle Recovery
- ✓ May Reduce Joint Pain and Stiffness

Curcutex 60 capsules		AUST-L: 371893
Each Capsule Contains:		
Curcumin	90 mg	
From Meriva® Curcumin Phytosome®	500 mg	
Stand. to contain Curcuminoids (Total)	100 mg	
Equiv. <i>Curcuma Longa</i> Fresh Rhizome	15 g	
Excipients: Leucine, Hypromellose (Capsule), Lecithin (Sunflower), Microcrystalline Cellulose, Silicified Microcrystalline Cellulose, Colloidal Anhydrous Silica.		
Suitable for vegans.		
		MERIVA®

ADDITIONAL INFORMATION



SUGGESTED USE

Adults take 1–6 capsules daily or as prescribed by your healthcare practitioner.



STATEMENTS AND WARNINGS

FOR PRACTITIONER DISPENSING ONLY.



KNOWN SIDE EFFECTS

At doses typically administered for therapeutic purposes curcumin is not associated with toxicity.



PURE & LOW-SENSITIVITY

This product does NOT contain wheat, gluten, dairy, lactose, egg, yeast, soy, artificial colours, artificial sweeteners, or artificial flavours. This product also does not contain synthetic preservatives, stearate lubricants and other commonly detrimental excipients.



SCIENTIFIC EVIDENCE

Meriva® is supported by 18 clinical trials confirming its safety and efficacy, and demonstrating effectiveness for joint health and a healthy inflammatory response after exercise and similar exertion.

Clinical studies conducted with Meriva® on patients demonstrated significant improvements to joint health related to stiffness, physical function and overall quality of life. Visit [RNLabs.com.au](https://www.RNLabs.com.au) for links to these studies.



Distributed exclusively by RN Labs Pty Ltd
18/93 Rivergate Place, Brisbane, QLD 4172 | P 1800 110 158
support@RNLabs.com.au | www.RNLabs.com.au

QUALITY & PURITY

RN Labs use only the highest grade ingredients and materials available. Our purity standards for manufacturing and sourcing are extensively researched and verified.

RN Labs' Curcutex is a pure and hypoallergenic product, developed to meet the needs of even the most sensitive patients. Formulated with no harsh or irritating excipients, ensures comfort, safety and efficacy for improved patient compliance and results.

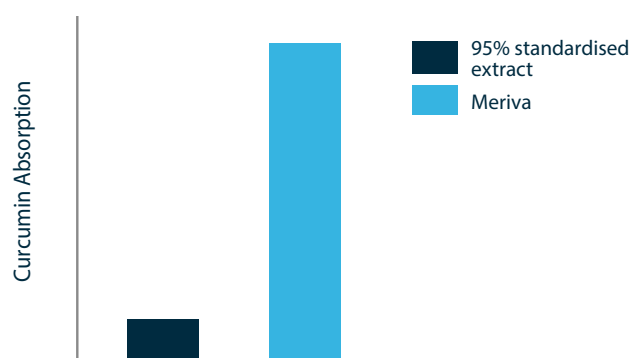
ABSORPTION

A randomised, double-blind, crossover study investigated the absorption of Meriva at a dose of 209 mg and 376 mg compared to 1799 mg uncomplexed curcuminoids.

Data analysis revealed Curcumin was 18 times more bioavailable in the Meriva formulation, than from the corresponding unformulated curcuminoid mixture. Additionally Meriva yielded demethoxycurcumin and bisdemethoxycurcumin plasma concentrations 50- to 60-fold higher than that of the unformulated curcuminoid mixture.

Overall curcuminoid absorption was 29 times higher for Meriva than the reference and was absorbed approximately twice as fast.

Cuomo, J, Appendino, G, Dern, A, Schneider, E, Templeton, J, McKinnon, T, Brown, M, Togni, S, & Dixon, B 2011, 'Comparative Absorption of a Standardized Curcuminoid Mixture and its Lecithin Formulation', Journal of Natural Products, vol. 74, no. 4, p. 664-9.



UNPARALLELED PURITY STANDARDS

RN Labs products define the highest level of purity, quality and innovation. We have always voluntarily provided full label transparency – meaning everything in the bottle is listed on the label.

LOW EXCIPIENT MANUFACTURING

Like you, nothing is dearer to us than our health and helping others achieve optimum wellness. It's why we are so fastidious about developing products that even the most sensitive individuals can take - free from harsh excipients and inappropriate compound forms.

