

Cataplex® GTF

4675

Please Copy for Your Patients

Cataplex GTF Contains Chromium, Niacin, Potassium, and Vitamins A and C to Help Maintain Healthy Cellular and Cardiovascular Functions

Cataplex GTF contains chromium, an essential trace mineral that helps maintain normal blood sugar and lipid levels in conjunction with a well-balanced diet in persons with normal lipid levels. Chromium and niacin are primary components of the Glucose Tolerance Factor (GTF). GTF is a molecular complex that supports the body's natural insulin activity by aiding the transport of glucose into cells. The natural insulin molecule must maintain its shape in order for it to effectively transport glucose into cells. Chromium enhances the activity of the body's natural insulin by helping maintain the molecule's proper shape. Cataplex GTF also contains Cytosol™ extracts that help restore the integrity of the organs important to glucose and lipid metabolism. Cardiovascular function is supported by vitamins and minerals contained in Cataplex GTF.†

How Cataplex GTF Keeps You Healthy

Promotes healthy cellular function

Cataplex GTF contains the biologically active form of chromium, chromium III. Other forms of chromium contain an electrical charge that is repelled by the body's cells, making entry into cells difficult. Niacin, another ingredient of Cataplex GTF, is a component of the Glucose Tolerance Factor (GTF), adding to the total bioavailability of this essential mineral. Tissue extracts contained in Cataplex GTF support the pancreas, liver, and adrenals by providing specific bovine organ proteins that support the body's organs and glandular tissues. Healthy metabolism of glucose and lipids requires that these organs and glands remain in optimum health.

Cataplex GTF also contains potassium, which is directly involved in the synthesis of proteins, the maintenance of pH balance, and the regulation of water in the blood and body tissues. Other ingredients of Cataplex GTF, including niacin and vitamin complexes A and C, help maintain healthy cellular function by acting as strong antioxidants and by participating in protein and RNA synthesis. They are also important coenzymes.†

Supports cardiovascular health

In addition to providing bioactive chromium, the niacin and vitamin C in Cataplex GTF work together to maintain a healthy heart and circulation. Studies demonstrate that vitamin C plays an important role in helping to maintain normal cholesterol metabolism in healthy individuals with normal levels.†



Introduced in:

1981

Content:

90 Tablets

Supplement Facts:

Serving Size: 1 tablet
Servings per Container: 90

| | | %DV |
|-----------|--------|-----|
| Calories | 2 | |
| Vitamin A | 500 IU | 10% |
| Vitamin C | 1.6 mg | 2% |
| Niacin | 9.5 mg | 50% |
| Chromium | 48 mcg | 40% |

Cataplex® GTF 4675



800-558-8740 • www.standardprocess.com

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

Cataplex® GTF

What Makes Cataplex GTF Unique

Unique Product Attributes

Ingredients are derived from whole-food sources

- Bovine liver and chromium yeast in Cataplex GTF provide optimal bioavailable chromium†

Multiple nutrients from a variety of plant and animal sources

- Extracts from bovine 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†

Certified Organic Farming

A healthy ecosystem is created by using organic farming techniques, such as rotating crops, fertilizing the soil with nutrient-rich cover crops and by-products from our processing, practicing strict weed control standards, and continually monitoring the health of our plants

- Assures the soil is laden with minerals and nutrients
- Ensures plants are nutritionally complete and free from synthetic pesticides

Unique Processing

Upon harvesting, nutrient-rich plants are immediately washed and promptly processed

- Preserves nutritional integrity

Exclusive low-temperature, high-vacuum drying technique

- Preserves the enzymatic vitality and nutritional potential of ingredients

Not disassociated into isolated components

- The nutrients in Cataplex GTF 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, nutritional yeast, dried buckwheat juice, buckwheat (seed), bovine pancreas Cytosol™ extract, inositol, l-cysteine hydrochloride, bovine adrenal Cytosol™ extract, and oat flour.

Other Ingredients: Honey, chromium yeast, niacinamide, ascorbic acid, calcium stearate, and vitamin A palmitate.

Suggested Use: One tablet per meal, 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 Cataplex® GTF.

Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 5th ed. St. Louis, MO: Mosby: 1108-1109.
Anderson R.A. 1998. Effects of chromium on body composition and weight loss. *Nutr Rev* 56(9): 266-270.
Anderson R.A. 1989. Essentiality of chromium in humans. *Sci Total Environ* 86(1-2): 75-81.
Balch J.E., Balch P.A. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group: 15.
Barceloux D.G. 1999. Chromium. *J Toxicol Clin Toxicol* 37(2): 173-194.
Bendich A., Cohen M. 1990. Ascorbic acid safety: analysis of factors affecting iron absorption. *Toxicology Letter* 51(2): 189-201.
Bendich A., et al. 1984. Interaction of dietary vitamin C and vitamin E on guinea pig immune responses to mitogens. *Journal of Nutrition* 114(9): 1588-1593.
Berdanier C.D. 1995. *Advanced Nutrition Micronutrients*. Boca Raton, FL: CRC Press: 94-99.
Carr C.S., Yellon D.M. 1997. Ischaemic preconditioning may abolish the protection afforded by ATP-sensitive potassium channel openers in isolated human atrial muscle. *Basic Cardiology Research* 92(4): 252-260.
Chew B.P. 1995. Antioxidant vitamins affect food animal immunity and health. *Journal of Nutrition* 125(6): 1804S-1808S.
Dobias L. 1986. Effect of ascorbic acid on humoral and other factors of immunity in coal-tar exposed workers. *Journal of Applied Toxicology* 6(1): 9-11.
Dubois F., Belleville F. 1991. Chromium: physiologic role and implications in human pathology. *Pathol Biol (Paris)* 39(8): 801-808.
Goldschmidt M., et al. 1996. Nicorandil: a potassium channel opening drug for treatment of ischemic heart disease. *Journal of Clinical Pharmacology* 36(7): 559-572.
Guyton A.C., Hall J.E. 1997. *Human Physiology and Mechanisms of Disease*. 6th ed. Philadelphia, PA: W.B. Saunders Company: 588.
Hemila H. 1999. Vitamin C supplementation and common cold symptoms: factors affecting the magnitude of the benefit. *Medical Hypotheses* 52(2): 171-178.
Jacob S.W., Francone C.A., Lossow W.J. 1982. *Structure and Function in Man*. 5th ed. Philadelphia, PA: W.B. Saunders Company: 509.

King R.C. 1997. Acellular low-potassium dextran preserves pulmonary function after 48 hours of ischemia. *Annals of Thoracic Surgery* 64(3): 795-800.
Kodama M., et al. 1996. The value of the dehydroepiandrosterone-annexed vitamin C infusion treatment in the clinical control of chronic fatigue syndrome (CFS). II. Characterization of CFS patients with special reference to their response to a new vitamin C infusion treatment. *In Vivo* 10(6): 585-596.
Kone B.C. 1989. Cellular pathways of potassium transport in renal inner medullary collecting duct. *American Journal of Physiology* 256(4 Pt 1): C823-C830.
Kubova J., et al. 1993. The influence of ascorbic acid on selected parameters of cell immunity in guinea pigs exposed to cadmium. *Z Ernahrungswiss* 32(2): 113-120.
Lefavi R.G., Anderson R.A., Keith R.E., et al. 1992. Efficacy of chromium supplementation in athletes: emphasis on anabolism, review. *Int J Sport Nutr* 2(2): 111-122.
McCarty M.F. 1980. The therapeutic potential of glucose tolerance factor. *Med Hypotheses* 6(11): 1177-1189.
Mirsky N. 1993. Glucose tolerance factor reduces blood glucose and free fatty acids levels in diabetic rats. *J Inorg Biochem* 49(2): 123-128.
Penn N.D., et al. 1991. The effect of dietary supplementation with vitamins A, C and E on cell-mediated immune function in elderly long-stay patients: A randomized controlled trial. *Age and Aging* 20(3): 169-174.
Pitchford P. 1993. *Healing With Whole Foods*. Revised ed. Berkeley, CA: North Atlantic Books: 122.
Schrock H., Kuschinsky W. 1989. Consequences of chronic K⁺ depletion for the ionic composition of brain, heart, skeletal muscle and cerebrospinal fluid. *Mineral and Electrolyte Metabolism*. 15(3): 171-177.
Shils M.E., Young V.R. 1988. *Modern Nutrition in Health and Disease*. 7th ed. Philadelphia, PA: Lea & Febiger: 370-375.
Tver D.F., Russell P. 1989. *The Nutrition and Health Encyclopedia*. 2nd ed. New York, NY: Van Nostrand Reinhold: 366-368.
Urberg M., Zemel M.B. 1987. Evidence for synergism between chromium and nicotinic acid in the control of glucose tolerance in elderly humans. *Metabolism* 36(9): 896-899.
Westertep-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