

WE EARN YOUR TRUST, ONE BOTTLE AT A TIME



InflamaSoothe Trio

RN Lab's InflamaSoothe Trio delivers a synergistic formulation that helps reduce oxidation, inflammation and pain, offering the potential to support a broad range of inflammatory health conditions.

- ✓ Synergistic blend of potent anti-inflammatory compounds
- ✓ Micronised and phytosomal forms ensure maximum clinical efficacy at lower doses
- ✓ Capable of targeting numerous types of chronic pain
- ✓ May help relieve muscle aches and joint pain/stiffness
- ✓ May reduce severity of menstrual cramps

Inflamasoothe Trio 60 capsules	AUST L 390938
Each Vegetarian Capsule Contains:	
Palmidrol (PEA)	150 mg
Casperome® Boswellia Phytosome®	125 mg
Contains Boswellia serrata gum ext.	42 mg
Equiv. to Boswellia serrata dry gum	378 mg
Equiv. Boswellic Acids	31 mg
Meriva® Curcumin Phytosome®	125 mg
Meriva® Curcumin Phytosome®	25 mg
Equiv. to Curcuma longa dry rhizome	4.13 g
Equiv. Curcuminoids	25 mg
Excipients: Leucine, Hypromellose (Capsule), Lecithin (Sunflower), Microcrystalline Cellulose, Calcium Hydrogen Phosphate Dihydrate, Colloidal Anhydrous Silica.	
Suitable for vegans.	



Research Highlights



IMPROVING JOINT FUNCTION

A three-month study of Curcumin Phytosome, showed a decrease in joint pain and improvement in joint function in 50 osteoarthritis (OA) patients. Since OA is a chronic condition requiring prolonged treatment, the long-term efficacy and safety of Curcumin Phytosome were investigated in a longer (eight month) study involving 100 OA patients.

Significant improvements of both the clinical and biochemical end points were observed for Curcumin Phytosome compared to the control group.

This, coupled with an excellent tolerability, suggests that Curcumin Phytosome is worth considering for the long-term complementary management of osteoarthritis.



IMPROVING OSTEOARTHRITIC PAIN

Osteoarthritis (OA) is one of the most common degenerative diseases of joints. Oral *Boswellia serrata* extracts, taken alone or in combination with other ingredients, appears to reduce pain and improve function in osteoarthritis.

Randomised, controlled trials in patients with knee osteoarthritis have shown a reduction in pain and improved function when compared with placebo (reduction in pain was first reported within 7 days of treatment). Providing further evidence on the efficacy of *Boswellia serrata* extract in the management of pain and inflammatory conditions.

IMPROVING NEUROPATHIC PAIN

Studies show that where there is pain, tissue inflammation and damage within the nervous system (and associated body organs), administration of PEA can be beneficial.

This is due to PEA's binding capacity to neuronal receptors to modulate neuropathic and chronic pain, as well as inhibiting inflammation.

A study conducted by Esposito & Cuzzocrea demonstrated that PEA was able to not only modulate pain, but also tissue injury associated with spinal cord trauma with significantly reduced spinal cord inflammation, and ameliorated recovery of motor function through repeated administration 30 minutes before and 1 and 6 hours after trauma occurred (showing both structural and metabolic benefits or pain and inflammation-related conditions).