CLINICAL VALIDATION

We are committed to improving client outcomes.

We always choose the most scientifically validated forms of nutrients available and formulate products based on clinical research.

UNCOMPROMISING INTEGRITY

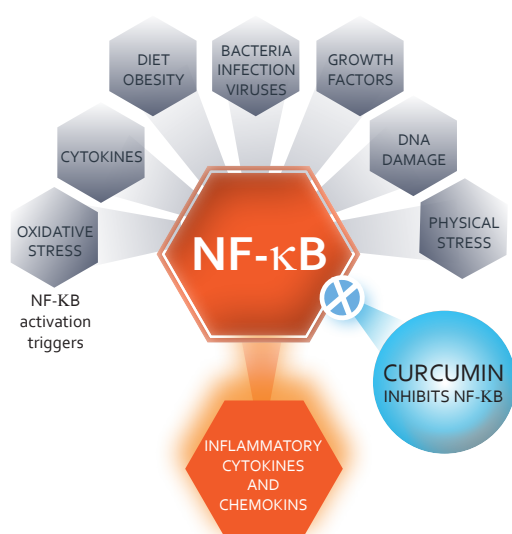
Our product formulations are only produced if we can source ingredients that meet our high standards of purity through third-party testing. We only ever use manufacturers that do not take short-cuts to facilitate easier or cheaper manufacturing.

CLINICAL STUDIES ON MERIVA® TO ADDRESS THE NATURAL INFLAMMATORY RESPONSE PROCESS

PAIN AND INFLAMMATION

Extensive research has elucidated the connection between inflammation and many health conditions, including Cancer, Cardiovascular Disease, Obesity, and Alzheimer's Disease.

As such, a strategy for treating these conditions should include a supplement that will have a significant impact on inflammation without the risks associated with non-steroidal anti-inflammatory drugs (NSAIDs). Curcuminoids are well recognised for their anti-inflammatory properties via a number of mechanisms, including down-regulation of NF- κ B and AMPK activities.



ANTERIOR UVEITIS

In a study of 122 patients with chronic anterior uveitis, 600 mg of Meriva twice daily was given for 12 months, in addition to standard care. Results were compared with the number of relapses in the previous 12 months prior to the study. Meriva treatment resulted in a reduction of 88 percent in relapses during the treatment period. In individuals who experienced a relapse, there was still significant improvement in signs and symptoms ($p < 0.001$).¹

CARPAL TUNNEL SYNDROME

Meriva (500 mg bid) was given along with alpha-lipoic acid (300 mg bid), thiamine (1.05 mg bid), riboflavin (1.2 mg bid), pantothenic acid (4.5 mg bid), and pyridoxine (4.5 mg bid) to a group of 60 men and women three months before and three months after surgery. Results were compared with no supplementation ($n=60$) and supplementation for three months before surgery only ($n=60$). Nighttime pain scores were significantly better in the Meriva group at 40 days and at 90 days after surgery ($p < 0.05$). The Meriva group also had a lower number of positive Phalen's tests at three months ($p < 0.05$).²

OSTEOARTHRITIS

Meriva (500 mg bid) was given to 50 osteoarthritis (OA) patients for eight months in addition to standard care. A control group received standard care only ($n=50$). The Meriva group demonstrated significant improvements in the Karnovsky Performance Scale (which measures ability or functional impairments in activities of daily living) and the Western Ontario and McMaster Universities (WOMAC) scores of pain, stiffness, physical functioning, and social and emotional parameters (all $p < 0.05$). Inflammatory markers (IL-1 β , IL-6, sVCAM-1, and ESR) were significantly improved compared to control ($p < 0.05$). The Meriva group also significantly decreased their use of pain-mediating medications, and experienced less distal edema and fewer gastrointestinal complications and hospital admissions.³

Meriva (500 mg) and glucosamine (500 mg) were given to 63 OA patients daily for four months and compared to a glucosamine/chondroitin combination (415 mg/ 400 mg). The Meriva group had significantly better Karnovsky scores than the control group, a reduced need for pain-relieving medications, and less peripheral edema.⁴

In a yet to be published trial, a new Meriva formulation (Meriva-SF), containing phospholipids derived from sunflower instead of soy, was tested in a three-month, open-label trial of 79 patients with osteoarthritis.

