

Taraxa

Recommended Use:

- ▶ Liver and gallbladder detoxification
- ▶ Functional dyspepsia
- ▶ Gallstones
- ▶ Detox program adjunct
- ▶ Hepatobiliary congestion
- ▶ Improves bile flow
- ▶ Hepatitis or cirrhosis

Taraxa is a specialized formula with herbal extracts, vitamins, minerals and lipotropic factors to support healthy liver and gallbladder function. Taraxa stimulates liver detoxification by promoting hepatocyte activity, supports bile flow and increases circulation to the liver. In addition, it provides nutrients for fat metabolism and methyl donors for the phase II liver detoxification system.

The liver supports every organ in the body and is responsible for functions that are vital to life. It is essential for detoxification, bile production, protein and hormone synthesis, and digestion. As the most metabolically active organ, it is involved in metabolism of protein, carbohydrates, fat, hormones, endogenous wastes, chemicals and drugs. In addition, the liver is responsible for many other functions including: storage of carbohydrates, glycogen, vitamins and minerals; synthesis of blood proteins, specific hormones, and coagulation factors; formation of urea; breakdown of ammonia, red blood cells and insulin; formation of bile and gamma globulin; and assimilation and storage of fat-soluble vitamins.

The liver performs over 500 known functions and has an important role in neutralizing harmful toxins and wastes. It is highly vulnerable to certain substances (e.g. alcohol, high fat foods, drugs, environmental toxins and xenobiotics) that can seriously interrupt essential functions, leading to hepatobiliary distress¹ and overall poor health. For detoxification, the liver uses two phases. The cytochrome phase (phase I) either converts toxins to less noxious substances or converts them to an intermediate form of the toxin, which

is considered more toxic than the original form and can lead to further liver damage.² The liver requires the actions of phase II to complete the detoxification cycle. The lipotropic nutrients (choline, DL methionine, vitamin B6 and B12) found in Taraxa support the methylation cycle of phase II detoxification.

Early clinical manifestations of liver dysfunction can include: a feeling of bloating in the upper abdominal area, frequent burping, intestinal spasm, and a worsening of symptoms after eating fatty foods.³ Symptoms of hepatic dysfunction include headaches, eczema, PMS, fatigue, cholestasis, allergies, and constipation.

Taraxa has been formulated to address symptoms associated with liver and gallbladder dysfunction and to assist in the detoxification process. In addition to detoxification, Taraxa contains the lipotropic factors and herbs that act as protection to the liver.

Mode of Action for Each Ingredient:

Celandine (*Chelidonium majus*): a key ingredient in this formula and acts as a cholagogue, anti-spasmodic and can be used for dyspepsia and gallstones. European researchers have demonstrated that celandine is effective in treating the symptoms associated with functional epigastric complaints - after six weeks of therapy with celandine there was a significant reduction in flatulence, nausea, epigastric fullness, and stomach pains compared to placebo.⁴ The alkaloids in celandine (e.g. chelidoniumine) are responsible for relieving these latter symptoms,



Medicinal Ingredients: Each tablet contains:

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| Choline (bitartrate) | 165 mcg |
| L-Methionine (dl-Methionine) | 165 mg |
| Wormwood (<i>Artemisia absinthium</i> , 4:1 QCE 400 mg, whole herb) | 100 mg |
| Turmeric (<i>Curcuma longa L.</i> , 8:1 QCE 600 mg, rhizome) | 75 mg |
| Dandelion (<i>Taraxacum officinale</i> , 4:1 QCE 200 mg, roots) | 50 mg |
| Magnesium (Magnesium oxide) | 17.5 mg |
| Celandine (<i>Chelidonium majus</i> ; 4:1 QCE 68 mg, whole herb) | 17 mg |
| Vitamin B6 (Pyridoxine hydrochloride) | 10 mg |
| Vitamin B12 (Cyanocobalamin) | 5 mcg |

Non-medicinal Ingredients: Magnesium stearate, croscarmellose sodium, silicon dioxide, maltodextrin, dicalcium phosphate dihydrate.

Recommended Dose (adults): Take 2 tablets three times a day or as directed by a health care practitioner.

Duration of Use: For use beyond 2 weeks, please consult a health care practitioner.

Caution/Warnings: Do not use if you are pregnant or breastfeeding. Consult a health care practitioner immediately if you develop any of the following symptoms: nausea, vomiting, loss of appetite combined with itching, yellowing of the skin or eyes, dark urine. Consult a health care practitioner prior to use if you take ciprofloxacin, quinolone antibiotics, antiplatelet medication or blood thinners. Consult a health care practitioner if symptoms persist or worsen.

