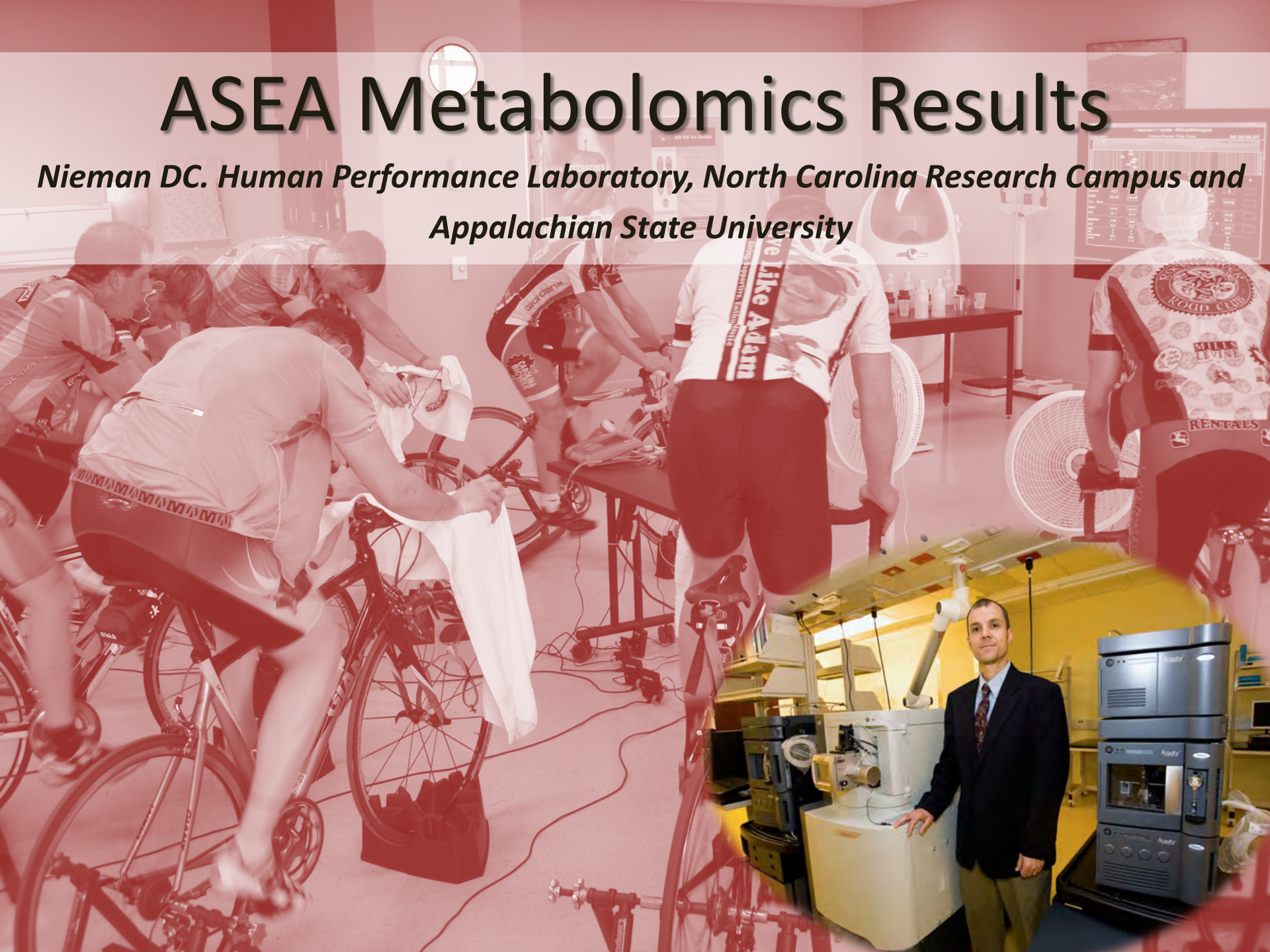


ASEA Metabolomics Results

*Nieman DC. Human Performance Laboratory, North Carolina Research Campus and
Appalachian State University*

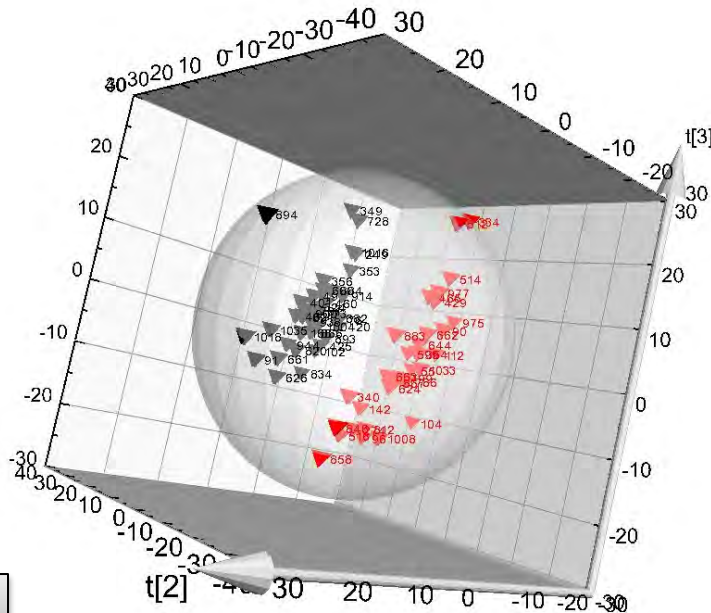
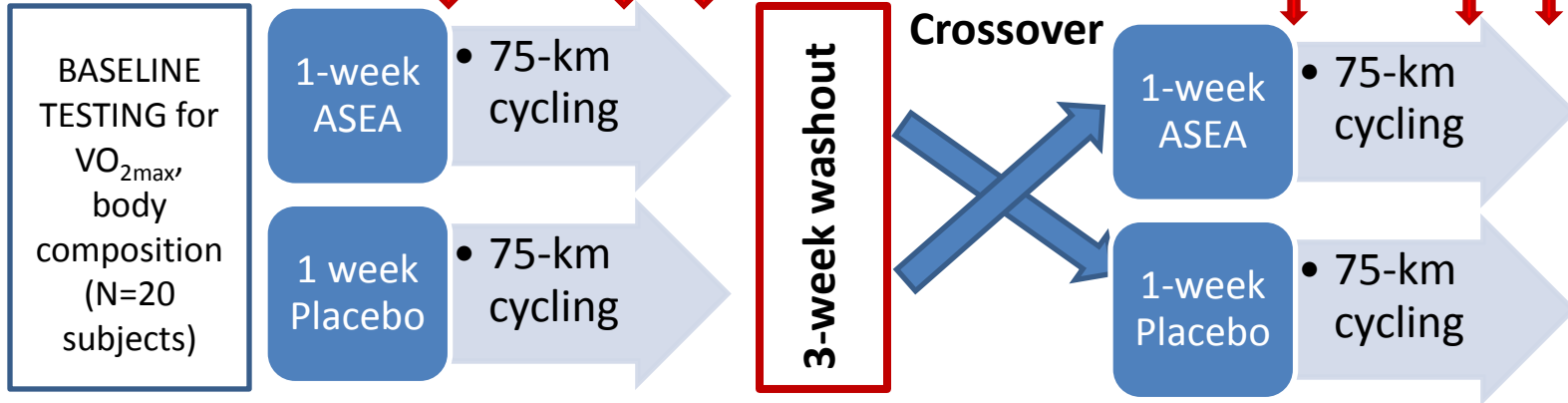


Metabolomics Laboratory, North Carolina Research Campus, David H. Murdock Research Institute



Blood/urine : Pre-Ex Post- Ex 1-h

Blood/urine : Pre-Ex Post- Ex 1-h



Metabolomics: Goal is to measure the influence of ASEA on small molecules (metabolites) that shift in response to supplementation. The shift in metabolites, depending on the nutritional product, may represent effects on inflammation, oxidative stress, and physiologic stress.



Working Summary

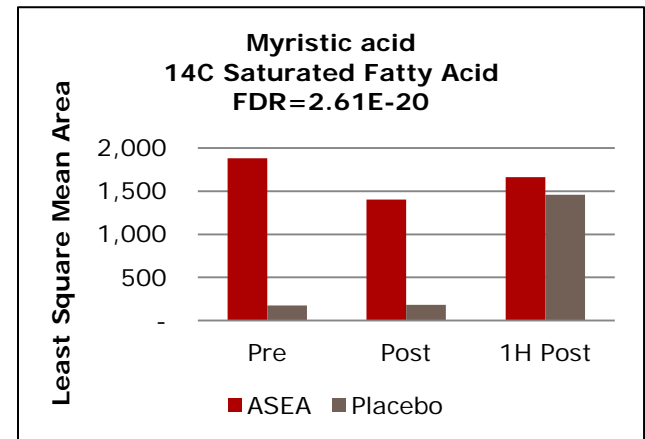
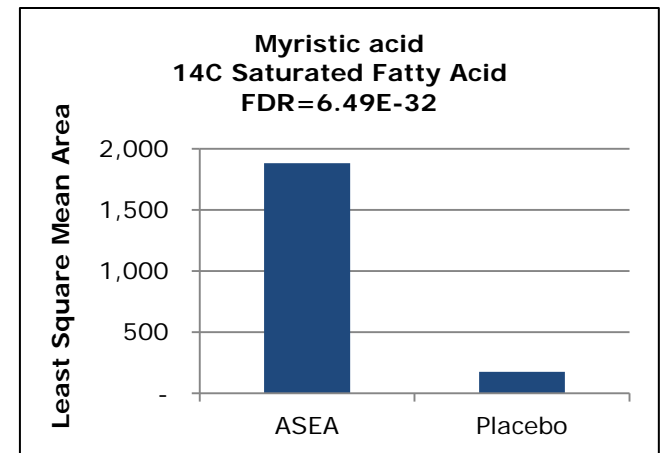
- Seven days ingestion of ASEA (relative to placebo) caused an extensive mobilization of free fatty acids from adipose tissue in male cyclists.
- Athletes on ASEA for 7-days started the 75-km cycling trial with high blood free fatty acids leading to increased fat oxidation and a sparing of amino acids (and potentially muscle glycogen).
- ASEA intake was associated with a large increase in serum ascorbic acid levels (probably from the adrenal cortex).
- Serum creatinine and urea also increased post-exercise.

