

Adrenal *Desiccated*

Promotes Endocrine Health and Normal Cellular Function

The use of glandular therapy, in which specific animal organ and gland tissues are ingested for the concentrated nutrients present in them, enjoys a long history of use across a variety of cultures. The basic premise in glandular therapy is that glands from animals will have a healthy effect on the same glands in humans. Glandular therapy helps organs maintain a healthy state. Bovine adrenal is combined with carrot powder in Adrenal Desiccated to provide concentrated nutrients that are especially supportive to their parallel tissues in the human body. Carrot powder provides concentrated antioxidants and vitamins, including vitamins A and C. The vitamins and minerals contained in Adrenal Desiccated enable enzymes and hormones to function properly, contributing to the healthy maintenance of the adrenal, nervous, endocrine, and immune functions, as well as other control functions for the body.†

How Adrenal *Desiccated* Keeps You Healthy

Keeps your cardiovascular system healthy

Carrots provide silicon and several other nutrients that help keep the cardiovascular system healthy. Carrots also provide fiber to promote gastrointestinal health.†

Promotes healthy cellular function

Bovine adrenal helps support the endocrine system, promoting the health of several physiological functions throughout the body. Bovine adrenal provides the complete amino acid content for rebuilding proteins involved in the adrenal gland. Silicon found in carrots is essential for construction of connective tissue throughout the body.†

Supports immune function

Carrots contain important antioxidants and nutrients that aid and stimulate the immune system. The antioxidants contained in carrots, like beta carotene and chlorogenic acid, help protect the body from free radicals. Silicon counteracts the effects of aluminum and also stimulates immune function.†



Introduced in 1959



Content:

90 tablets

Suggested Use: Two tablets per day, or as directed.

Supplement Facts:

Serving Size: 2 tablets

Servings per Container: 45

	Amount per Serving	%DV
Calories	3	
Calcium	20 mg	2%

Proprietary Blend: 434 mg

Bovine adrenal and carrot (root).

Other Ingredients: Calcium lactate, honey, arabic gum, and calcium stearate.

Two tablets supply approximately: 260 mg bovine adrenal.

Sold through health care professionals.

Please copy for your patients.

GF This product contains less than 10 parts per million of gluten per serving size or less than 20 parts per million per the suggested use listed on each product label.

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



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Adrenal *Desiccated*

What Makes Adrenal *Desiccated* Unique

Product Attributes

Contains vitamins and minerals from bovine adrenal and carrot root

- › Enables enzyme systems and hormones to function properly—contributing to the healthy maintenance of adrenal, nervous, endocrine, and immune functions†

Contains carrots

- › Provides the antioxidant beta-carotene
- › Supplies several other important antioxidants that protect the body from harmful free radicals†

Whole desiccated products provide optimum nutrient activity

- › To support the general healthy functioning of the adrenal glands and the important roles they play in the proper function of many other organ systems†

Multiple nutrients from a variety of plant and animal sources

- › Bovine adrenal 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†

Manufacturing and Quality-Control Processes

Low-temperature, high-vacuum drying technique

- › Preserves the enzymatic vitality and nutritional potential of ingredients

Not disassociated into isolated components

- › The nutrients in Adrenal *Desiccated* are processed to remain intact, complete nutritional compounds

Degreed microbiologists and chemists in our on-site laboratories continually 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

Our founder, Dr. Royal 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 isolated nutrients. Following this philosophy, even a small amount of a whole food concentrate will offer enhanced nutritional support, compared to an isolated or fractionated vitamin. Therefore, one should examine the source of nutrients rather than looking at the quantities of individual nutrients on product labels.

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 Adrenal Desiccated](#).

Abdusalam M.A., et al. 1999. Retinol, alpha-tocopherol and carotenoids in diabetes. *Eur J Clin Nutr* 53(9): 630-635.

Balch J.F., Balch P.A. 1997. *Prescription for Nutritional Healing*, 2nd ed. Garden City Park, NY: Avery Publishing Group; 28.

Bishayee A., et al. 1995. Hepatoprotective activity of carrot (*Daucus carota L.*) against carbon tetrachloride intoxication in mouse liver. *J Ethnopharmacol* 47(2): 69-74.

Comstock G.W., et al. 1998. Serum levels of retinol, beta-carotene, and alpha-tocopherol in older adults. *Am J Epidemiol* 127(1): 114-123.

Decarli A., et al. 1987. Vitamin A and other dietary factors in the etiology of esophageal cancer. *Nutr Cancer* 10(1-2): 29-37.

de Vries N., et al. 1990. Relationships of vitamins A and E and beta-carotene serum levels to head and neck cancer patients with and without second primary tumors. *Eur Arch Otorhinolaryngol* 247(6): 368-370.

Fioretti F., et al. 1999. Risk factors for oral and pharyngeal cancer in never smokers. *Oral Oncol* 35(4): 375-378.

