Crayhon Research's Peltier Electrolytes™



A FOUNDATIONAL SUPPLEMENT WITH A WIDE RANGE OF CLINICAL APPLICATIONS

here are over forty-five essential nutrients, yet the major minerals known as electrolytes form the metabolic foundation for them all. Without electrolytes, no other nutrients can function or exercise their healing benefit to their full potential.^{1*} Optimizing electrolyte intake, therefore, is essential for the success of any nutrition program. Unfortunately, however, electrolytes are often missing or out of balance.²

Such deficiencies and imbalances can lead to:

- Fatigue ^{3*}
- Heart Rhythm Disturbances 4*
- Poor Blood Pressure Control 5*
- Suboptimal Heart Health 6*
- Bone Loss ^{7*}
- Poor Circulation ^{8*}

People Who Can Benefit From Electrolyte Supplementation:

- Have suboptimal heart health, rhythm disturbances or congestive heart failure ^{9*}
- Experience Premenstrual Syndrome ^{10*}
- Engage in sports, especially endurance sports ^{11*}
- Need to improve or optimize bone health 12*
- Have recurring kidney stones 13*
- Have blood pressure that is either too high or too low 14*
- Have poor circulation or cold hands and feet ^{15*}
- Take diuretic medication ^{16*}
- Experience bloating/fluid retention ^{17*}
- Are engaged in a detoxification program, especially one liberating toxic metals ^{18*}
- Need to support mitochondrial function and experience mitochondrially-related disorders such as migraines ^{19*}
- Need to promote a more alkaline metabolism ^{20*}

Unique features of Peltier Electrolytes™:

- Manufactured in a unique and proprietary process to ensure that each mineral is in a correct ratio to every other mineral
- Peltier Electrolytes are extremely well-absorbed as they are present in the ionic state
- Contains the exact ratio of potassium, sodium, magnesium, phosphorus, chlorides, bicarbonates and sulfates to promote optimal electrolyte balance and support the stresses of everyday living ^{21*}
- The formula has been tested and perfected over ten years in use by firefighters, high performance athletes, and others under unique stresses*

Often, even when an advanced nutritional program does not seem to be working, optimizing electrolytes will often add the metabolic "spark" that can help a nutritional protocol to begin to work on the metabolic level and help achieve the desired clinical results.*

Peltier Electrolytes™ are based on research of over twenty years and are the finest and most cost-effective way to deliver electrolytes to the body.

crayhon | research | Real Science - Real Results

CRAYHON RESEARCH'S PELTIER ELECTROLYTES[™]

A FOUNDATIONAL SUPPLEMENT WITH A WIDE RANGE OF CLINICAL APPLICATIONS

Suggested dose: 1 tablespoon of the liquid concentrate, dissolved in any beverage, two to three times per day. Can also be added to rice, soups, stews, vegetables dishes, chili, or any recipe that calls for water and salt. Do not consume without diluting in liquid or food.

Peltier ElectrolytesTM come in three varieties:

- Standard Formula For optimizing electrolyte intake for most situations
- **Executive Formula** For support during high levels of stress, and nutritional support for tight muscles*
- **Sports Formula** Optimal electrolyte support for everyone from the weekend warrior to the elite athlete

SPORTS FORMULA

Supplement Facts

Serving Size 1 tablespoon Servings Per Container 67

| Servings Fer Container 07 | | |
|---|--------|-----------|
| Amount Per Serving | % Dai | ily Value |
| Phosphorus (as potassium phosphate) | 229 mg | 23% |
| Magnesium | 8 mg | 2% |
| (as magnesium chloride, magnesium su | lfate) | |
| Chloride | 77 mg | 2% |
| (as magnesium chloride | | |
| potassium chloride, sodium chloride) | | |
| Sodium | 64 mg | 3% |
| (as sodium bicarbonate, sodium chloride | e) | |
| Potassium | 135 mg | 4% |
| (as potassium bicarbonate, | | |
| potassium chloride, potassium phosph | ate) | |
| | | |

EXECUTIVE FORMULA

| Supplement Facts Serving Size 1 tablespoon Servings Per Container 67 | | | |
|--|--------|-----|--|
| Amount Per Serving % Daily V | | | |
| Phosphorus (as potassium phosphate) | 232 mg | 23% | |
| Magnesium | 8 mg | 2% | |
| (as magnesium chloride, magnesium su | lfate) | | |
| Chloride | 135 mg | 4% | |
| (as magnesium chloride | | | |
| potassium chloride, sodium chloride) | | | |
| Sodium | 69 mg | 3% | |
| (as sodium bicarbonate, sodium chloride | e) | | |
| Potassium | 147 mg | 4% | |
| (as potassium bicarbonate, | | | |
| potassium chloride, potassium phosph | ate) | | |
| | | | |
| | | | |