Finding 1: Ingestion of ASEA beverage for one week strongly increased serum fatty acid levels (most likely from adipose tissue).

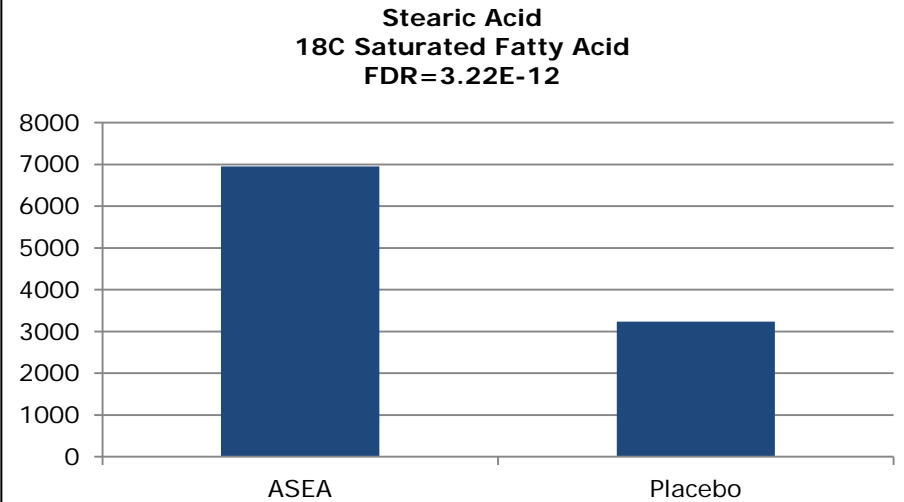
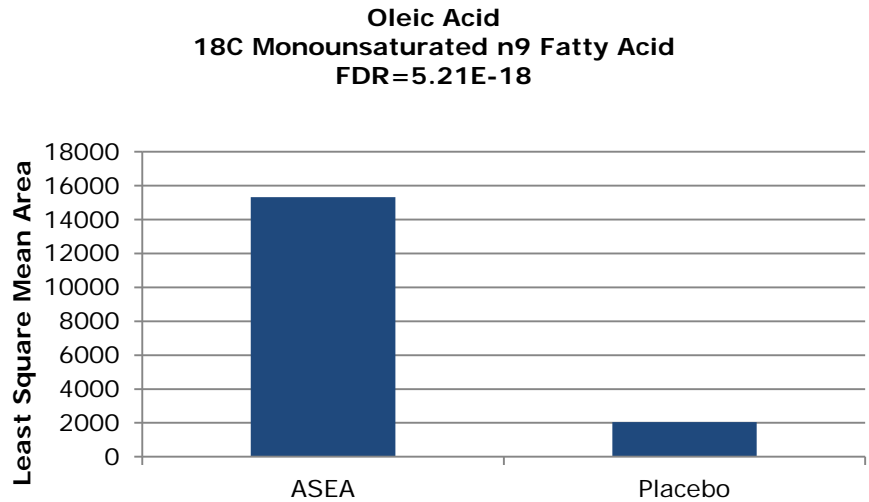
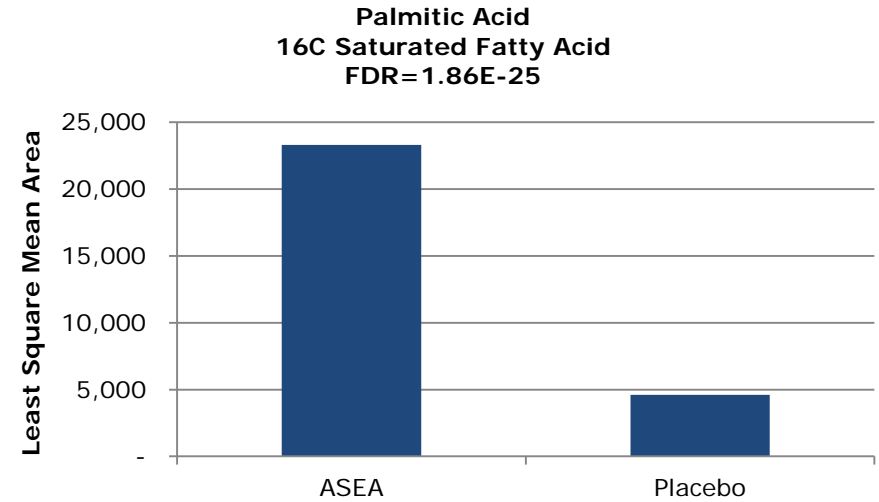
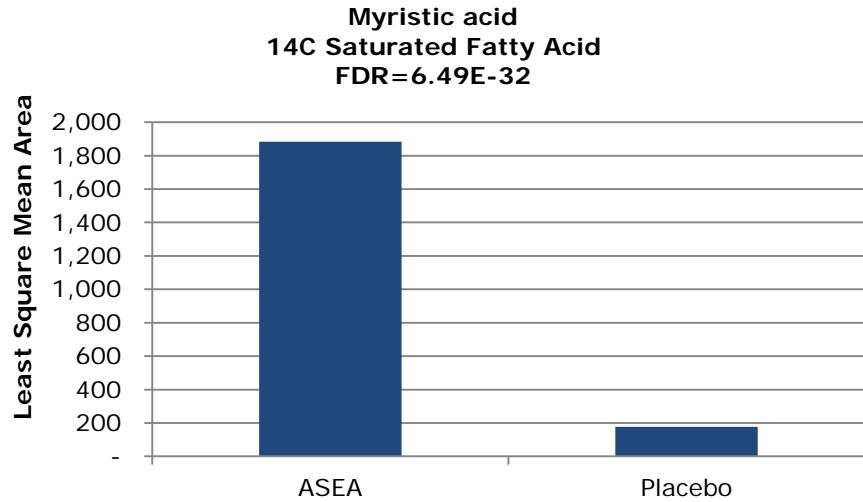
1) **Chronic Effect:** Higher fatty acid levels pre-exercise (several types of fatty acids --- see slides).

2) **Acute Effect:** Increased fatty acid oxidation and mobilization during exercise (placebo condition was linked to a late mobilization).

Triglyceride Mobilization: corresponding with the increase in free fatty acids, glycerol was higher at baseline (indicative of extensive adipose triglyceride hydrolysis).

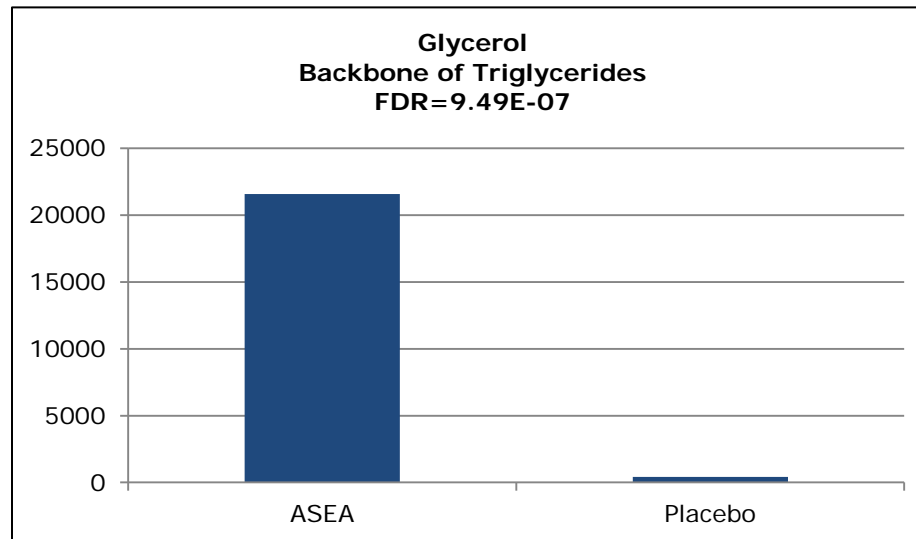
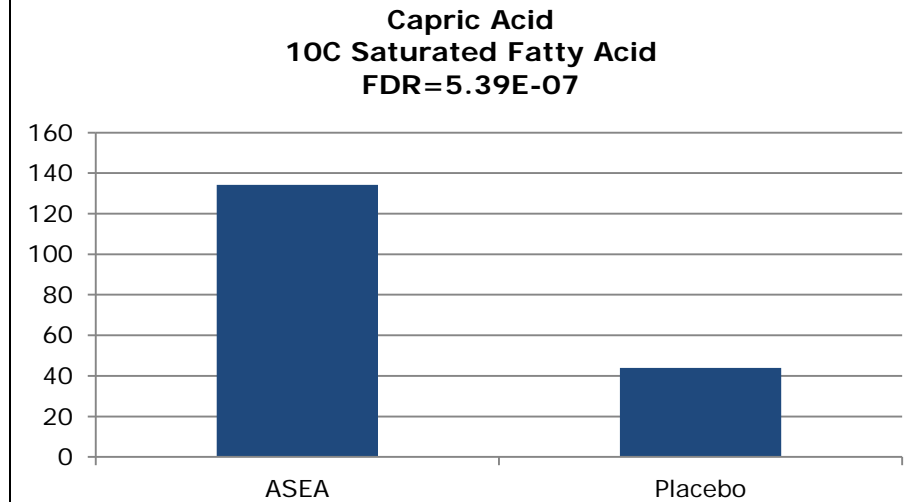
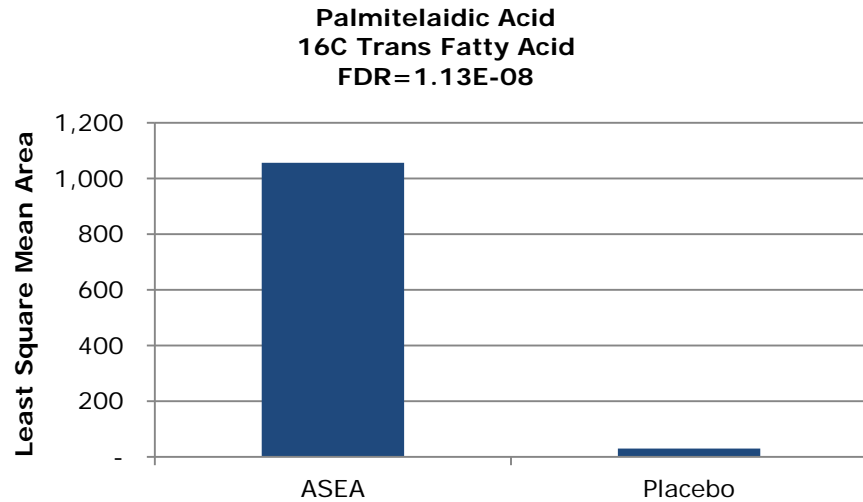


