PMS Nutritional Support* with BioResponse DIM®

DIM (diindolylmethane) has been shown to help regulate and promote a more efficient metabolism of estrogen, and an optimal ratio of estrogen metabolites.*

PMS Nutritional Support contains BioResponse DIM®, a unique formulation containing pure diindolylmethane, an indole. Indoles are plant compounds with health promoting properties, and are found in cruciferous vegetables such as broccoli, cabbage, cauliflower and Brussels sprouts.* The phytochemicals in cruciferous vegetables have been shown to beneficially affect the body's hormonal and detoxification systems, and epidemiological studies support the health benefits of consuming these vegetables.* DIM is a major active acid-catalyzed derivative of one of the phytochemicals in cruciferous vegetables, indole-3-carbinol (I3C). DIM is thought to be responsible for the health effects of dietary I3C.* PMS Nutritional Support contains a stable, bioavailable form of DIM, made possible through a proprietary delivery system. The formula is co-solubilized with phosphatidylcholine, and microencapsulated in starch particles.

PMS Nutritional Support is completed with the addition of Vitex standardized extract, bioactive vitamin B6 as pyridoxal-5-phosphate, chromium picolinate, and magnesium aspartate.



#54720 120 vegetarian capsules

Key Features

- Promotes healthy reproductive hormonal metabolism and balance*
- Helps promote the conversion of estrogen to its beneficial, protective 2-hydroxyestrone metabolites and reduces production of genotoxic 16α-hydroxyestrone*
- Stimulates detoxification enzyme systems*





Research over the past thirty years has determined that healthy estrogen metabolism is closely linked to several healthy parameters in men and women, particularly some involving the breast, uterus, prostate and other reproductive tissue.* Genetics, excess weight, poor diet and other lifestyle factors may result in an imbalance of estrogen metabolites. Xenoestrogenic compounds, such as organochlorine pesticides, can also significantly disrupt healthy estrogen metabolism.

These estrogen disruptors alter estradiol hydroxylation metabolism producing a higher ratio of the genotoxic 16a-hydroxyestrone (16a-OHE1) to the safer and weaker estrogenic 2-hydroxyestrone (2-OHE1).* The genotoxic 16α-OHE1 can potentially disrupt several normal cellular metabolic processes.* DIM promotes the conversion of estrogen to its beneficial, protective 2-hydroxyestrone metabolites and reduces production of genotoxic 16α-OHE1.* Modulating these aspects of estrogen metabolism, particularly the production of 16α-OHE1, may contribute to healthy aging.*

The mechanisms for DIM's health benefits primarily involve the induction of mixed function oxidases and phase II detoxification enzyme systems by the binding and activation of the arylhydrocarbon receptor (AhR).* Research using human breast cells (MCF-7) has shown that the binding of DIM to the aryl hydrocarbon receptor can result in rapid

Amount Per Serving	% Daily Value*	
Vitamin B6 (as Pyridoxal-5-Phosphate) Magnesium (as Magnesium Aspartate) Chromium (as Chromium Picolinate)	25 mg 50 mg 50 µg	1471% 12% 143%
BioResponse DIM® (A patented Diindolylme DIM (25% min.), vitamin E (as tocophersolophosphatidylcholine (sunflower), silica) Vitex agnus-castus (Berry) Extract		ex-starch,
(Standardized to 0.5% Agnusides)	75 mg	†
(Grandara. 200 io Grove in ignoraco)	, og	

microcrystalline cellulose, L-leucine.

Supplement Facts

Suggested Use: As a dietary supplement, 1 capsule two times daily with a meal, or as directed by a healthcare practitioner.

Precautions: Do not use this product if you are pregnant or lactating, or using birth control pills. Harmless changes in urine color may occur. Increased water consumption reverses this side effect.

