

GABA^{no}l



RECOMMENDED USE

- *Helps to temporarily promote relaxation*
- *Helps in wound healing*
- *Source of an amino acid involved in muscle protein synthesis*

MUSCULOSKELETAL HEALTH

GABA^{no}l provides a combination of gamma-aminobutyric acid (GABA) to temporarily promote muscle relaxation and glycine to support muscle protein synthesis. Together with magnesium, vitamin B6 and dong quai, GABA^{no}l serves as an excellent alternative to L-theanine-based products. One capsule of GABA^{no}l includes 125 mg GABA, 112.5 mg glycine, 50 mg of magnesium and 75 mg dong quai.

Overview

GABA, the chief inhibitory neurotransmitter in the central nervous system, plays a key role in regulating muscle excitability. GABA acts as a relaxant for nerve impulses, controlling muscle contractions. GABA also supports the brain, preventing messages that trigger muscle spasms from reaching motor centers of the brain by occupying their receptor sites.

GABA

GABA itself is the primary inhibitory neurotransmitter in the brain and regulates other neurotransmissions to prevent overstimulation. A randomized, single-blind, placebo-controlled, crossover-designed study found that, among 63 adults given capsules containing 100 mg of GABA or a placebo, those who had taken GABA experienced diminished alpha-band and beta-band brain waves compared with placebo.¹

Glycine

Glycine is a source of an amino acid involved in muscle protein synthesis. Elevated amounts are found in the muscles, skin and other connective tissues. Glycine has been found to help inhibit the deterioration of valuable protein tissue that forms muscle and boosts muscle recovery.^{2,3}

Magnesium

Magnesium is an abundant mineral in the body and is found naturally in many foods, like green leafy vegetables. It is also found in over-the-counter medications, such as laxatives. According to the 2012 survey, more than 34% of Canadians over age 19 consumed magnesium in quantities below the Estimated Average Requirement (EAR), with the prevalence of inadequate intakes rising to greater than 40% in half the adult age and sex groups.⁴ Intracellular magnesium levels are decreased by excessive intake of alcohol, salt, coffee, phosphoric acid found in sodas, diets high in calcium and high stress levels.⁵ Because of the widespread nature of magnesium deficiencies, adequate daily intake of magnesium is critical for proper hydration, maintenance of proper muscle function and optimal bone mineral density.^{6,7}

Medicinal Ingredients (per 1 capsule)

Vitamin C (Ascorbic acid USP)	20 mg
Vitamin B6 (Pyridoxine hydrochloride USP)	25 mg
Magnesium (Dimagnesium malate) (Albion™ Minerals)	50 mg
GABA (gamma-Aminobutyric acid)	125 mg
Glycine USP	112.5 mg
Dong quai (<i>Angelica sinensis</i> , Root)	75 mg (10:1, QCE 750 mg)

Non-Medicinal Ingredients

Hypromellose, Microcrystalline cellulose, Magnesium stearate, Stearic acid, Silicon dioxide.

Recommended Dose

Adults: Take 2 capsules 2 times per day. Avoid prolonged exposure to sunlight, ultraviolet light (UV) or UV therapy. Consult a health care practitioner for use beyond 4 weeks.

Risk Information

Consult a health care practitioner prior to use if you are taking birth control pills, hormone replacement therapy (HRT), or blood thinners (anti-coagulants), or if you are breastfeeding. Stop use and consult a health care practitioner if menstruation is delayed or absent, or if you experience increased menstrual bleeding time. Consult a health care practitioner if symptoms persist or worsen. Do not use with alcohol or if you are pregnant or if you have hypermenorrhea/profuse menstrual flow/heavy periods or if you have diarrhea or hemorrhagic diseases. Stop use and consult a health care practitioner if you experience breast pain, discomfort and/or tenderness.

To be sure this product is right for you always read and follow the label.

References

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6. Ryder KM, Shorr RI, Bush AJ, Kritchevsky SB, Harris T, Stone K, Cauley J, Tylavsky FA. Magnesium intake from food and supplements is associated with bone mineral density in healthy older white subjects. *J AM Geriatr Soc* 2005; 53(11):1875-80.
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