



Kyäni Sunset™:

The Science Behind Kyäni Sunset™

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Kyäni Sunset™:

The Science Behind

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Kyäni Sunset™ contains the purest form of vitamin E called tocotrienols, which are found in the annatto bush of South America. The health benefits of tocotrienols are vast and well documented. Additionally, Sunset provides Omega-3s, Astaxanthin, and Vitamins A and D. Together, they serve a lipid-soluble power-house protectant to the body's lipid infrastructure (especially cellular membranes) which accounts for 20-30% of the body. Please note that this document discusses the formulation of Kyäni Sunset for the United States. Other countries may have formula variations.

Omega-3:

A daily dose of Kyäni Sunset contains 500mg of omega-3s derived from a blend of pristine Wild Alaskan Sockeye Salmon and other wild fish. Omega-3s are polyunsaturated fatty acids important in brain development, nerve function, and anti-inflammation, but also have particular benefits for cardiovascular and cardiometabolic health. Consumption of omega-3 is associated with reduced risk of coronary heart disease, reduced susceptibility to ischemia-induced arrhythmia, and reduced heart rate accompanied by improved myocardial efficiency, while omega-3 renders the donut-shaped red blood cell pliable to reach arterial extremities. In combination with tocotrienols, omega-3s improve the oxygen- carbon dioxide (O₂-CO₂) and nutrient-waste exchanges efficiently. Omega-3s and tocotrienols work in concert to reduce elevated triglyceride levels that are often a culprit in metabolic disorders such as diabetes and prediabetes. In addition, tocotrienol may aid in suppressing the rise of LDL cholesterol (Table 1) [1].

Omega-3	LDL	Triglycerides	HDL
EPA	-	↓	-
DHA	-	↓↓	↑
Tocotrienol	↓↓	↓↓	↑

VITAMIN A

Vitamin A plays a crucial role in vision, bone growth, reproduction, cell division, and cell differentiation. (7-11) It also helps to regulate the immune system, (7, 12-16) and may help lymphocytes fight infections more effectively. Vitamin A promotes healthy surface linings of the eyes and the respiratory, urinary, and intestinal tracts. (14) When those linings break down, it becomes easier for bacteria to enter the body and cause infection. Vitamin A also helps the skin and mucous membranes function as a barrier to bacteria and viruses. (15-17)

Vitamin A is divided into two categories—preformed vitamin A and provitamin A carotenoid. The vitamin is classified according to its original source from a plant or animal. Preformed vitamin A is the form of vitamin A found in foods that come from animals. It is absorbed in the form of retinol, one of the most easily usable forms of vitamin A. Good sources of preformed vitamin A include liver, whole milk, and some fortified food products. Retinol can be made into retinal and retinoic acid (other active forms of vitamin A) in the body. (7)

The form of vitamin A found in colorful fruits and vegetables is called provitamin A carotenoid, a family of molecules which can be made into retinol in the body. Common provitamin A carotenoids found in foods that come from plants are beta-carotene, alpha-carotene, and beta-cryptoxanthin. (17) Among these, beta-carotene is most efficiently made into retinol. (7, 19-21) Alpha-carotene and beta-

cryptoxanthin are also converted to vitamin A, but only half as efficiently as beta-carotene. (7)

Of the 563 identified carotenoids, fewer than 10% can be made into vitamin A in the body. (18) Lycopene, lutein, and zeaxanthin are carotenoids that do not have vitamin A activity but have other health promoting properties. (7) The Institute of Medicine (IOM) encourages consumption of all carotenoid-rich fruits and vegetables for their health-promoting benefits.

Some provitamin A carotenoids have been shown to function as anti-oxidants in laboratory studies. (7)

VITAMIN D

Vitamin D is actually a group of lipid-soluble vitamins with steroid-like structures, called secosteroids. In humans, vitamin D is unusual in two ways: it functions as a prohormone and the body is able to synthesize it (as vitamin D3) when sun exposure is adequate. For this reason, it is sometimes known as the "sunshine vitamin."