Post 7-day Ingestion: Fatty Acids Higher in ASEA vs. Placebo

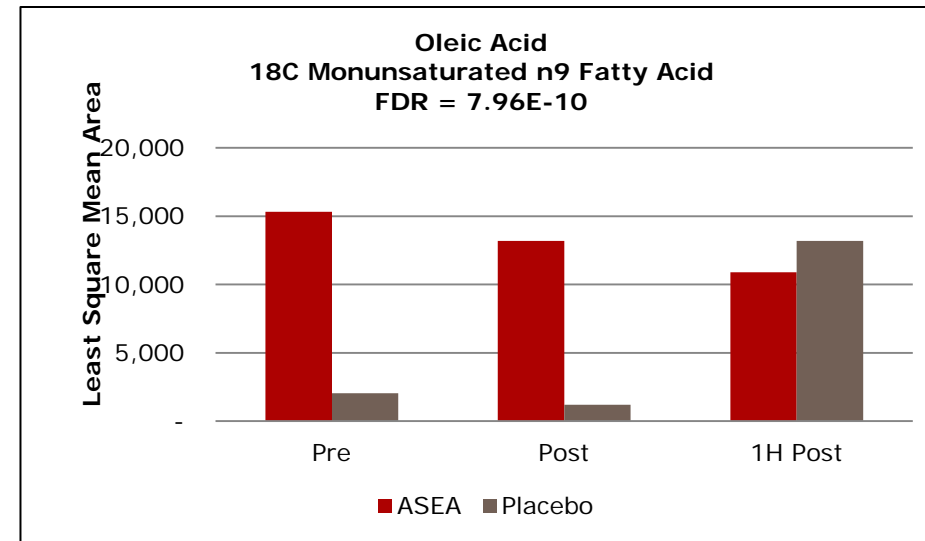
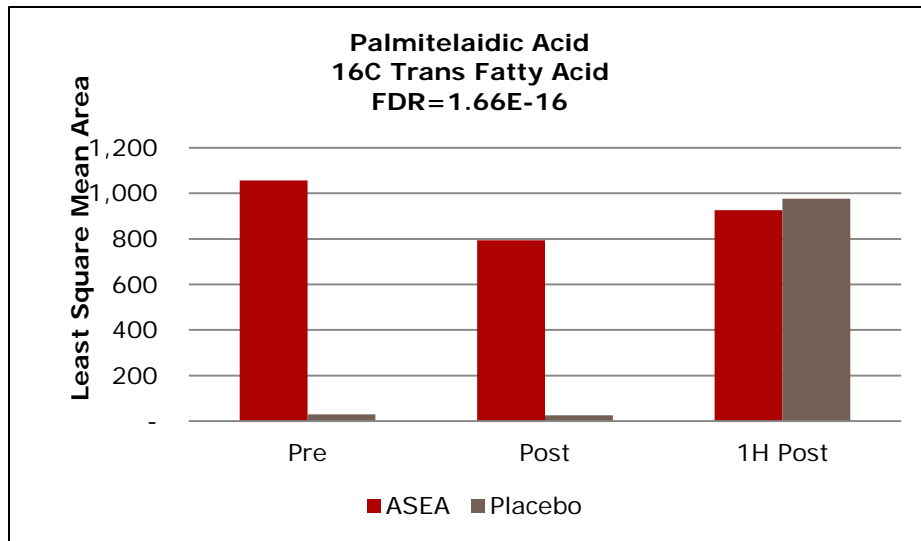
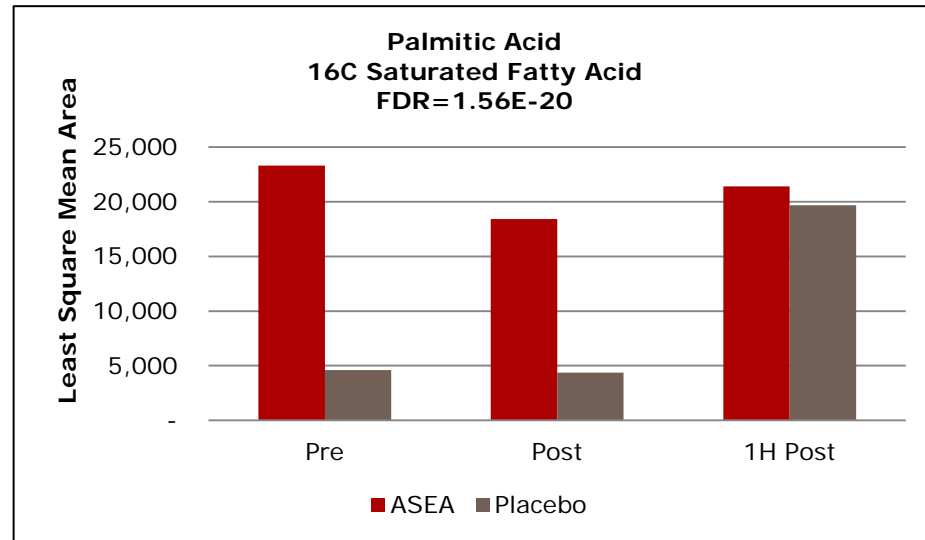
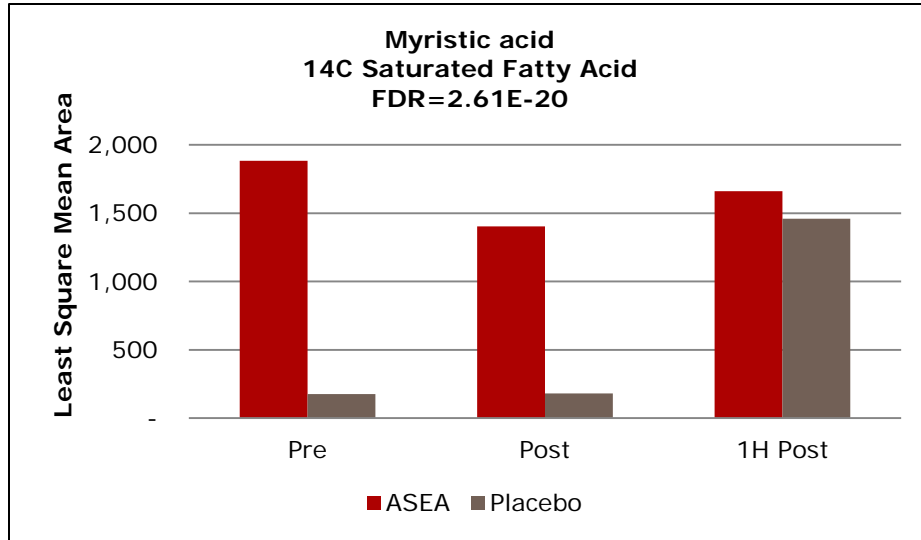


