



Formula 24

OCP SUPPORT FORMULA

A well-balanced blend of synergistic amino acids, vitamins and minerals to support hormone health while on birth control.

AT A GLANCE

Women taking hormonal contraceptives are at risk for mineral depletion due to the impact that these exogenous hormonal medications have on gastric function and liver health.

While on hormonal contraceptive medications, including a pill, injections, transdermal, intrauterine or patch, a negative feedback loop to the brain is established informing the body that there is plenty of hormone, and therefore no additional hormone from the ovaries should be produced[1]. This suppresses follicular development and prevents ovulation – and subsequently unwanted pregnancy. However, there are risks associated with contraceptive therapies as well, including heart disease and stroke risk[2], migraine headaches[3], increased risk for gallbladder disease[4], decreased libido [5], increased risk for depression [6], increased risk for microbial changes in the gut[7], and an increased risk for breast and ovarian cancer[8][9][10][11]

Our formulation is designed specifically with women who are currently on, or recently off hormonal contraceptives, geared at supporting their vitamin and mineral status, supporting their liver, GI and gallbladder health, supporting their mood and replacing critical antioxidants necessary to maintain cellular and mitochondrial health ongoing. We are mindful not to add any cofactors or nutrients that would interfere with the effectiveness of the birth control, making this product safe for use while on a hormonal contraceptive product.



KEY BENEFITS



Restores vital nutrients while on hormonal contraceptive pills



Supports healthy ovarian and adrenal tissue



Improves gastric function and liver health without impacting the effectiveness or clearance of hormonal contraceptives

FORMULA ANALYSIS

Mineral deficiencies

The use of oral contraceptives has been linked to mineral deficiencies, including magnesium and zinc. A systematic review found a decrease in zinc, selenium, phosphorus, and magnesium levels in women taking oral contraceptives.[12]

Vitamin deficiencies

There is a strong association with the use of hormone contraceptives, especially oral and subcutaneous methods, and link to vitamin B12, vitamin B6 and folate deficiency. Vitamin C and Vitamin E are also depletions noted that increase concern, especially if a woman does not have an optimal diet.[13][14][15]

Antioxidant blend

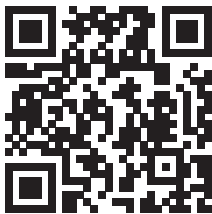
Antioxidants like vitamin C, vitamin E and selenium are depleted when a woman takes birth control. Researchers have found that women on birth control have a higher rate of free radical production, in part due to the higher synthetic hormone burden to their routes of detox, as well as to the depletion of such critical free radical scavengers.[16]

L-theanine

Hormonal contraceptives have been linked to increased risk for mood disorders, including depression and anxiety. L-theanine is an amino acid commonly found in green tea, known for its calming effects and ability to support mood. When considering L-theanine supplementation while on birth control, it's important to note that there is currently no direct evidence suggesting significant interactions between L-theanine and hormonal contraceptives. L-theanine can help reduce stress and anxiety, potentially alleviating mood swings that some individuals experience while on birth control.[17]

Meet Optimize

Products blended to support alignment to our HPA axis. Optimizing our circadian activity and adrenal balance.



Scan to view all formulas.

SUPPLEMENT FACTS

Serving Size 3 Capsules
Servings Per Container 60

Amount Per Serving	% Daily Value	
Vitamin C (as ascorbic acid)	125 mg	139%
Vitamin E (mixed tocopherols)	50 mg	333%
Thiamin (as thiamin hydrochloride)	10 mg	833%
Riboflavin (as riboflavin 5-phosphate)	10 mg	769%
Vitamin B ₆ (as pyridoxal-5-phosphate)	7.5 mg	441%
Folate (as calcium l-5-methyltetrahydrofolate)	200 mcg	50%
Vitamin B ₁₂ (as hydroxocobalamin)	125 mcg	5208%
Biotin (Vitamin B ₇)	250 mcg	833%
Calcium (as calcium citrate tetrahydrate)	200 mg	15%
Magnesium (as 50% magnesium malate and 50% magnesium glycinate)	100 mg	24%
Zinc (as zinc picolinate)	3.5 mg	32%
Selenium (as L-Selenomethionine)	50 mcg	91%
Copper (as copper citrate)	0.5 mg	56%
L-theanine (Suntheanine®)	50 mg	†
Papain (from papaya) powder (30,000 PU/MG (500 TU/mg))	2960TU	†

† Daily Value not established

Other ingredients: Vegetable capsule (hypromellose), microcrystalline cellulose, magnesium stearate and silicon dioxide.