STANDARD FORMULA

Supplement Facts

| Amount Per Serving | % Daily Value | |
|--|---------------|-----|
| Phosphorus (as potassium phosphate) | 229 mg | 23% |
| Magnesium | 8 mg | 25% |
| (as magnesium chloride, magnesium si | ulfate) | |
| Chloride | 136 mg | 4% |
| (as magnesium chloride | | |
| potassium chloride, sodium chloride) | | |
| Sodium | 75 mg | 3% |
| (as sodium bicarbonate, sodium chloric | le) | |
| Potassium | 138 mg | 4% |
| (as potassium bicarbonate, | | |
| potassium chloride, potassium phosph | nate) | |

- Gibney MJ, Nutrition Society (Great Britain). Clinical nutrition. Oxford ; Ames, Iowa: Blackwell Science; 2005.
- Shils ME, Shike M. Modern nutrition in health and disease. 10th ed. Philadelphia: Lippincott Williams & Wilkins; 2006.
- Tanabe K, Yamamoto A, Suzuki N, Osada N, Yokoyama Y, Samejima H, et al. Efficacy of oral magnesium administration on decreased exercise tolerance in a state of chronic sleep deprivation. Japanese circulation journal. 1998 May;62(5):341-6.
- Baker WL, White CM. Post-Cardiothoracic Surgery Atrial Fibrillation: A Review of Preventive Strategies (April). Ann Pharmacother. 2007 Mar 20.
- Espeland MA, Kumanyika S, Yunis C, Zheng B, Brown WM, Jackson S, et al. Electrolyte intake and nonpharmacologic blood pressure control. Annals of epidemiology. 2002 Nov;12(8):587-95.
- Hollifield JW. Electrolyte disarray and cardiovascular disease. The American journal of cardiology. 1989 Jan 17;63(4):21B-6B.
- 7. Kokko JP, Tannen RL. Fluids and electrolytes. 2nd ed. Philadelphia: Saunders; 1990.
- Fischbach FT. A manual of laboratory & diagnostic tests. 6th ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2000.
- Jezhitsa IN. Potassium and magnesium depletions in congestive heart failure-pathophysiology, consequences and replenishment. Clinical calcium. 2005 Nov;15(11):123-33.
- Shamberger RJ. Calcium, magnesium, and other elements in the red blood cells and hair of normals and patients with premenstrual syndrome. Biological trace element research. 2003 Aug;94(2):123-9.
- Davis JM, Lamb DR, Pate RR, Slentz CA, Burgess WA, Bartoli WP. Carbohydrate-electrolyte drinks: effects on endurance cycling in the heat. The American journal of clinical nutrition. 1988 Oct;48(4):1023-30.
- Ryder KM, Shorr RI, Bush AJ, Kritchevsky SB, Harris T, Stone K, et al. Magnesium intake from food and supplements is associated with bone mineral density in healthy older white subjects. Journal of the American Geriatrics Society. 2005 Nov;53(11):1875-80.
- 13. Jaipakdee S, Prasongwatana V, Premgamone A, Reungjui S, Tosukhowong P, Tungsanga K, et al. The effects of potassium and magnesium supplementations on urinary risk factors of renal stone patients. Journal of the Medical Association of Thailand = Chotmaihet thangphaet. 2004 Mar;87(3):255-63.
- 14. Driskell JA, Wolinsky I. Macroelements, water, and electrolytes in sports nutrition. Boca Raton [Fla.]: CRC Press; 1999.
- 15.Smith LH. Feed your body right : understanding your individual body chemistry for proper nutrition without guesswork. New York, N.Y.: M. Evans and Co.; 1994.
- Martin BJ, Milligan K. Diuretic-associated hypomagnesemia in the elderly. Archives of internal medicine. 1987 Oct;147(10):1768-71.
- Beers MH, Berkow R, Bogin RM, Fletcher AJ, Nace BA, Moy DE, et al. The Merck manual of diagnosis and therapy. 17th ed. Whitehouse Station, NJ: Merck; 1999.
- Krohn J, Taylor FA. Natural detoxification : [a practical encyclopedia : the complete guide to clearing your body of toxins]. 2nd ed. Point Roberts, WA: Hartley & Marks Publishers; 2000.
- 19. Lodi R, lotti S, Cortelli P, Pierangeli G, Cevoli S, Clementi V, et al. Deficient energy metabolism is associated with low free magnesium in the brains of patients with migraine and cluster headache. Brain research bulletin. 2001 Mar 1;54(4):437-41.
- 20.Rose BD, Post TW. Clinical physiology of acid-base and electrolyte disorders. 5th ed. New York: McGraw-Hill, Medical Pub. Division; 2001.
- Montain SJ, Shippee RL, Tharion WJ. Carbohydrate-electrolyte solution effects on physical performance of military tasks. Aviation, space, and environmental medicine. 1997 May;68(5):384-91.

*These statements are educational in nature, and have not been evaluated by the Food and Drug Administration. This product is not designed to prevent, diagnose, cure, or treat any disease.

Crayhon Research, Inc.

5355 Capital Court #101 • Reno, NV 89502 877-CRAYHON (272.9466) • Fax: 775-856.3313 www.CrayhonResearch.com

crayhon research Real Science - Real Results