BioResponse DIM® is a proprietary, enhanced bioavailability complex containing diindolylmethane licensed from BioResponse, L.L.C., Boulder, Colorado.*

formation of the nuclear AhR complex and consequent induction of gene expression and synthesis of cytochrome P450 detoxification enzyme (CyP450A1).* DIM consequently produces increased levels of the protective hydroxylated estrogen 2-OHE1.* Some have suggested that DIM may also positively affect cellular signaling pathways.* It is becoming increasingly apparent that DIM may provide an important mechanism for supporting successful aging despite the increasing levels of xenoestrogenic compounds in our modern world.*



The berries of the chaste tree (Vitex agnus-castus) have been used for millennia to support women's health.* Modern clinical studies confirm the potential for chasteberry to significantly support the health of women's reproductive system and healthy moods.* Vitamin B6 in the bioactive form of pyridoxal-5-phosphate (P5P) helps promote production of the calming neurotransmitters serotonin and gamma-aminobutyric acid (GABA).* It combines especially well with magnesium, which also supports vasodilation, helps relax muscles, and supports healthy moods.* Chromium supports healthy blood sugar levels and insulin sensitivity.*

Bell MC, et. al. Gynecol Oncol 2000;78:123-9 Berger D, et al. Arch Gynecol Obstet 2000;264:150-3. Bonnesen C, et. al.. Cancer Res 2001;61:6120-30. Chang YC, et al. Biochem Pharmacol 1999;58:825-34. Fujiki H, et al. Proc Soc Exp Biol Med 1999;220:225-8. Huddleston M, Jackson EA. J Fam Pract 2001;50:298. Kao YH, Hiipakka RA, Liao S. Endocrinology 2000;141:980-7. Liu J, et al. J Agric Food Chem 2001;49:2472-9. Loch EG, et. al. J Women Health Gend Based Med 2000;9:315-20. Schellenberg R. Bmj 2001;322:134-7. Shertzer HG, et. al. DrugMetabolDrug Interact 2000;17:159-88. Cheng TO. J Am Coll Cardiol. Apr 1998;31(5):1214. rg I.N. et al. BiochemPharmacol Nov1997:54(9):973-78. Ali M, et al. Prostaglandins Leukot Med. Apr1987;27(1):9-13.

gesaka-Mitane Y, et al. Chem Pharm Bull, (Tokyo). Mar1990;38(3):790-93. Agarwal R, et al. Adv Exp Med Biol. 1996;401:35-50. Agarwal K, et al. Adv Exp Med Biol. 1996;401:35-50.
Nakachi K, et al. Jn. J Cancer Res. Mar1998;89(3):254-61.
Nagata C, et al. Nutr Cancer. 1998;30(1):21-24.
Amann W. Ther Gegenew. 1965;104(9):1263-65.
Makwana HG, et al. Indian J Physiol Pharmacol. 1994;38(2):95-100.
Hillebrand H. Z Allgemeinmed. 1964;40(36):1577. Berger D, et al. Arch Gynecol Obstet. Nov2000;264(3):150-3. Schellenberg R. BMJ. Jan2001; 322:134-137. Propping D, et al. Therapiewoche. 1988;38:2992-3001. McGibbon D. CMAJ. 1989;141(11):1124-25. Jarry H, et al. Exp Clin Endocrinol. 1994;102(6):448-54. Misra AP, et al. Bioorg Med Chem. Nov 2001;9(11):2763-72.

McCarty MF, Med Hypotheses, 2000;54:803-7 Head KA. Altern Med Rev. 1997;2:12-25. Wyatt KM, et al. BMJ 1999;318:1375-81. Fathizadeh N, et al. Iran J Nurs Midwifery Res. 2010 Dec:15(Suppl 1):401-5.
Scahill SL J Prim Health Care. 2013 Sep 1;5(3):253.
Young G. BMJ Clin Evid. 2015 May 13;2015:1113.
Parazzini F, et al. Magnes Res. 2017 Feb 1;30(1):1-17.
Eby GA, Eby KL. Med Hypotheses. 2006;67(2):362-70.
Hoffman NJ, et al. J Nutr Biochem. 2014 May;25(5):565-72.
Feng W, et al. Biometals. 2018 Oct;31(5):891-908. Amr N, Abdel-Rahim HE. J Pediatr Adolesc Gynecol. 2015 Apr:28(2):114-8. Jamilian M. Asemi Z. Ann Nutr Metab. 2015;67(1):42-8.

NutriCology® | 2300 South Main Street, South Salt Lake, UT 84115 | 800.545.9960 | info@nutricology.com | www.nutricology.com