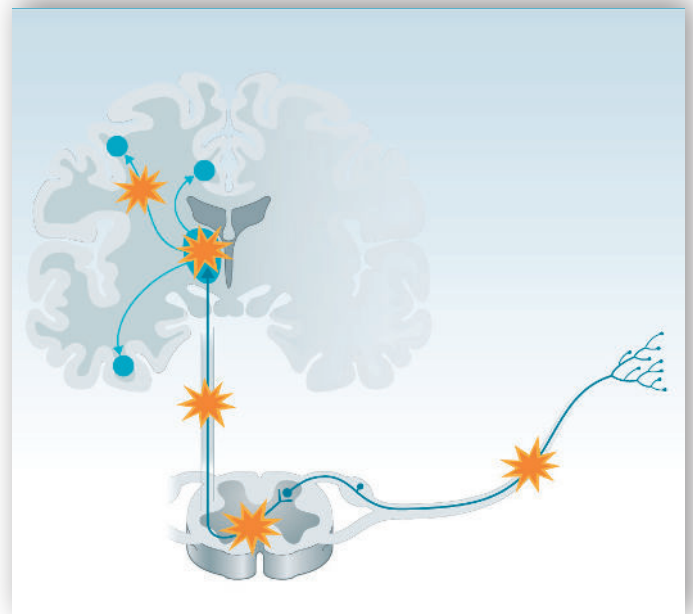


Image: Finnerup et al. (2019)

Research Highlights

RELIEVING MENSTRUAL CRAMPS

InflamaSoothe may be an effective consideration to include within the holistic treatment of those experiencing menstrual pain, and pre-menstrual symptoms.

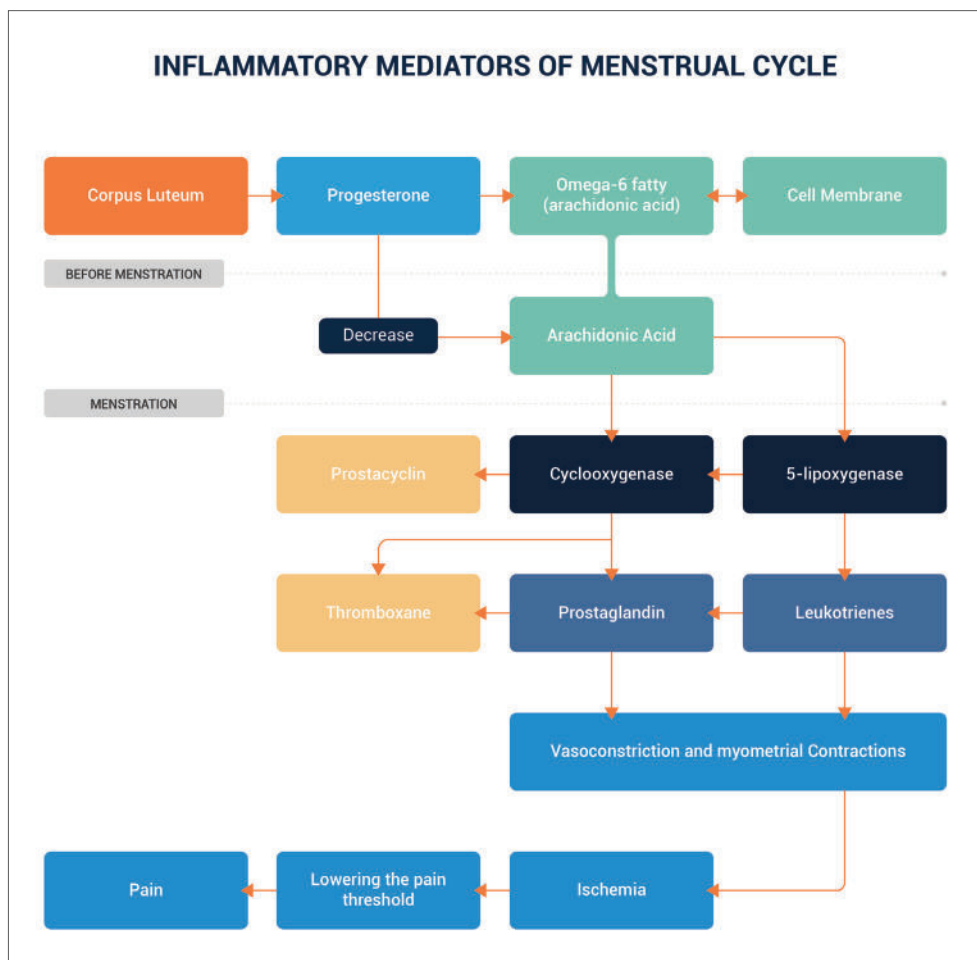
A study by Tabari and colleagues (2020) investigated the effects of a Curcumin (Turmeric) capsule on girls with dysmenorrhoea. At the end of the two month study, a significant improvement in both severity and duration of pain was recorded in the treatment group, when compared with the placebo group.