7-days Ingestion of ASEA

Fatty Acids and Glycerol Backbone: Higher in ASEA vs. Placebo

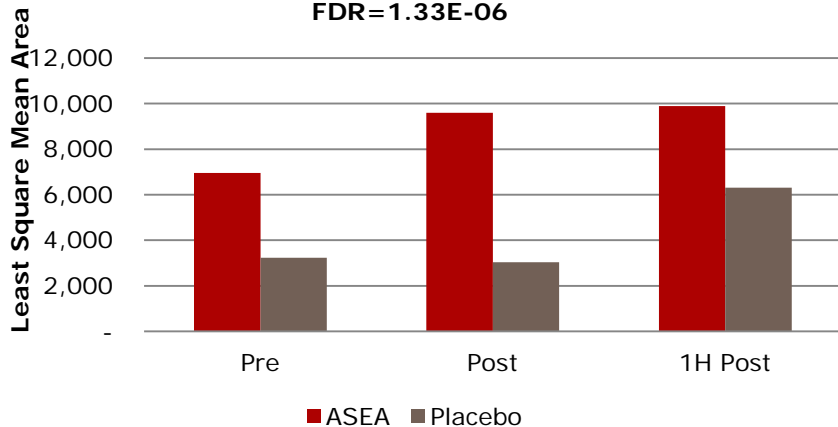


Serum Fatty Acids During Exercise

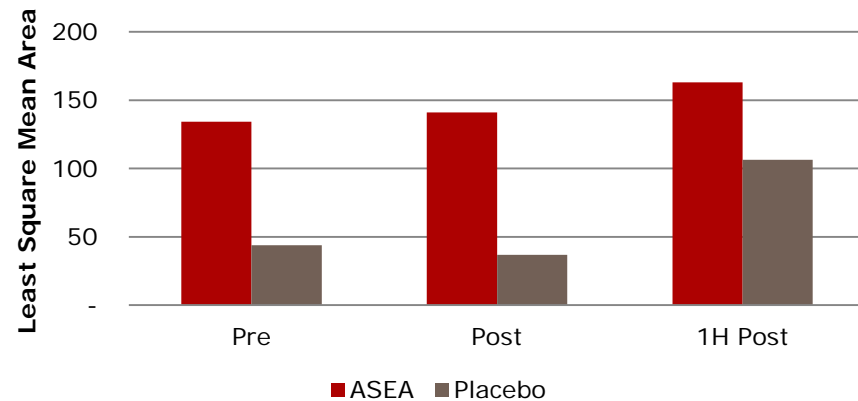


Serum Fatty Acids During Exercise

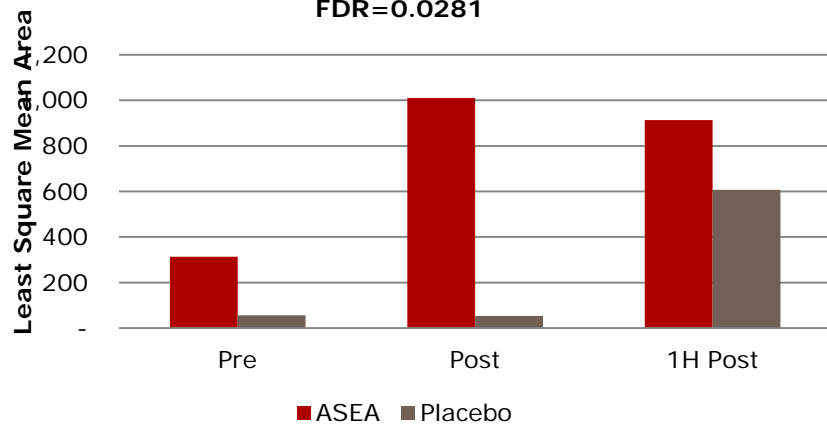
Stearic Acid
18C Saturated Fatty Acids
FDR=1.33E-06



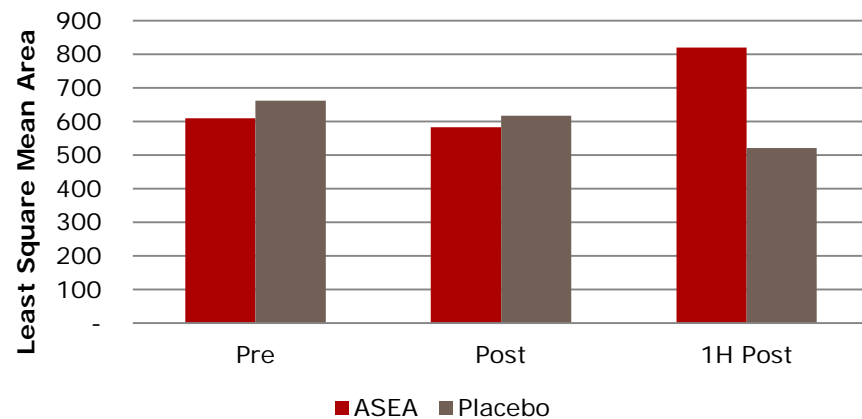
Capric Acid
10C Saturated Fatty Acids
FDR=0.0059

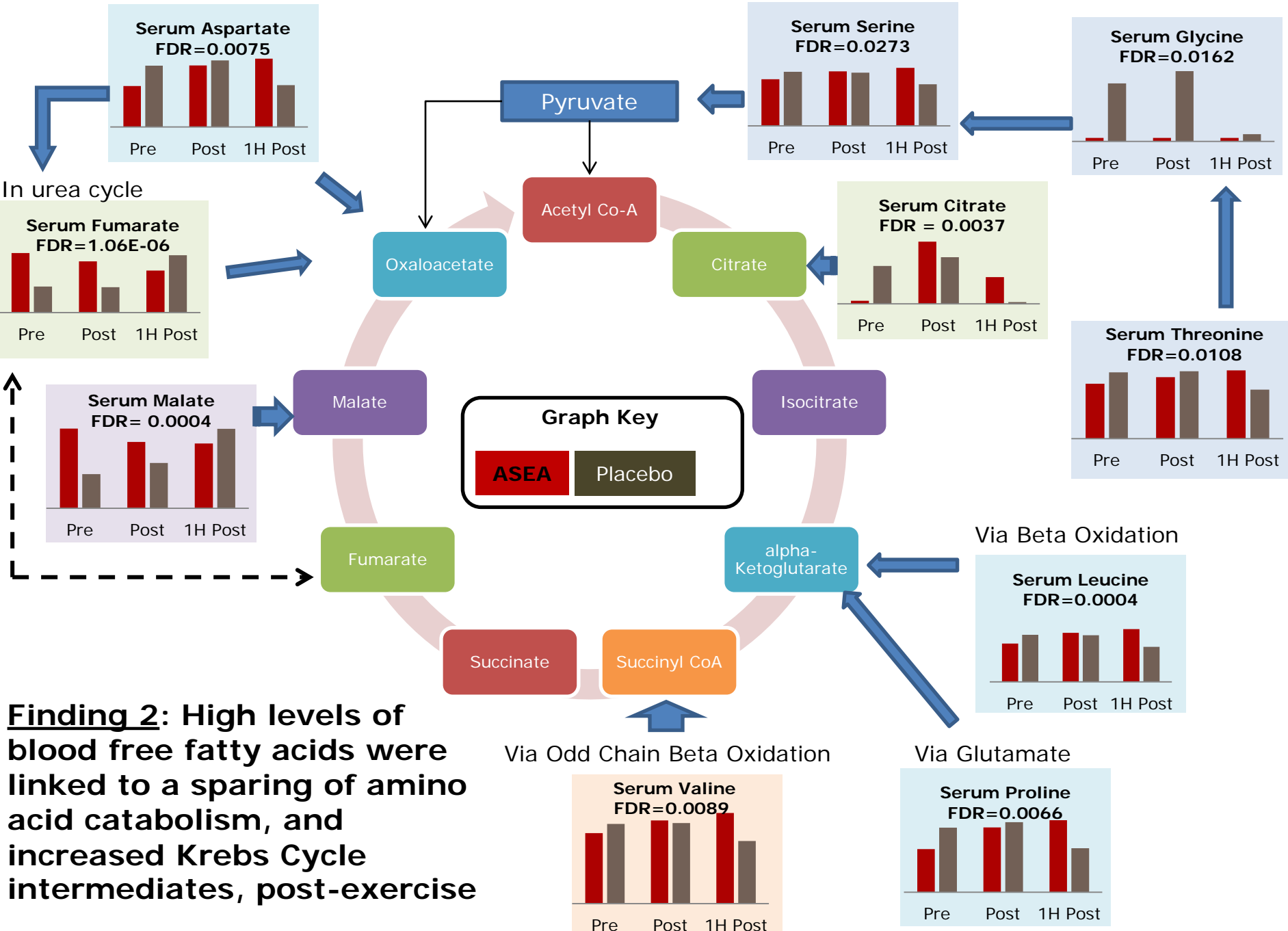


Lauric Acid
12C Saturated Fatty Acids
FDR=0.0281



Glycerol Monostearate
FDR = 0.0060

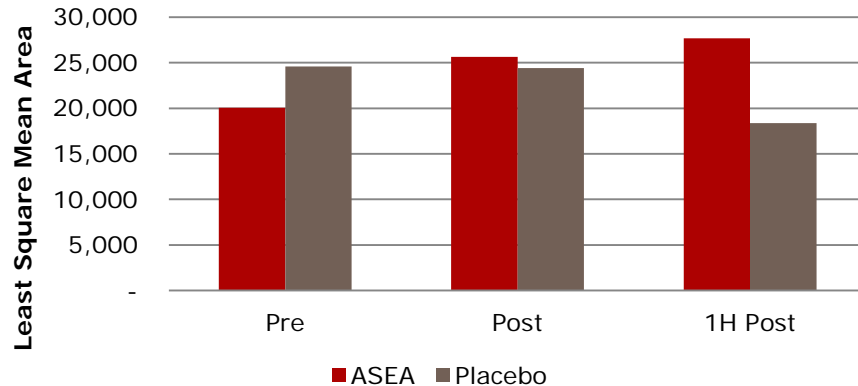




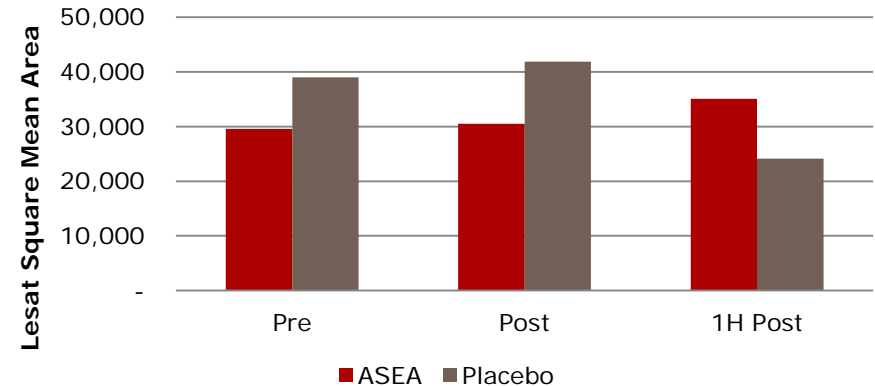
Serum Amino Acids at Pre, Post, and 1H Post-Exercise

