



## Questions and Answers

Please return to read this page frequently. The contents will change as new information is received from both research and feedback from people using salvestrols.

### **Are salvestrols safe?**

Even at well beyond the recommended number of Salvestrol Points per day there is no known toxicity, even for diabetics. However, Salvestrols should not be used by pregnant women and breast-feeding mothers.

### **What's in the capsules?**

Salvestrol capsules consist of citrus bioflavonoids, dried pumpkin, and grapeseed extract (please note that this extract is not derived from grapefruit seed or grape skin) which have not been genetically modified or treated with pesticides or anti-fungal agents (the content of each capsule is listed on the [product label](#)). Salvestrols are encased in vegetable capsules containing a citrus background and a rice flour filler. The quantity of magnesium stearate used in the encapsulation process is very small and is vegetable quality specifically designed for use in the manufacture of food products.

### **Are there any side effects?**

There are no known issues with Salvestrol Platinum.

### **How many capsules should I do?**

Until a blood test is available which can measure the presence of the CYP1B1 enzyme, its co-factors and inhibitors, accurate person-specific guidance for Salvestrol use cannot be provided. However, your healthcare professional can access the Practitioner's Area of our website on your behalf and advise you on the current guidelines for maximum effectiveness.

**To confront a serious health challenge you should definitely consult a healthcare practitioner for advice. A healthcare professional can guide you on dosage and what to do and what to avoid to enhance the effective of Salvestrols.** However, in general Salvestrol Platinum should be used as follows. People of normal weight ([BMI](#) 18 to 30) should use a total of six thousand (6,000) salvestrol points per day (4,000 at breakfast and the rest at lunch); underweight people should take four thousand (4,000) salvestrol points per day; and heavier people should use eight thousand (8,000) salvestrol points per day. If there is no effect at the recommended starting dose, and you have eliminated factors that could interfere with the effectiveness of Salvestrols (see below), then you can gradually increase the daily intake by a capsule or two per week until the dosage is doubled. Salvestrol capsules should be taken with meals to facilitate digestive uptake. *Please note that these guidelines do not apply to children.*

For prevention or dealing with a previous health challenge first complete the following cleansing program: four thousand (4,000) salvestrol points per day for at least two months, followed by two thousand (2,000) salvestrol points a day for at least another two months. The cleansing program is required because disease can grow undetected for years so it is necessary to reduce the problem, if it exists, to a manageable level. After the cleansing program, adopt one of the following two regimens:

*For a previous health challenge or people at higher risk*, continue using at least two thousand (2,000) salvestrol points per day with a meal (either breakfast or dinner).

*As a dietary supplement for prevention*, take two thousand (2,000) salvestrol points per day.

### **How should I use LypoSalve Adaptive Skin Care?**

Lyposalve Adaptive Skin Care (the new liposomal form of Salvestrol Cream) is designed for topical use in combination with at least one capsule of encapsulated salvestrol per day. Lyposalve Adaptive Skin Care does not work faster or better if more is applied; use only enough to lightly cover the affected area. Lyposalve Adaptive Skin Care can be applied several times daily, depending on the severity of the problem, over as large an area as necessary, but should not be applied directly to an open sore. There are no known allergic reactions to Lyposalve Adaptive Skin Care.

### **Will salvestrols interfere with drug therapies?**

Salvestrols are a food supplement and should not interfere with drug therapies unless such therapies restrict intake of the fruit sources listed on the product label. Please note that salvestrol products do not contain naringenin, a compound commonly found in grapefruit which may interact with several CYP enzymes and could therefore interfere with some drug therapies.

If you or your physician are uncertain, stop using salvestrols several days prior to treatment and do not continue their use until several days after treatment has finished.

### **What can help salvestrols work better?**

Taking multi-vitamin and multi-mineral supplements at the recommended daily allowance can increase the effectiveness of salvestrols. The specific enhancers are Biotin (Vitamin H, or Coenzyme R), Niacin (Vitamin B3), cobalamin (vitamin B12), magnesium, and selenium. Niacin, in a form that does not cause flushing or a skin rash (Nicotinimide), was previously included but is not present in the current formulation. These enhancers can be commonly found in daily vitamin and mineral supplements.

A Probiotic can improve the uptake of salvestrols; Probiotics are available at any health food store and many drug stores. Probiotic yogurts are available at most grocery stores and if you have problems swallowing capsules you can break them apart and mix them in the yogurt. It is important not to be anemic so a good source of iron is beneficial, as is vitamin C. Exercise is important to increase oxygen levels, especially about three hours after taking salvestrols. Finally, consider eating organic foods as much as possible.

The effectiveness of all the cytochrome P450 enzymes can be compromised when by anemia. It is best to consult a physician to check your iron levels and prescribe a course of action to remedy the situation if they are deficient before doing salvestrols.