Altered luteal serum brain-derived neurotrophic factor (BDNF) may play a role in a set of symptoms of premenstrual syndrome (PMS). A study by Fanaei and colleagues (2016) determined that Curcumin enhanced serum BDNF levels, and also lowered the mean scores of PMS symptoms (mood, behavioural and physical symptoms).

An observational study by Gatti and colleagues (2012) aimed at assessing the safety and efficacy of palmitoylethanolamide (PEA) in reducing pain severity in patients with different pathological conditions.

Patients in the study were given 600mg of PEA twice daily for 3 weeks, and subsequently received a single daily dose for 4 weeks, in addition to both standard analgesic treatments or as a single therapy. The PEA was found to significantly decrease the mean pain intensity score. This effect was independent of the pain associated pathological condition, and was also present in patients without concomitant analgesic therapy.

Part of the anti-inflammatory mechanisms of Boswellia are thought to include inhibition of prostaglandins (Majeed, 2019), which may play a significant role in the pathophysiology of menstrual pain.



Flow chart adapted from: Barcikowski et al, 2020

Directions for Use

SUGGESTED USE

Adults take 1-4 capsules per day, with or without food.

TGA guidelines specify a maximum of 600mg of PEA per day (4 capsules) due to limitations in study data available.

However, practitioners retain the right to make dosing recommendations according to their own clinical judgement, knowledge of the case at hand, or their own further research. Some practitioners have used considerably more especially during intensive dosing periods.

GA guidelines specify a maximum dosing duration of 21 days due to limitations in study data available. However, PEA has a long history of being used by practitioners for extended periods.

STATEMENTS & WARNINGS

FOR PRACTITIONER DISPENSING ONLY.

This product is intended for adults only.

Avoid during pregnancy and lactation.

KNOWN SIDE EFFECTS

At typical doses Curcumin, PEA and Boswellia are generally well tolerated.

PURE & LOW SENSITIVITY

This product does NOT contain any wheat, gluten, dairy, lactose, egg, yeast, soy, artificial colours, artificial sweeteners, or artificial flavours.

This product also does not contain artificial preservatives, stearate lubricants and other commonly detrimental excipients.