"Sparing" of Amino Acids with ASEA

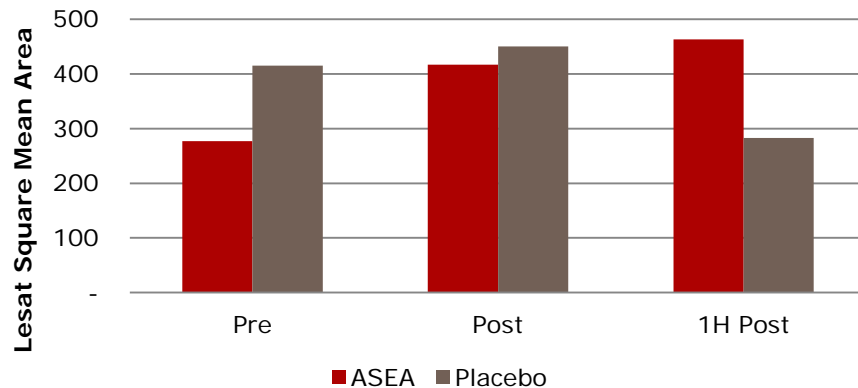
Leucine
Krebs Entry: alpha Ketoglutarate
FDR = 0.0004



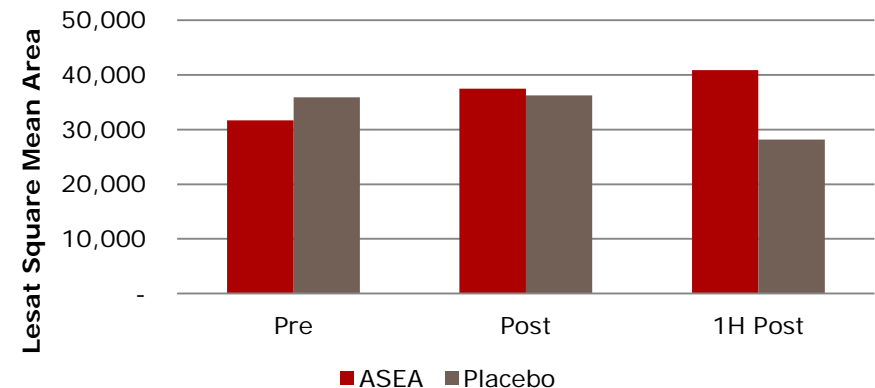
Proline
Krebs Entry: alpha Ketoglutarate
FDR = 0.0066



Aspartate
Krebs Entry: Oxaloacetate
FDR = 0.0074

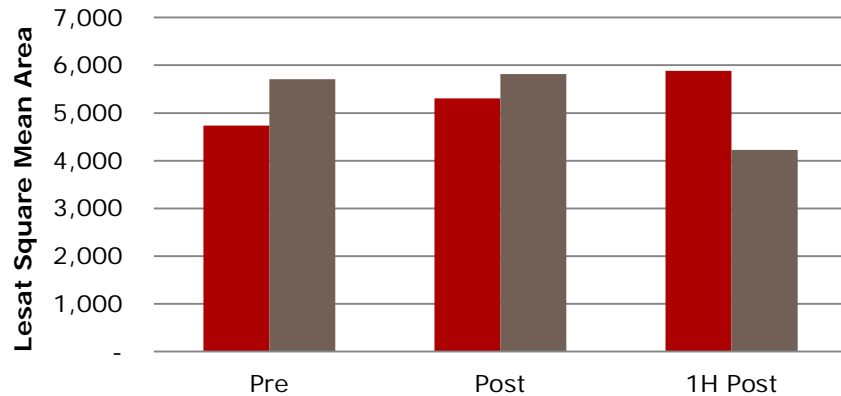


Valine
Krebs Entry: Succinyl CoA
FDR = 0.0089

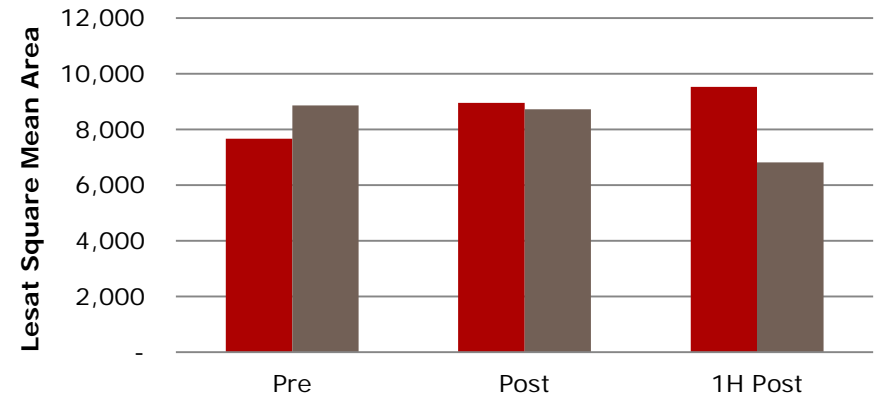


Serum Amino Acids at Pre, Post, and 1H Post-Exercise “Sparing” of Amino Acids with ASEA

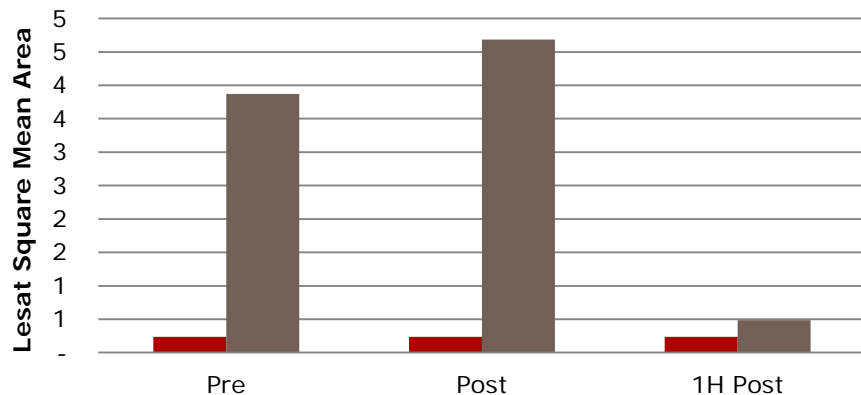
Threonine
Krebs Entry: Pyruvate
FDR= 0.0108



Serine
Krebs Entry: Pyruvate
FDR= 0.0273



Glycine
Krebs Entry: Pyruvate
FDR= 0.0162



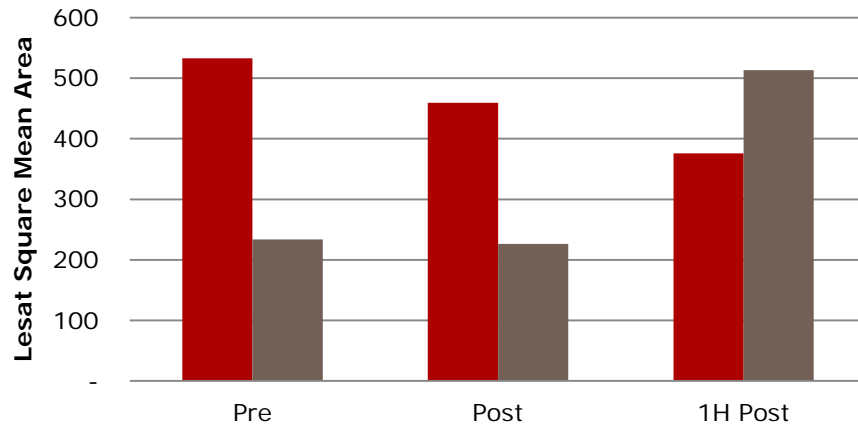
Graph Key

ASEA

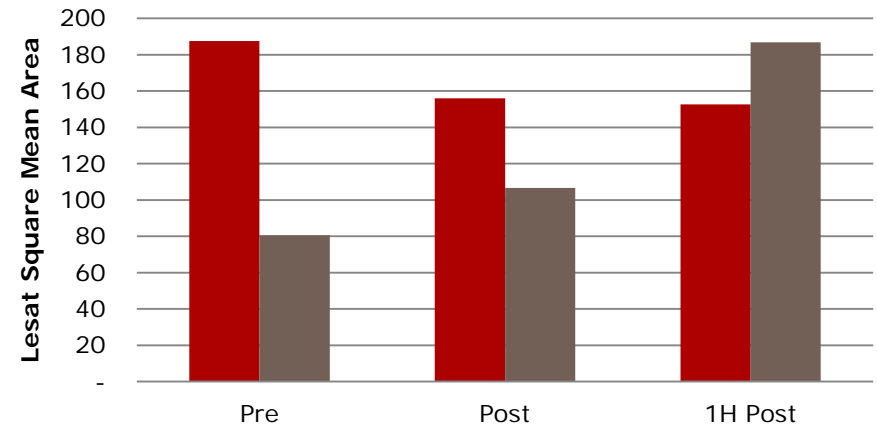
Placebo

Serum Krebs Intermediate at Pre, Post, and 1H Post-Exercise Higher Levels with ASEA