Fukao A., et al. 1996. The independent association of smoking and drinking with serum beta-carotene levels among males in Miyagi, Japan. *Int J Epidemiol* 25(2): 300-306.

Geerling B.J., et al. 1999. The relation between antioxidant status and alterations in fatty acid profile in patients with Crohn disease and controls. *Scand J Gastroenterol* 34(11): 1108-1116.

Grievink L., et al. 2000. A case-control study of plasma antioxidant (pro-)vitamins in relation to respiratory symptoms in non-smokers. *Epidemiology* 11(1): 59-63.

Harris R.W., et al. 1986. Cancer of the cervix uteri and vitamin A. *Br J Cancer* 53(6): 653-659.

Hayes R.B., et al. 1988. Serum retinol and prostate cancer. *Cancer* 62(9): 2021-2026.

He Y., et al. 1997. Effects of carotenoid-rich food extracts on the development of preneoplastic lesions in rat liver and on *in vivo* and *in vitro* antioxidant status. *Nutr Cancer* 27(3): 238-244.

Heinonen P.K., et al. 1987. Serum vitamins A and E and carotene in patients with gynecologic cancer. *Arch Gynecol Obstet* 241: 151-156.

Hong W.K. 1999. Chemoprevention of lung cancer. *Oncology* 13(10 Suppl 5): 135-141.

Jarvinen P., et al. 1993. Dietary determinants of serum beta-carotene and serum retinol. *Eur J Clin Nutr* 47(1): 31-41.

Katsouyian K., et al. 1986. Diet and breast cancer: a case-control study in Greece. *Int J Cancer* 38(6): 815-820.

Khuri F.R., et al. 1997. Molecular epidemiology and retinoid chemoprevention of head and neck cancer. *J Natl Cancer Inst* 89(3): 199-211.

Kritchevsky S.B. 2000. Beta-carotene, carotenoids and the prevention of coronary heart disease. *J Nutr* 130(Suppl): 5-8.

Longnecker M.P., et al. 1997. Intake of carrots, spinach, and supplements containing vitamin A in relation to risk of breast cancer. *Cancer Epidemiol Biomarkers Prev* 6(11): 887-892.

Majumder P.K., et al. 1997. Anti-steroidogenic activity of the petroleum ether extract and fraction 5 (fatty acids) of carrot (*Daucus carota L.*) seeds in mouse ovary. *J Ethnopharmacol* 57(3): 209-212.

Mettlin C., et al. 1979. Dietary risk factors in human bladder cancer. *Am J Epidemiol* 110(3): 255-263.

Mirkin G. *Health benefits in food, not supplements*. Report 6553. Online. www.medicatalk.com. 10 July 1995.

Muscat J.E., et al. 1996. Dietary intake and the risk of malignant mesothelioma. *Br J Cancer* 73(9): 1122-1125.

Nyberg F., et al. 1998. Dietary factors and risk of lung cancer in never-smokers. *Int J Cancer* 78(4): 430-436.

Omene J.A., et al. 1996. Serum beta-carotene deficiency in HIV-infected children. *J Natl Med Assoc* 88(12): 789-793.

Parazzini F., et al. 1986. Dietary factors and risk of trophoblastic disease. *Am J Obstet Gynecol* 158(1): 83-89.

Parazzini F., et al. 1995. Selected food intake and risk of vulvar cancer. *Cancer* 76(11): 2291-2296.

Pool-Zobel B.L., et al. 1997. Consumption of vegetables reduces genetic damage in humans: first results of a human intervention trial with carotenoid-rich foods. *Carcinogenesis* 18(9): 1847-1850.

Riedler A., et al. 1983. Delay of diethylnitrosamine-induced hepatoma in rats by carrot feeding. *Oncology* 40(2): 120-123.

Rosengren A., et al. 1999. Coronary risk factors, diet and vitamins as possible explanatory factors of the Swedish north-south gradient in coronary disease: a comparison between two MONICA centres. *J Intern Med* 246(6): 577-586.

Spitzer F.E., et al. 1999. Prospective study of smoking, antioxidant intake, and lung cancer in middle-aged women (USA). *Cancer Causes Control* 10(5): 475-482.

Strauss R.S. 1999. Comparison of serum concentrations of alpha-tocopherol and beta-carotene in a cross-sectional sample of obese and nonobese children (NHANES III). National Health and Nutrition Examination Survey. *J Pediatr* 134(2): 160-165.

Tavani A., et al. 1997. Diet and risk of lymphoid neoplasms and soft tissue sarcomas. *Nutr Cancer* 27(3): 256-260.

Tavani A., et al. 1999. Beta-carotene and risk of coronary heart disease. A review of observational and intervention studies. *Biomed Pharmacother* 53(9): 409-416.

Tavani A., et al. 1999. Risk factors for breast cancer in women under 40 years. *Eur J Cancer* 35(9): 1361-1367.

Wald N.J., et al. 1998. Plasma retinol, beta-carotene and vitamin E levels in relation to the future risk of breast cancer. *Br J Cancer* 57(2): 235.