Reference List

BOSWELLIA

- Yu et al. (2020), Effectiveness of Boswellia and Boswellia extract for osteoarthritis patients: a systematic review and meta-analysis. *BMC Complement Med Ther*;20(1):225.
- Sengupta et al. (2008), A double blind, randomized, placebo-controlled study of the efficacy and safety of 5-Loxin. *Arthritis Res Ther*;10:R85.
- Sengupta et al. (2010), Comparative efficacy and tolerability of 5-Loxin and Aflapin against osteoarthritis of the knee: a double blind, randomized, placebo controlled clinical study. *Int J Med Sci*;7:366-77.
- Vishal et al. (2011), A double-blind, randomized, placebo controlled clinical study evaluates the early efficacy of aflapin in subjects with osteoarthritis of knee. *Int J Med Sci*;8:615-22.
- Massolani et al. (2018), Oral administration of casperome®(Boswellia Phytosome®) for the treatment of central serous chorioretinopathy: a pilot study, *Minerva Oftalmologica*, 60(1), 1–5.
- Riva et al. (2017), A novel boswellic acids delivery form (Casperome®) in the management of musculoskeletal disorders: A review. *European Review for Medical and Pharmacological Sciences*, 21(22), 5258–5263.
- Riva et al. (2019), Oral administration of a lecithin-based delivery form of boswellic acids (Casperome®) for the prevention of symptoms of irritable bowel syndrome: A randomized clinical study. *Minerva Gastroenterologica e Dietologica*, 65(1), 30–35.
- Hüsch et al, (2013), Enhanced absorption of boswellic acids by a lecithin delivery form (Phytosome®) of Boswellia extract. *Fitoterapia*, 84(1), 89–98.
- Giacosa et al,(2020), Symptomatic uncomplicated diverticular disease management: An innovative food-grade formulation of Curcuma longa and Boswellia serrata extracts. *Drugs in Context*, 9(2), 1–12
- Giacosa et al, (2022), Positive Effects of a Lecithin-Based Delivery Form of Boswellia serrata Extract in Acute Diarrhea of Adult Subjects. *Nutrients*, 14(9), 1–10.
- Sengupta et al, (2008), A double blind, randomized, placebo controlled study of the efficacy and safety of 5-Loxin for treatment of osteoarthritis of the knee. *Arthritis research & therapy*, 10(4), R85.
- Majeed et al, (2019), A pilot, randomized, double-blind, placebo-controlled trial to assess the safety and efficacy of a novel Boswellia serrata extract in the management of osteoarthritis of the knee. *Phytotherapy Research*, 33(5), 1457–1468.
- Karlapudi et al, (2022), Efficacy and Safety of Aflapin®, a Novel Boswellia Serrata Extract, in the Treatment of Osteoarthritis of the Knee: A Short-Term 30-Day Randomized, Double-Blind, Placebo-Controlled Clinical Study. *Journal of the American Nutrition Association*, 1–10. Advance online publication.
- Sherif et al, (2019), Role of Boswellic Acid in the Treatment of Peptic Ulcer Disease. *Al-Azhar Journal of Pharmaceutical Sciences*, 60(2), 122–145.
- Gao et al, (2020), A brief review of nutraceutical ingredients in gastrointestinal disorders: Evidence and suggestions. *International Journal of Molecular Sciences*, 21(5).
- Gomaa et al, (2021), Boswellic acids/Boswellia serrata extract as a potential COVID-19 therapeutic agent in the elderly. *Inflammopharmacology*, 29(4), 1033–1048.
- Haroyan et al, (2018), Efficacy and safety of curcumin and its combination with boswellic acid in osteoarthritis: A comparative, randomized, double-blind, placebo-controlled study. *BMC Complementary and Alternative Medicine*, 18(1), 1–16.
- Siddiqui et al. (2011), Boswellia serrata, a potential antiinflammatory agent: an overview. *Indian journal of pharmaceutical sciences*, 73(3), 255–261
- Chilelli et al, (2016), Curcumin and Boswellia serrata Modulate the Glyco-

Oxidative Status and Lipo-Oxidation in Master Athletes. *Nutrients*, 8(11), 745.

Madisch et al, (2007), Boswellia serrata extract for the treatment of collagenous colitis. A double-blind, randomized, placebo-controlled, multicenter trial. *International journal of colorectal disease*, 22(12), 1445–1451.

Belcaro et al (2017), Supplementation with a lecithin-based delivery form of Boswellia serrata extract (Casperome®) controls symptoms of mild irritable bowel syndrome. *European Review for Medical and Pharmacological Sciences*, 21(9), 2249–2254.

Barcikowska, et al. (2020). Inflammatory Markers in Dysmenorrhea and Therapeutic Options. *International journal of environmental research and public health*, 17(4), 1191.

CURCUMIN

Belcaro et al, (2010), Efficacy and Safety of Meriva®, a Curcumin-phosphatidylcholine Complex, during Extended Administration in Osteoarthritis Patients , *Alternative Medicine Review*, vol. 15, no. 4, pp. 337-44.