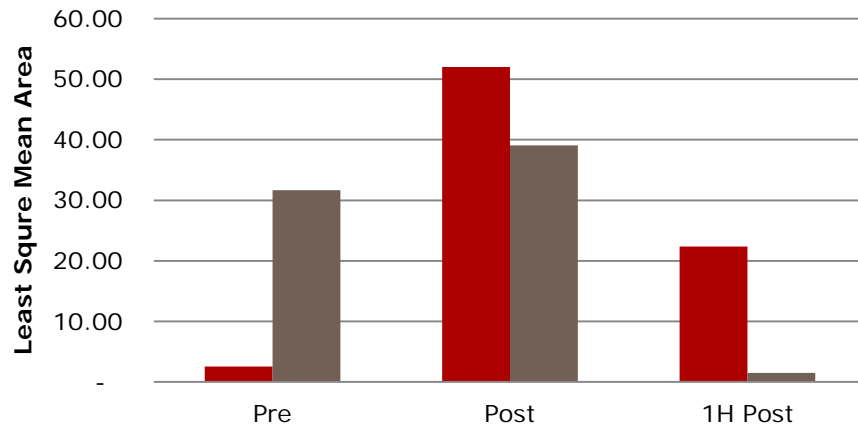
Fumarate
FDR = 1.06E-06



Malate
FDR = 0.0004



Citrate
FDR = 0.0037



Graph Key

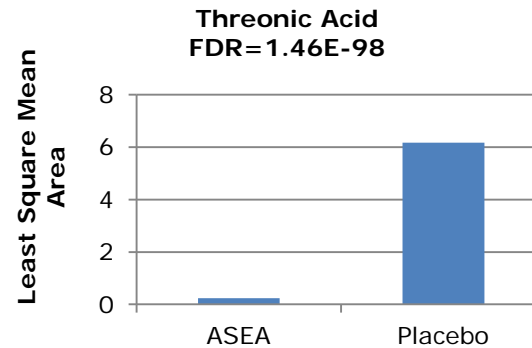
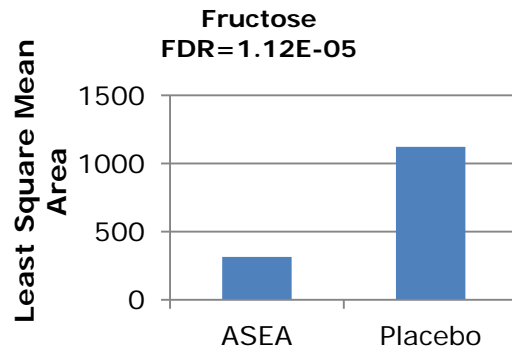
ASEA

Placebo

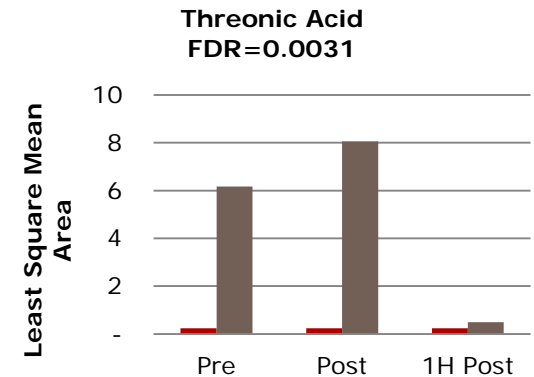
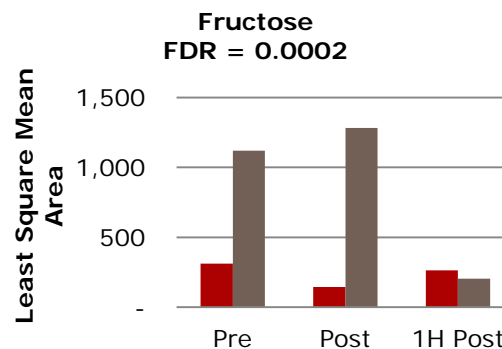
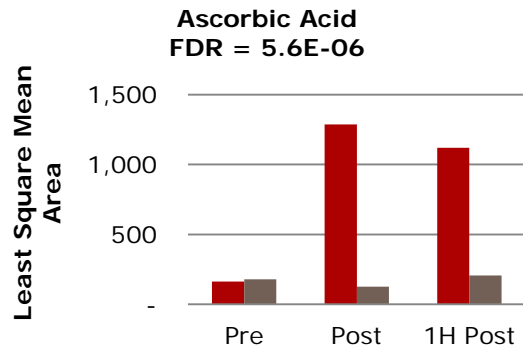
3) Ascorbic Acid Metabolism:

ASEA supplementation appears to be affecting ascorbic acid both acutely and chronically.

Chronic Differences: ASEA group has lower baseline levels of fructose and lower levels of threonic acid. Fructose is broken down into ascorbic acid which is further metabolized into threonic acid. This could be suggestive of higher ascorbic acid production but no differences in groups were detected at baseline.



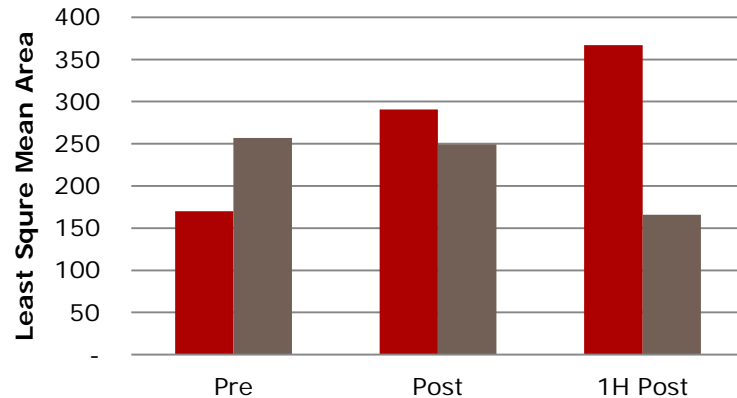
Acute Differences: ASEA group has higher levels of ascorbic acid, an antioxidant, and lower levels of both fructose and threonic acid.



4) Other Changes.

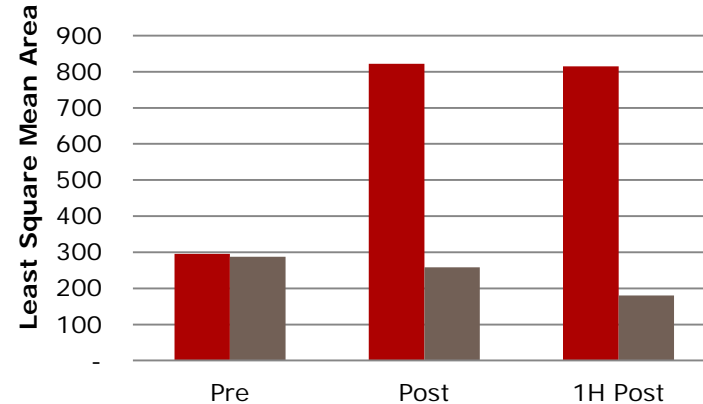
Some other changes were found both acutely and chronically that require further investigation into implications.

Aminomalonic Acid
FDR = 1.13E-05



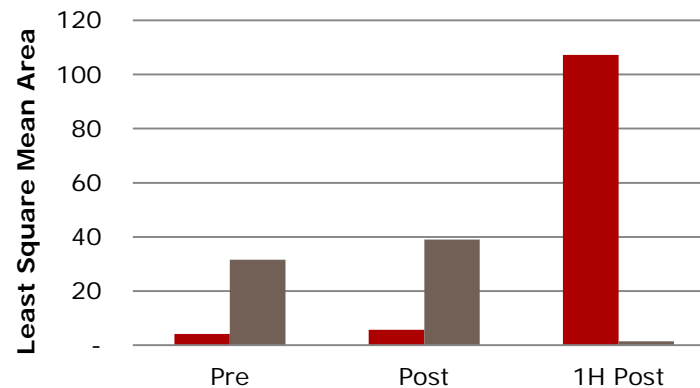
Plays role in binding calcium to protein