Vitamin D3 has several forms (22):

- Cholecalciferol, (sometimes called calciol), an inactive, unhydroxylated form of vitamin D3
- Calcifediol (also called calcdiol, hydroxycholecalciferol, 25-hydroxyvitamin D3 and abbreviated 25(OH)D), one of the forms measured in the blood to assess vitamin D status
- Calcitriol (also called 1,25-dihydroxyvitamin D3), the active form of D3

Calcitriol is made in the kidneys and circulates as a hormone, regulating the concentration of calcium and phosphate in the bloodstream and promoting the healthy growth and remodeling of bone. Vitamin D prevents rickets in children and osteomalacia in adults, and, together with calcium, helps to protect older adults from osteoporosis. Vitamin D also affects neuromuscular function, inflammation, and influences the action of many genes that regulate the proliferation, differentiation, and death of cells. (23)

The evidence for the health effects of vitamin D supplementation in the general population is inconsistent. (24-26) Published studies have suggested benefits in cardiovascular health, diabetes mellitus, cancer, multiple sclerosis, allergy, asthma, infection, psychiatric health, pain and overall mortality. (22) The best evidence of benefit is for bone health (27) and a decrease in mortality in elderly women. (28)

There is a U-shaped mortality curve associated with vitamin D levels – in other words, it is not good to have either too little or too much. (29) Experts are divided as to the lower limit of the normal range (30), but most reports suggest that optimal levels on testing in the blood are between 40 and 50 ng/mL. The current Reference Daily Intake (RDA) is 400IU. It is important to note that many, many people have very low levels of vitamin D.

Astaxanthin:

The sockeye salmon oil in Kyäni Sunset™ contains the highest natural concentration of astaxanthin in any fish oil without the synthetic colorant canthaxanthin often found in farm-raised salmon. Astaxanthin is a carotenoid, and as such gives the Wild Alaskan Sockeye Salmon its brilliant red color. It is also considered to be a potent lipid-soluble antioxidant, protecting membranes from free radical damage in applications such as skin, eyes, and endothelium [3-7].

Summary:

Kyäni Sunset™ is a powerful supplement combining the nutritional benefits from pure Amazonian tocopherol-free annatto tocotrienol and a blend of omega-3s from the Wild Alaskan Sockeye Salmon and other Alaskan wild fish. Annatto tocotrienol is the most potent, best-in-class form of vitamin E used to support health benefits of chronic and age-related conditions, while omega-3s replenish the desperate lack in modern-day foods loaded with omega-6s. Together, the tocotrienol-omega-3 combo in Kyäni Sunset optimizes the complimentary platform of health: anti-aging, anti-inflammation, anti-oxidation – all of which promote health to the heart, artery, eye, nerve, and cell.

References:

1. Wei, M.Y. and T.A. Jacobson, *Effects of Eicosapentaenoic Acid Versus Docosahexaenoic Acid on Serum Lipids: A Systematic Review and Meta-Analysis*. Curr Atheroscler Rep, 2011.
2. Setnikar, I., P. Senin, and L.C. Rovati, *Antiatherosclerotic efficacy of policosanol, red yeast rice extract and astaxanthin in the rabbit*. Arzneimittelforschung, 2005. **55**(6): p. 312-7.
3. Pashkow, F.J., D.G. Watumull, and C.L. Campbell, *Astaxanthin: a novel potential treatment for oxidative stress and inflammation in cardiovascular disease*. Am J Cardiol, 2008. **101**(10A): p. 58D-68D.
4. Fassett, R.G. and J.S. Coombes, *Astaxanthin, oxidative stress, inflammation and cardiovascular disease*. Future Cardiol, 2009. **5**(4): p. 333-42.
5. Yuan, J.P., et al., *Potential health-promoting effects of astaxanthin: a high-value carotenoid mostly from microalgae*. Mol Nutr Food Res, 2011. **55**(1): p. 150-65.
6. Sukanuma, K., et al., *Astaxanthin attenuates the UVA-induced up-regulation of matrix-metalloproteinase-1 and skin fibroblast elastase in human dermal fibroblasts*. J Dermatol Sci, 2010. **58**(2): p. 136-42.
7. Institute of Medicine. (2001). Food and Nutrition Board. Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc. National Academy Press, Washington, DC.
8. Gerster H. (1997). Vitamin A-functions, dietary requirements and safety in humans. Int J Vitam Nutr Res 67:71-90.
9. Futoryan T, Gilchrist BE. (1994). Retinoids and the skin. Nutr Res 52:299-310.
10. Hinds TS, West WL, Knight EM. (1997). Carotenoids and retinoids: A review of research, clinical, and public health applications. J Clin Pharmacol 37:551-8.
11. Ross AC, Gardner EM. (1994). The function of vitamin A in cellular growth and differentiation, and its roles during pregnancy and lactation. Adv Exp Med Biol 352:187-200.
12. Ross AC. (1999). Vitamin A and retinoids. In: *Modern Nutrition in Health and Disease*. 9th Edition (edited by Shils ME, Olson J, Shike M, Ross AC). Lippincott Williams and Wilkins, New York, pp. 305-27.
13. Ross AC, Stephensen CB. (1996). Vitamin A and retinoids in antiviral responses. FASEB J 10:979-85.
14. Semba RD. (1998). The role of vitamin A and related retinoids in immune function. Nutr Rev 56:S38- 48.
15. Ross DA. (1998). Vitamin A and public health: Challenges for the next decade. Proc Nutr Soc 57:159- 65.
16. Harbige LS. (1996). Nutrition and immunity with emphasis on infection and autoimmune disease. Nutr Health 10:285-312.
17. de Pee S, West CE. (1996). Dietary carotenoids and their role in combating vitamin A deficiency: A review of the literature. Eur J Clin Nutr 50 Suppl 3:S38-53.
18. Bendich A, Olson JA. Biological actions of carotenoids. (1989). FASEB J 3:1927-32.
19. Olson JA, Kobayashi S. (1992). Antioxidants in health and disease: Overview. Proc Soc Exp Biol Med 200:245-7.
20. Olson JA. (1996). Benefits and liabilities of vitamin A and carotenoids. J Nutr 126:1208S-12S.
21. Pavia SA, Russell RM. (1999). Beta-carotene and other carotenoids as antioxidants. J Am Coll Nutr 18:426-33.
22. Jones G, Strugnell SA, DeLuca HF. "Current Understanding of the Molecular Actions of Vitamin D." Physiological Reviews. 78.4 (October 1998): 1193-1231.
23. "Dietary Supplement Fact Sheet: Vitamin D" (<http://ods.od.nih.gov/factsheets/vitamind/>). Office of Dietary Supplements (ODS). National Institutes of Health (NIH). <http://ods.od.nih.gov/factsheets/vitamind/>. Retrieved 2011-12-26.
24. Chung M, Balk EM, Brendel M, et al.(2009). Vitamin D and calcium: a systematic review of health outcomes. Evidence report/technology assessment 183: 1–420.

25. Pittas AG, Chung M, Trikalinos, et al. (2010). "Systematic review: Vitamin D and cardiometabolic outcomes.". *Annals of Internal Medicine* 152: 307–14.
26. Chung M, Balk EM, Brendel M, et al. (2009). Vitamin D and calcium: a systematic review of health outcomes. *Evidence report/technology assessment* (183): 1–420.
27. Reference Intakes for Calcium and Vitamin D (2011) Page 5
(http://www.nap.edu/openbook.php?record_id=13050&page=5Dietary)
28. Bjelakovic G, Gluud LL, Nikolova D, et al., (2011). Vitamin D supplementation for prevention of mortality in adults.". *Cochrane database of systematic reviews* (Online) (7): CD007470.
29. Tuohimaa P. (2009). Vitamin D and aging. *The Journal of Steroid Biochemistry and Molecular Biology* 114: 78–84.
30. Heaney RP, Holick MF. (2011). Perspective: Why the IOM Recommendations for Vitamin D are Deficient. *Journal of Bone and Mineral Research* 26: 455–7.