Yu et al, (2015), Chronic Supplementation of Curcumin Enhances the Efficacy of Antidepressants in Major Depressive Disorder: A Randomized, Double-Blind, Placebo-Controlled Pilot Study, *Journal of Clinical Psychopharmacology*, vol. 35, no. 4, pp. 406-10

Kim et al, (2018), Chondroprotective effect of curcumin and lecithin complex in human chondrocytes stimulated by IL-1 via an anti-inflammatory mechanism, *Food Science and Biotechnology*, vol. 28, no. 2, pp. 547-553

Cuomo et al.(2011), Comparative absorption of a standardized curcuminoid mixture and its lecithin formulation, *Journal of Natural Products*, vol. 74, no. 4, pp. 664-669

Afshar et al, (2020), The Effects of Nano-curcumin Supplementation on Serum Level of hs-CRP, Adhesion Molecules, and Lipid Profiles in Hemodialysis Patients, A Randomized Controlled Clinical Trial, *Iran Journal of Kidney Diseases*, vol. 14, no. 1, pp. 52-61

Pivari et al, (2022), Curcumin Supplementation (Meriva ®) Modulates Inflammation, Lipid Peroxidation and Gut Microbiota Composition in Chronic Kidney Disease, *Nutrients*, vol. 14, no. 1, pp. 231

Usharani et al, (2008), Effect of NCB-02, atorvastatin and placebo on endothelial function, oxidative stress and inflammatory markers in patients with type 2 diabetes mellitus: a randomized, parallel-group, placebo-controlled, 8-week study, *Drugs in R&D*, vol. 9, no. 4, pp. 243-50

Itthipanichpong et al. (2003), Antispasmodic effects of curcuminoids on isolated guinea-pig ileum and rat uterus, *Journal of the Medical Association of Thailand*, vol. 86, no. 2, pp. 299-309.

Aldini et al, (2012), Curcuma longa extract exerts a myorelaxant effect on the ileum and colon in a mouse experimental colitis model, independent of the anti-inflammatory effect., *PLoS One*, vol. 7, no. 9, pp. 1-12.

Appendino et al, (2003), Potential role of curcumin phytosome (Meriva) in controlling the evolution of diabetic microangiopathy. A pilot study, *Panminerva Medica*, vol. 53, no. 3, pp. 43-9

Togni et al, (2020), Oral curcumin (Meriva®) reduces symptoms and recurrence rates in subjects with atopic dermatitis, *Dermatological Experiences*, vol. 2, no. 2-4, pp. 42-46

Belcaro et al, (2018), Phytoproflex®: supplementary management of osteoarthritis: a supplement registry, *Minerva Medica*, vol. 109, no. 2, pp. 88-94

Amalraj et al, (2020), The Effects of Bioavailable Curcumin (Cureit) on Delayed Onset Muscle Soreness Induced By Eccentric Continuous Exercise: A Randomized, Placebo-Controlled, Double-Blind Clinical Study, *Journal of Medicinal Food*, vol. 23, no. 5, pp. 545-55

Reference List (continued)