Serum Creatinine
FDR=2.55 E-06



Breakdown product of creatine

Urea
FDR = 0.0108



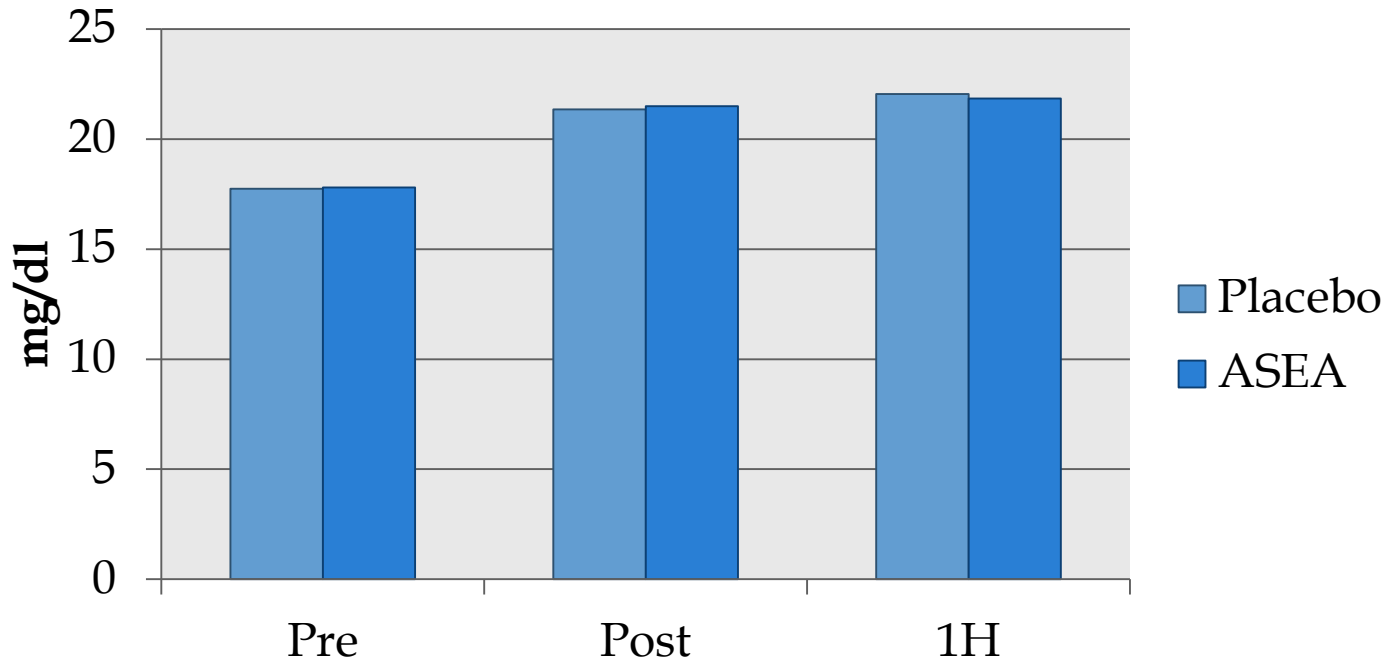
Formed in liver; Removal of nitrogen and ammonia

Graph Key

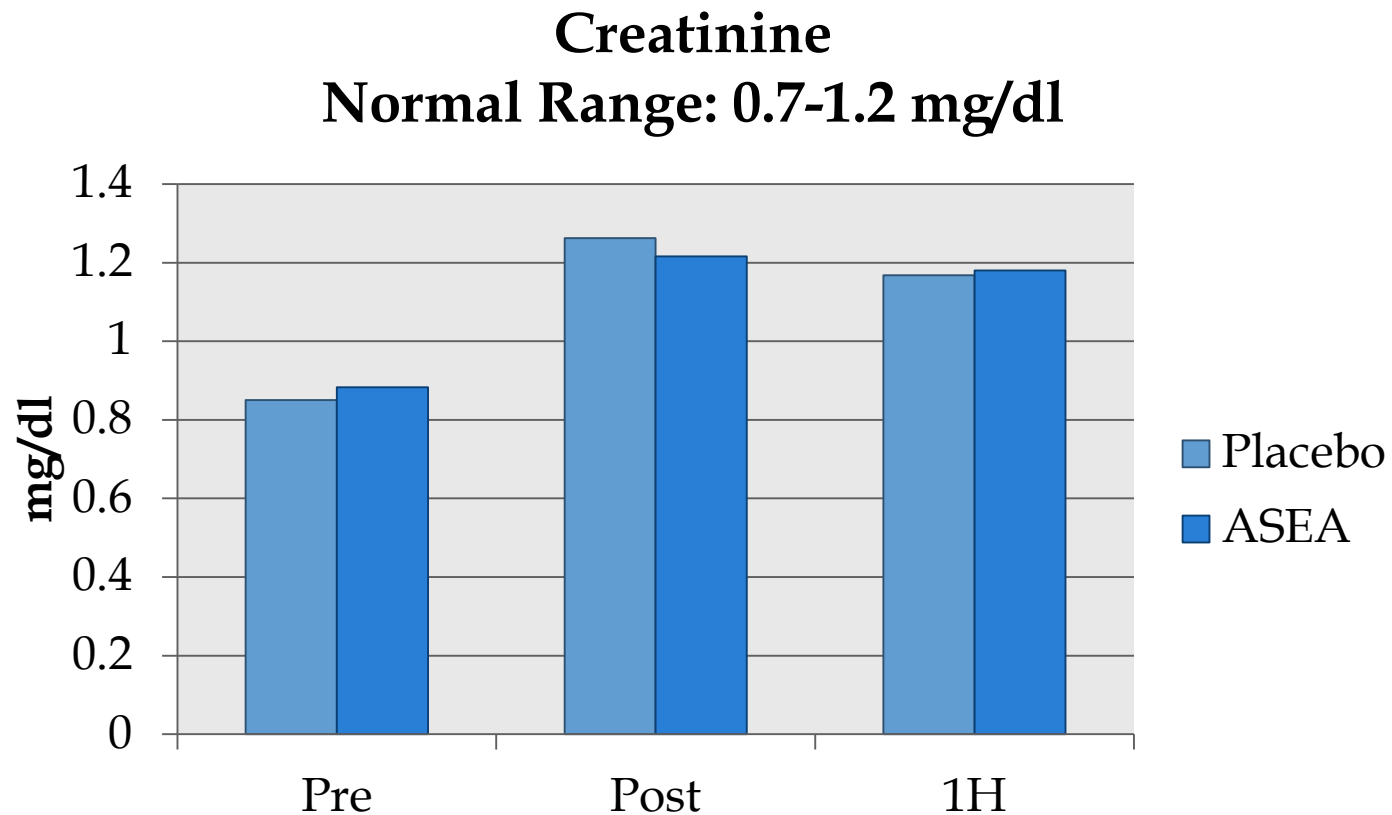
ASEA

Placebo

Blood Urinary Nitrogen (BUN) Normal Range: 8-20 mg/dl



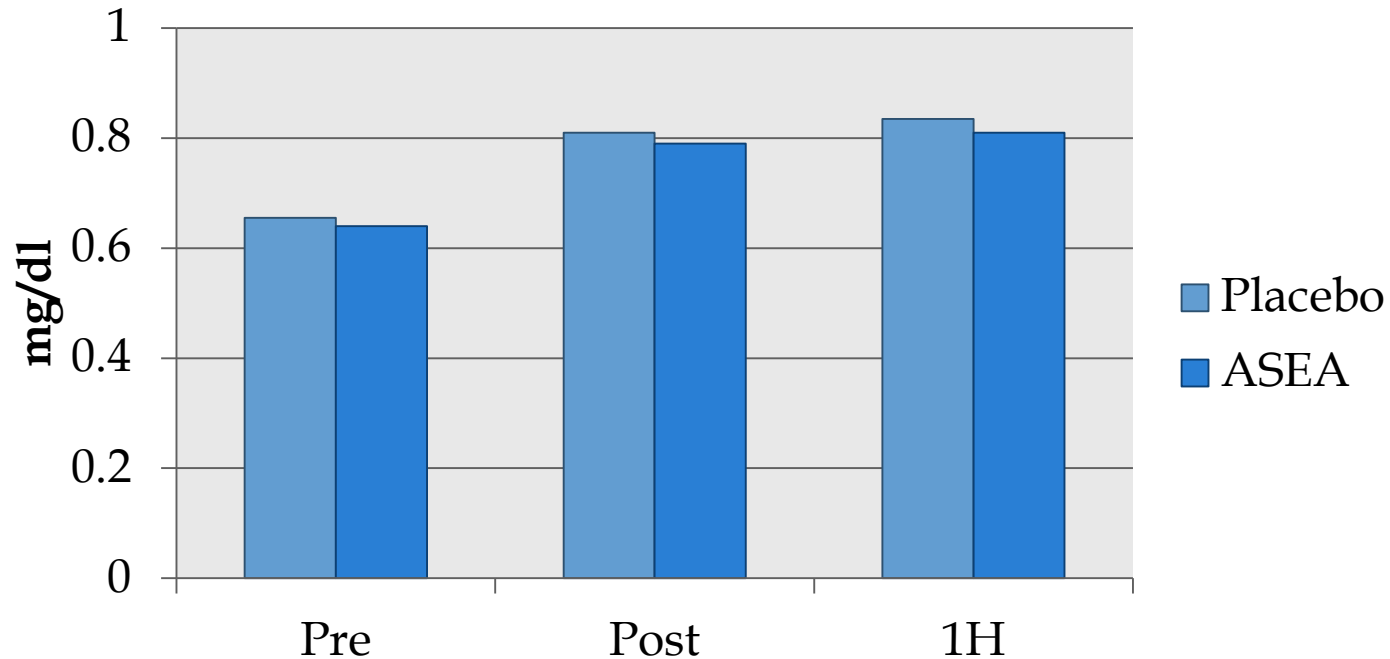
**BUN levels did not differ between treatment
(treatment x time p-value=0.9743)**



Creatinine levels did not differ between treatment (treatment x time p-value=0.7717)