Patients were given either 600 mg Meriva-SF once daily plus standard care or standard care alone. The Meriva-SF showed significantly greater improvements in the Karnovsky score and WOMAC scores of pain, stiffness, and physical and emotional functioning ($p < 0.05$). Pain-free treadmill walking distance was also significantly more improved in the Meriva group, compared to controls ($p < 0.05$).⁵

POST-EXERCISE MUSCLE SORENESS

Meriva (1,000 mg bid) or placebo was given to 20 healthy males 48 hours prior to a downhill running test and was continued for 24 hours after the test (total four days). The Meriva group reported significantly less anterior thigh pain ($p < 0.05$) and demonstrated less muscle damage on MRI ($p = 0.04$) and via one blood marker of muscle damage and inflammation (IL-8) ($p < 0.05$).⁶

ACUTE PAIN-RELIEVING EFFECTS

Meriva (2,000 mg) was given to chronic pain patients for one day and compared to acetaminophen (500 mg) or nimesulide (100 mg), a non-steroidal anti-inflammatory drug that targets the COX-2 enzyme. The pain-relieving properties of Meriva were better than acetaminophen and comparable to nimesulide ($p < 0.001$).⁷

CLINICAL STUDIES ON MERIVA® CONTINUED

CANCER SUPPORT

Meriva (500 mg tid) was given to 40 cancer patients with solid tumours receiving radiotherapy and 40 cancer patients receiving chemotherapy for four months. Comparable groups received a matching placebo. The Meriva group had significantly reduced side effects from either treatment.

In the chemotherapy group, Meriva treatment resulted in less nausea and vomiting, diarrhoea/constipation, fatigue, weight loss, and cognitive impairment ($p < 0.05$) compared to controls. The radiotherapy group exhibited similar reductions in side effects of epithelial damage, mucositis, swallowing difficulties, diarrhea, nausea, edema, fatigue, and weakness. This group also had a significant reduction in usage of medications for side effects ($p < 0.05$).⁸

DIABETIC SUPPORT

DIABETIC MICROANGIOPATHY

Meriva (500 mg daily) was given to 25 type 1 diabetics (T1DM) for four weeks and compared with 25 T1DM patients undergoing standard care. The Meriva group experienced significant improvements in microangiopathy measured in the foot, peripheral edema, PO₂, and venoarteriolar response (all $p < 0.05$ compared with the standard care group).⁹

DIABETIC ANGIOPATHY AND RETINOPATHY

Meriva (500 mg bid) was given to 38 T1DM patients for four weeks along with standard care, and compared with a group on standard care only ($n = 39$). The Meriva group experienced significant improvements in peripheral edema and venoarteriolar response ($p < 0.05$ compared with the standard care group). Results pertaining to the retina included significant improvements in the Snellen visual acuity scale, retinal blood flow, and retinal edema (all $p < 0.05$), compared with controls.¹⁰

SARCOPENIA

Elderly individuals often lose muscle mass as they age, a process called sarcopenia. Research suggests oxidative damage and inflammation play a major role in the development of sarcopenia. In a three-month study of 86 individuals >65 years of age with tiredness and loss of strength, the participants were divided into three groups: one took 1 gram Meriva once daily plus standard care (exercise, balanced diet); one took 1 gram Meriva plus 800 IU vitamin D, 500 mg vitamin C, 3 grams isoleucine, 1 gram L-carnitine daily, and standard care; and a control group received standard care only. After three months, muscle strength parameters were tested, including hand grip, weight lifting, distance walked, cycling, and stair climbing. Other tests included oxidative stress, proteinuria, Karnovsky scale (activities of daily living), and left ventricular ejection fraction.

Both the Meriva-only group and the Meriva-plus other- supplements group demonstrated significant improvements in all measured parameters, compared both to their own baseline results and to the control group that did not show improvement in any of the measured parameters ($p < 0.05$).¹¹

SUMMARY

Meriva curcumin phytosome has shown significant potential to alleviate pain, inflammation, and conditions of the eyes, skin, liver, GI tract, muscles, blood vessels, metabolism, and joints. The Meriva phytosome preparation, has the yielded the greatest amount of clinical efficacy evidence amongst curcumin preparations – more so than mixtures of curcumin with black pepper extract, nano-sized curcumin, and other emulsified formulations.

The introduction of a sunflower-based (soy-free) Meriva preparation (Curcutex), which has demonstrated clinical equivalency with the soy phospholipid original Meriva,⁵ minimises patient concerns about soy, whilst maximising clinical results, providing a universal formulation for patients.

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