## What should I avoid while taking salvestrols?

Since many different substances can bind with the CYP1B1 enzyme the metabolism of Salvestrols can be inhibited. Given that the life cycle of the enzyme is about 3 days (that is, each molecule of CYP1B1 is replaced by a new one roughly every three days) this can be problematic since certain substances are irreversible inhibitors of the enzyme. That is, they will remain bound to the enzyme for the remainder of its life cycle and thereby prevent the enzyme from metabolising Salvestrols. Other substances take a very long time to clear from the body and consequently can continue to be problematic for the duration of the enzyme's life cycle. An example of an inhibitor that takes a long time to clear from the body is St. John's Wort, while various agrochemical fungicides and carbon monoxide serve as examples of irreversible inhibitors. Still other substances will inhibit the CYP1B1 enzyme for a short period of time.

**Substances that can at least partially inhibit the CYP1B1 enzyme include resveratrol, ginkgo biloba, hesperidin, ginseng and St. Johns Wort in supplement strength; grapefruit juice (naringenin); cannabis; laetrile/amygdalin; Metformin; carbon monoxide and agrochemicals (especially fungicides for agrochemical and personal use). In addition, Calcium D Glucarate and compounds found in natural and artificial sweeteners (except for honey) will interfere with the absorption of Salvestrols and their entry into cancer cells and thus should be avoided.**

So what can be done to counter the effects of inhibitors? The first course of action would be to avoid inhibitors completely but sometimes this is not possible or even desirable. For example, your healthcare practitioner may have recommended an inhibitor to achieve other benefits (e.g., cannabis is often recommended to help with sleep, pain or appetite issues). Don't worry: If an inhibitor cannot be avoided, a second course of action to counter its effect is to increase the dosage of Salvestrols. Which compound binds with the most instances of the CYP1B1 enzyme largely comes down to which has the highest concentration in the blood. Ingesting more Salvestrols will have the effect of increasing the likelihood of Salvestrol binding with CYP1B1 rather than the inhibitor. This situation will probably not reduce the effectiveness of the other compound because the desired mode of action of that substance is likely not through being metabolised by CYP1B1. Given this, the effectiveness of the other compound may even increase.

A third course of action to counter the effect of an inhibitor, and one that can be coupled with an increased dose, would be to ingest Salvestrols in the morning (at or before breakfast and lunch) and postpone the use of an inhibitor (such as cannabinoids) until the mid-afternoon or evening. This would yield a high concentration of Salvestrols in the blood in the morning and early afternoon without competition, allowing maximum effectiveness, and offer the same situation to the inhibitor later when the concentration of Salvestrols is waning. This solution allows both compounds to be effective, a win-win situation. However, it should be noted that this is not always applicable. As mentioned earlier some inhibitors (such as St. John's Wort) may take many days to clear from the body and others form an irreversible binding with CYP1B1. For these substances the most prudent course of action is to try to avoid them and increase the dose of Salvestrols to counter their effect. With a high concentration of Salvestrols when a new CYP1B1 enzyme is made there will be a greater chance of its binding with a Salvestrol rather than the inhibitor.

### **What should I avoid: The formerly special case of cannabis.**

As noted above cannabis is an inhibitor. There is some confusion on the Internet about this fact but it is true. We have included this note with the modified title "formerly" because it was previously thought that inhibition by cannabis-related compounds (such as the cannabinoids delta(9)-tetrahydrocannabinol (THC), cannabidiol, and cannabinol) could not be countered as is the case with St. John's Wort. However, an extensive review of the scientific literature produces no evidence that this is the case. Thus, cannabis-based compounds can be handled by the methods noted in the previous topic.

### **Are Salvestrols antioxidants?**

Some salvestrols are antioxidants and some are not. Antioxidants work by reducing cell DNA damage from free-radicals whereas salvestrols work through a specific mechanism that acts after cell damage has occurred, that is, they are effective beyond the point where normal antioxidants cease to be useful.

### **Are salvestrols suitable for children?**

Yes, but children younger than twelve (12) years old should only take salvestrols under guidance from a physician.

### **Is resveratrol a salvestrol?**

**Yes, but it is not possible to dose it effectively. Although resveratrol is a good antioxidant, its effective dosage range as a salvestrol is very narrow. At higher concentrations, it is an inhibitor of CYP1B1. It is not possible to determine the dose at which the inhibition starts but we know that it is very low. Given this, it should be avoided while taking salvestrols.**

### **Are salvestrols suitable for pets?**

Salvestrols can be even more effective for dogs than humans and may work for other animals as well. Use one Salvestrol Platinum 2000 capsule with one meal per day for every 40 pounds that the dog weighs. For smaller dogs, empty the contents of the capsule proportionally by the pet's weight into each meal. If the dog does not respond after two weeks, gradually increase the dosage up to two Salvestrol Platinum 2,000 salvestrol point per meal.

Some people believe it is dangerous for dogs to consume grapes or products containing grape extracts. Despite information to contrary on the internet, Salvestrols in North America do not contain grape extracts nor are the compounds extracted from grape products. Furthermore, the Salvestrol Platinum 2000 blend is exacty the same as the discontinued product Salvestrol Platinum 1000 except there is twice the strength in the former (current) product.

A Salvestrol program and suggestions to enhance action of Salvestrol to optimize maximum health benefit can be discussed with Dr. Crouch