Contraindications: Do not use if you have liver or gall bladder disorders, and/or bowel obstruction, stomach or intestinal ulcers, bile duct obstruction. Discontinue use if you develop symptoms of liver trouble.

NPN 80071821 • 60 tablets

due to the anti-spasmodic action on the smooth muscles of the biliary tract allowing for a sustained release of bile from the liver.⁵

Turmeric (*Curcuma longa*) and **Dandelion Root** (*Taraxacum officinalis*): like celandine, also increase contraction of the gallbladder, thereby promoting bile flow.^{6,7} The Gastroenterology Clinic at the University of Dusseldorf in Germany, concluded that a three week combination of both turmeric and celandine helped relieve the symptoms of colicky right upper quadrant abdominal pain in patients suffering from biliary dyskinesia.⁸ Turmeric acts as a cholagogue, antioxidant and has anti-inflammatory properties. Dandelion acts as a cholagogue and a bitter, which is helpful for disturbances of bile flow, stimulates diuresis, addresses dyspepsia and is an appetite stimulant.

Wormwood (*Artemisia absinthium*): an herbal bitter helps increase the production of gastric secretions, thereby assisting the digestive process.⁹ As such, the German Commission E Monograph has concluded that Wormwood is indicated in conditions involving loss of appetite, biliary dyskinesia, and dyspepsia.¹⁰

Vitamin B-6: is involved in the metabolism of fats and fatty acids, especially the essential unsaturated fatty acids. Vitamin B-6 is necessary in order for your body to produce lecithin, a lipid-transporting substance, used to clear fat from the liver. Birth control pills increase the risk of gallstones, which can be caused by oxalic acid toxicity and vitamin B-6 detoxifies oxalic acid.

Vitamin B-12: is necessary for carbohydrate, protein, and fat metabolism. It is also important in the synthesis of DL methionine and choline. Because methionine is needed in choline synthesis, B-12 plays a secondary role in the lipid pathway. A choline deficiency that causes fatty liver can be prevented by vitamin B-12 and the other methyl donors (e.g. DL methionine).

Magnesium: has been shown to enhance enzymatic activity in the liver. In case studies, magnesium has been credited with dissolving gallstones. Alcohol consumption increases the dietary need for magnesium threefold. Studies have identified a link between magnesium depletion and liver cirrhosis.¹¹

Choline: a lipotropic factor which acts as a methyl donor and is essential for healthy liver function. It is a component of lecithin, which is critical for normal liver metabolism. It plays a role in very low density lipoprotein formation and triglyceride transportation from the liver, which prevents accumulation of fat in the liver. In addition, it is a cholagogue.

DL methionine: a lipotropic factor which acts as a methyl donor and antioxidant in liver tissues and aids healing and detoxification of these tissues. Its primary lipotropic function is to prevent excess fat accumulations in the liver by increasing lecithin production.

References:

- 1, 2. Mills S, Bone K. Principles and Practice of Phytotherapy. Edinburgh: Churchill Livingstone, 2000:190.
3. Robbers JE, Tyler VE. Tyler's Herbs of Choice. New York: The Haworth Press, 1999:72-73.
- 4, 5. Ritter R, Schatton WFH, et al. Clinical trial on standardized celandine extract in patients with functional epigastric complaints: results of a placebo controlled double-blind trial. *Comp Therapy Med* 1993;3:189-93.
6. Raysid A, Lelo A. The effect of curcumin and placebo on human gall-bladder function: an ultrasound study. *Alimen Pharmacol Therapy* 1999;13:245-49.
7. Anonymous. *Taraxacum officinale* Monograph. *Alt Med Rev* 1999;4:112.
8. Niederau C, Gopfert E. [The effect of chelidonium- and turmeric root extract on upper abdominal pain due to functional disorders of the biliary system. Results from a placebo-controlled double-blind study] [In German]. *Med Klin* 1999;94:425-30.
9. Schulz V, Hansel R, Tyler VE. *Rational Phytotherapy* 3rd ed. Berlin: Springer Verlag, 1998:169-70.
10. Anonymous. *The Complete German Commission E Monographs*. USA: The American Botanical Council. Interactive Medical Communications, 1998:232.
11. Koivisto M, Valta P, Höckerstedt K, Lindgren L. Magnesium depletion in chronic terminal liver cirrhosis. *Clin Transplant* 2002; 16: 325-328. ©Blackwell Munksgaard, 2002.