- Suhett et al. (2016), Effects of curcumin supplementation on sport and physical exercise: a systematic review, *Critical Reviews in Food Science and Nutrition*, vol. 61, no. 6, pp. 946-958
- Salehi et al. (2021), The Effects of Curcumin Supplementation on Muscle Damage, Oxidative Stress, and Inflammatory Markers in Healthy Females with Moderate Physical Activity: A Randomized, Double-Blind, Placebo-Controlled Clinical Trial, *International Journal of Preventive Medicine*, vol. 12, pp. 94
- Gupta et al. (2019), Evaluation of the efficacy and safety of Capsule Longvida® Optimized Curcumin (solid lipid curcumin particles) in knee osteoarthritis: a pilot clinical study, *Journal of Inflammation Research*, vol. 12, pp. 145-152
- Paultre et al. (2021), Therapeutic effects of turmeric or curcumin extract on pain and function for individuals with knee osteoarthritis: a systematic review, *BMJ Open Sport & Exercise Medicine*, vol. 7, no. 1, pp. e009035
- Mahmoodi-hamidabad et al. (2018), The Effect of Curcumin Acute Supplementation on Total Antioxidant Capacity (TAC), and Selected Markers of Delayed Onset Muscle Soreness (DOMS) after a Bout of Intensive Eccentric Exercise, *Journal of Applied Exercise Physiology*, vol. 13, no. 26, pp. 115-124
- Samadi et al. (2019), Effect of one and five-day curcumin consumption on muscle damage indices after an eccentric exercise session in untrained young men, *Journal of Military Medicine*, vol. 21, no. 2, pp. 123-130
- Fernandez-Lazaro et al. (2020), Modulation of Exercise-Induced Muscle Damage, Inflammation, and Oxidative Markers by Curcumin Supplementation in a Physically Active Population: A Systematic Review, *Nutrients*, vol. 12, no. 2, pp. 501
- Basham et al. (2018), Effect of Curcumin Supplementation on Exercise-Induced Oxidative Stress, Inflammation, and Muscle Damage, *Theses & Dissertations*, 1650, :
- Drobnic et al. (2014), Reduction of delayed onset muscle soreness by a novel curcumin delivery system (Meriva®): a randomised, placebo-controlled trial, *Journal of the International Society of Sports Medicine*, vol. 11, pp. 31
- Ahmadzadeh et al. (2021), The effect of 8 weeks of curcumin supplementation consumption on muscle injury and inflammatory response following an acute strength activity in male futsal players, *Journal of Kasham University of Medical Sciences*, vol. 25, no. 1, pp. 743-751
- Tabari et al. (2020), An Investigation of the Effect of Curcumin (Turmeric) Capsule on the Severity and Duration of Dysmenorrhea in Students of Iran University of Medical Sciences. *Journal of Evolution of Medical & Dental Sciences*, vol. 9, no. 46
- Fanaei et al. (2016), Effect of curcumin on serum brain-derived neurotrophic factor levels in women with premenstrual syndrome: A randomized, double-blind, placebo-controlled trial, *Neuropeptides*, vol. 56, pp. 25-31
- Khayat et al. (2015), Curcumin attenuates severity of premenstrual syndrome symptoms: A randomized, double-blind, placebo-controlled trial, *Complementary Therapies in Medicine*, vol. 23, no. 3, pp. 318-324
- Soleimani et al. (2021), Study of the effect of curcumin in patients with primary dysmenorrhea, *Tabriz University of Medical Sciences*
- Larmonier et al. (2011), Modulation of neutrophil motility by curcumin: implications for inflammatory bowel disease, *Inflammatory Bowel Diseases*, vol. 17, no. 2, pp. 503-515
- Ghosh et al. (2018), Curcumin-mediated regulation of intestinal barrier function: The mechanism underlying its beneficial effects, *Tissue Barriers*, vol. 6, no. 1, pp. e1425085
- Cho et al. (2015), Curcumin utilizes the anti-inflammatory response pathway to protect the intestine against bacterial invasion, *Nutrition Research and Practice*, vol. 9, no. 2, pp. 117-122
- Epstein et al. (2010), Curcumin suppresses p38 mitogen-activated protein kinase activation, reduces IL-1beta and matrix metalloproteinase-3 and enhances IL-10 in the mucosa of children and adults with inflammatory bowel disease, *The British Journal of Nutrition*, vol. 103, no. 6, pp. 824-832
- Giacosa et al. (2022), Beneficial Effects on Abdominal Bloating with an Innovative Food-Grade Formulation of Curcuma longa and Boswellia serrata Extracts in Subjects with Irritable Bowel Syndrome and Small Bowel Dysbiosis, *Nutrients*, vol. 14, no. 3, pp. 416
- Ng et al. (2018), A Meta-Analysis of the Clinical Use of Curcumin for Irritable Bowel Syndrome (IBS), *Journal of Clinical Medicine*, vol. 7, no. 10, pp. 298
- Fallahi et al. (2021), Curcumin and inflammatory bowel diseases: From in vitro studies to clinical trials, *Molecular Immunology*, vol. 130, pp. 20-30
- Karthikeyan et al. (2021), Curcumin and Its Modified Formulations on Inflammatory Bowel Disease (IBD): The Story So Far and Future Outlook, *Pharmaceutics*, vol. 13, pp. 484

PEA

Impellizzeri et al. (2014), 'Micronized/ultramicrozoned palmitoylethanolamide displays superior oral efficacy compared to nonmicronized palmitoylethanolamide in rat model of inflammatory pain', *Journal of Neuroinflammation*, vol. 11, 136.