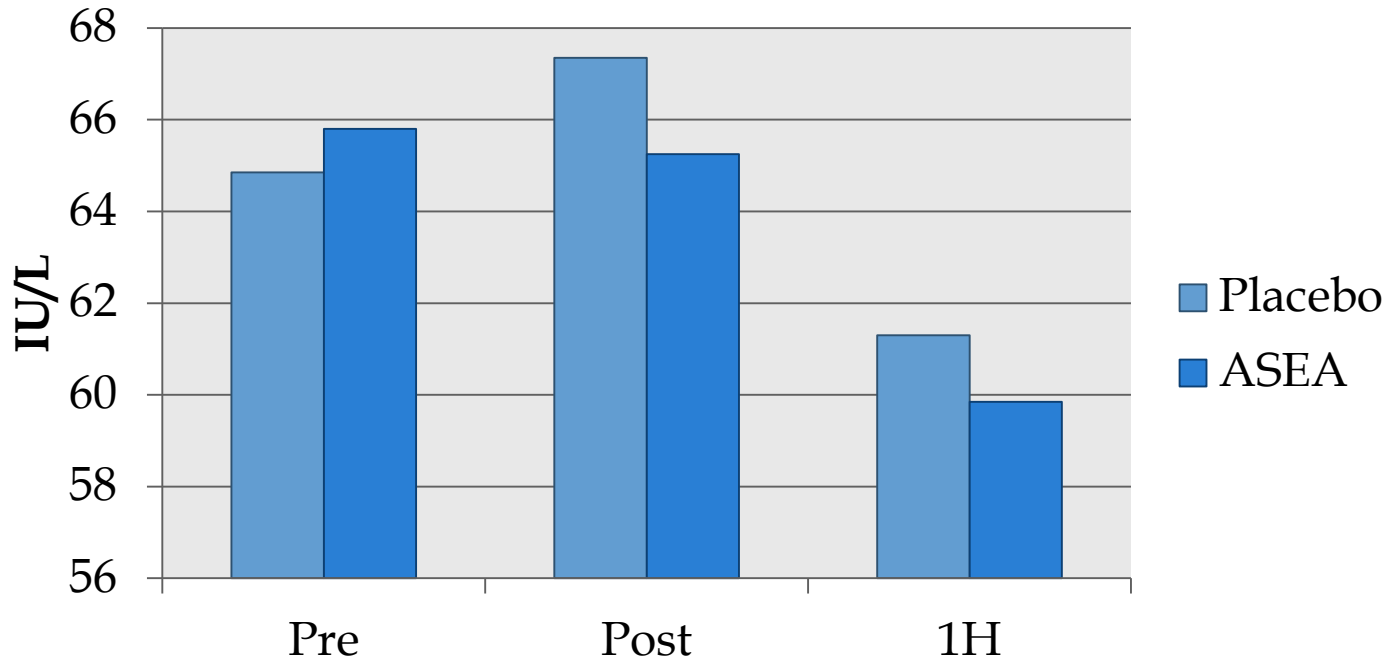
Bilirubin

Normal Range: 0.3-1.2 mg/dl



Bilirubin levels did not differ between treatment (treatment x time p-value=0.9971)

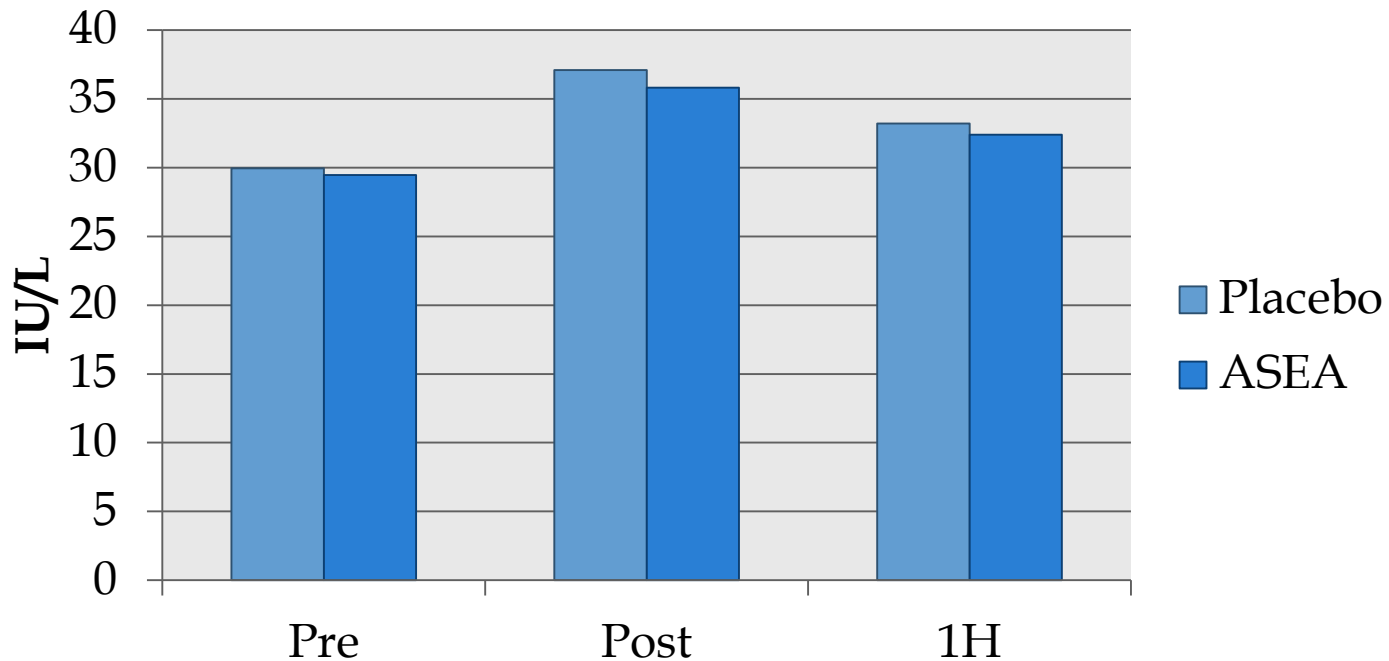
Alkaline Phosphatase Normal Range: 39-117 IU/L



Alkaline Phosphatase levels did not differ between treatment (treatment x time p-value=0.8819)

AST

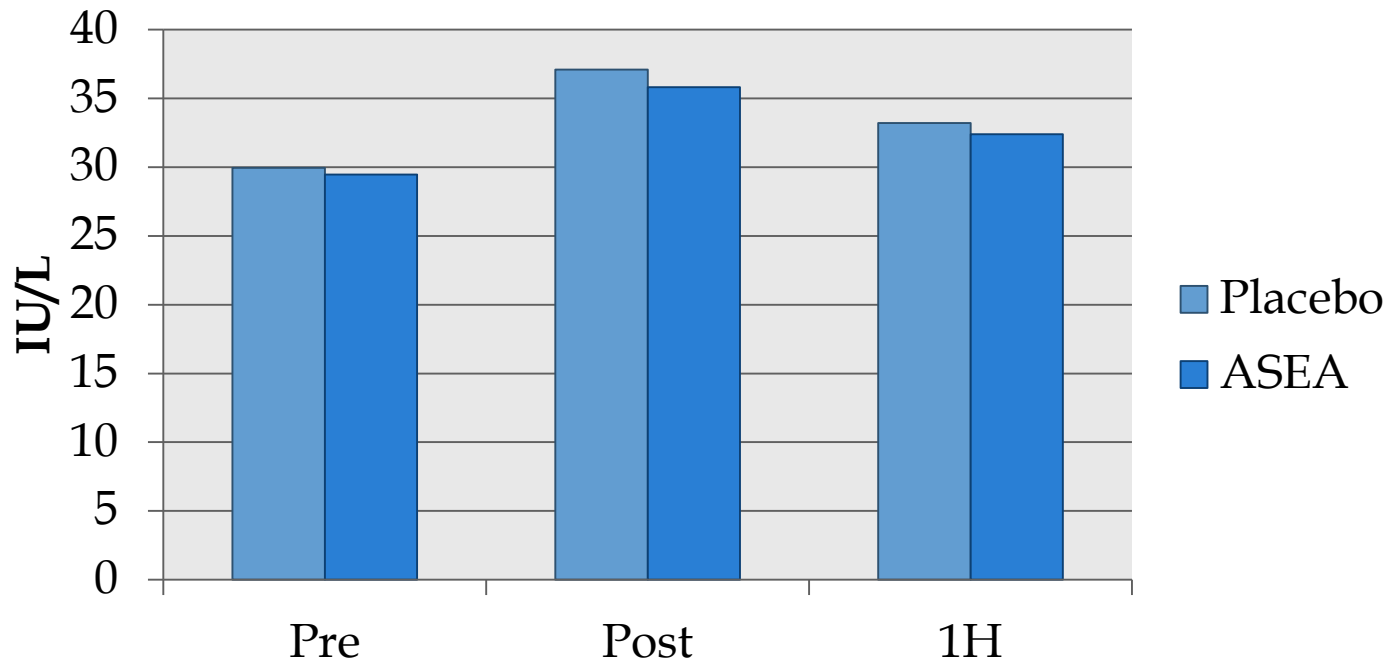
Normal Range: 15-41 IU/L



**AST levels did not differ between treatment
(treatment x time p-value=0.9546)**

ALT

Normal Range: 17-63 IU/L



**ALT levels did not differ between treatment
(treatment x time p-value=0.9739)**