SUGGESTED USE

Take 3 capsules 2 times a day with a meal or as directed by your healthcare practitioner.

CAUTION: Do not use if pregnant or nursing. Consult your physician before use if you have a medical condition, or taking any medication. Do not use product if the safety seal is broken or damaged. Keep out of reach of children.

MADE WITHOUT

Wheat or soy.

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

REFERENCES

1. Liao PV, Dollin J. Half a century of the oral contraceptive pill: historical review and view to the future. *Can Fam Physician*. 2012 Dec;58(12):e757-60.
2. Rahhal, A., Khir, F., Adam, M. et al. Low dose combined oral contraceptives induced thrombotic anterior wall myocardial infarction: a case report. *BMC Cardiovasc Disord* 20, 182 (2020).
3. Serfaty D. Update on the contraceptive contraindications. *J Gynecol Obstet Hum Reprod*. 2019 May;48(5):297-307.
4. Khosrow-Khavar F, Sodhi M, Ganjizadeh-Zavareh S, Etminan M. Association between the use of hormonal contraceptives and risk of cholecystectomy in women of reproductive age. *Eur J Clin Pharmacol*. 2021 Oct;77(10):1523-1529.
5. de Castro Coelho F, Barros C. The Potential of Hormonal Contraception to Influence Female Sexuality. *Int J Reprod Med*. 2019 Mar 5 3;2019:9701384.
6. Buggio L, Barbara G, Facchin F, Ghezzi L, Dridi D, Vercellini P. The influence of hormonal contraception on depression and female sexuality: a narrative review of the literature. *Gynecol Endocrinol*. 2022 Mar;38(3):193-201.
7. Mihajlovic J, Leutner M, Hausmann B, Kohl G, Schwarz J, Röver H, Stimakovits N, Wolf P, Maruszczak K, Bastian M, Kautzky-Willer A, Berry D. Combined hormonal contraceptives are associated with minor changes in composition and diversity in gut microbiota of healthy women. *Environ Microbiol*. 2021 Jun;23(6):3037-3047.
8. Mørch LS, Skovlund CW, Hannaford PC, Iversen L, Fielding S, Lidegaard Ø. Contemporary Hormonal Contraception and the Risk of Breast Cancer. *N Engl J Med*. 2017 Dec 7;377(23):2228-2239.
9. Hunter DJ, Colditz GA, Hankinson SE, Malspeis S, Spiegelman D, Chen W, Stampfer MJ, Willett WC. Oral contraceptive use and breast cancer: a prospective study of young women. *Cancer Epidemiol Biomarkers Prev*. 2010 Oct;19(10):2496-502.
10. Bhupathiraju SN, Grodstein F, Stampfer MJ, Willett WC, Hu FB, Manson JE. Exogenous Hormone Use: Oral Contraceptives, Postmenopausal Hormone Therapy, and Health Outcomes in the Nurses' Health Study. *Am J Public Health*. 2016 Sep;106(9):1631-7.
11. Smith JS, Green J, Berrington de Gonzalez A, Appleby P, Peto J, Plummer M, Franceschi S, Beral V. Cervical cancer and use of hormonal contraceptives: a systematic review. *Lancet*. 2003 Apr 5;361(9364):1159-67.
12. 5 Best Vitamins To Take Whilst On Birth Control. (n.d.) Retrieved September 10, 2023, from www.nutriadvanced.co.uk
13. Palmery M, Saraceno A, Vaiarelli A, Carlomagno G. Oral contraceptives and changes in nutritional requirements. *Eur Rev Med Pharmacol Sci*. 2013 Jul;17(13):1804-13.
14. Shere M, Bapat P, Nickel C, Kapur B, Koren G. Association Between Use of Oral Contraceptives and Folate Status: A Systematic Review and Meta-Analysis. *J Obstet Gynaecol Can*. 2015 May;37(5):430-438.
15. Berenson AB, Rahman M. Effect of hormonal contraceptives on vitamin B12 level and the association of the latter with bone mineral density. *Contraception*. 2012 Nov;86(5):481-7.
16. Fallah S, Valinejad Sani F, Firoozrai M. Effect of contraceptive pills on the activity status of the antioxidant enzymes glutathione peroxidase and superoxide dismutase in healthy subjects. *Contraception*. 2011 Apr;83(4):385-9.
17. Fruzzetti F, Fidecicchi T. Hormonal Contraception and Depression: Updated Evidence and Implications in Clinical Practice. *Clin Drug Investig*. 2020 Dec;40(12):1097-1106.