Ghazizadeh-Hashemi et al. (2018). Palmitoylethanolamide as adjunctive therapy in major depressive disorder: A double-blind, randomized and placebo-controlled trial. *Journal of Affective Disorders*, 232, 127-133.

Marini et al.(2012). Palmitoylethanolamide Versus a Nonsteroidal Anti-Inflammatory Drug in the Treatment of Temporomandibular Joint Inflammatory Pain. In *J OROFAC PAIN* (Vol. 26).

Colizzi et al. (2021), Palmitoylethanolamide and Its Biobehavioral Correlates in Autism Spectrum Disorder: A Systematic Review of Human and Animal Evidence, *Nutrients*, vol. 13, no. 4, pp. 1346

Steels et al. (2019), A double-blind randomized placebo controlled study assessing safety, tolerability and efficacy of palmitoylethanolamide for symptoms of knee osteoarthritis, *Inflammopharmacology*, vol. 27, no. 3, pp. 475-485

Ghaffouri et al. (2011), High levels of N-palmitoylethanolamide and N-stearoylethanolamide in microdialysate samples from myalgic trapezius muscle in women, *PLoS*, vol. 6, no. 11, pp. e27257

Mallard et al. (2020), The Effect of Orally Dosed Levagen™ (palmitoylethanolamide) on Exercise Recovery in Healthy Males-A Double-Blind, Randomized, Placebo-Controlled Study, *Nutrients*, vol. 12, no. 3, pp. 596

Ghaffouri et al. (2013), Palmitoylethanolamide and stearoylethanolamide levels in the interstitium of the trapezius muscle of women with chronic widespread pain and chronic neck-shoulder pain correlate with pain intensity and sensitivity, *Pain*, vol. 159, no. 9, pp. 1649-1658

Hesselink et al. (2015), Palmitoylethanolamide, a nutraceutical, in nerve compression syndromes: efficacy and safety in sciatic pain and carpal tunnel syndrome, *Journal of Pain Research*, vol. 8, pp. 729-734

Gatti et al. (2012), Palmitoylethanolamide in the treatment of chronic pain caused by different etiopathogenesis, *Pain Medicine*, vol. 13, no. 9, pp. 1121-1130

Cervigni et al. (2019), Micronized Palmitoylethanolamide-Polydatin Reduces the Painful Symptomatology in Patients with Interstitial Cystitis/Bladder Pain Syndrome, *BioMed Research International*, vol. 2019, pp. 1-6

Finnerup et al. (2019), Neuropathic Pain: From Mechanisms to Treatment. *Physiological reviews*, 101(1), 259-301.



WE CARE ABOUT YOUR PATIENTS.

RN Labs deliver premium-grade, strictly clinician-only supplements, formulated for everyone, even your most sensitive patients. All our product labels provide full-label transparency - listing all excipients - so you can be confident that you are giving your patient a pure, high quality product that you and your patient can rely on.



01

UNPARALLELED PURITY STANDARDS

We only select ingredients from suppliers that can guarantee purity, proven by testing. Our quality standards are adhered to and continuously measured to maintain manufacturing excellence. We have always voluntarily provided full label transparency – meaning everything in the bottle is listed on the label.



02

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.



03

CLINICAL VALIDATION

RN Labs products define the highest level of purity, quality and innovation. RN Labs will always select the most scientifically validated forms of nutrients for their intended purposes. Premium quality nutrients enhance biological activity and utility, and may reduce potential digestive or metabolic burdens.



04

UNCOMPROMISING INTEGRITY

We are committed to improving client outcomes. RN Labs products are designed to individualise treatment needs. We believe in a holistic and targeted approach to healthcare, that supports the unique expression of health and vitality in each individual.





LEADERS IN NUTRITIONAL MEDICINE