



**Scientifically  
Proven to be  
Effective**

**Levagen®** **Levagen+®**

[www.gencorpacific.com](http://www.gencorpacific.com)

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High Quality  
Palmitoylethanolamide  
(PEA)

## Introducing Levagen®

Levagen® is high quality Palmitoylethanolamide (PEA). PEA is an endogenous endocannabinoid receptor agonist, a simple fatty acid amide, and originally a food component, commonly isolated from soybeans, peanuts, and egg yolks. PEA is also known to be naturally occurring in mammal tissues. It is produced as a biological response and repair mechanism, potentiating its actions at cannabinoid CB1, CB2 and GPR55 receptors, and TRPV1 channels<sup>1</sup>. PEA is used for joint pain and sports inflammation. PEA can also contribute to relaxation and restfulness leading to a good quality of sleep.

## Product benefits

### Levagen® structure-function claims

The following structure-function claims for Levagen are provided here for informational purposes only and should be reviewed by your legal counsel prior to use in marketing materials, including product labels. Levagen® provides support for those with normal symptoms of mild to moderate osteoarthritis in the following ways:

- Supports joint function\*
- Reduces joint stiffness\*
- Provides joint comfort\*

## Science Inside

**A double-blind, randomized, placebo-controlled study was conducted to demonstrate the safety and efficacy of Palmitoylethanolamide (PEA) (Levagen®) for the management of mild to moderate osteoarthritis symptoms.**

The study was a 120 patient study with 40 patients on placebo, 40 patients on Levagen® 300 mg a day and 40 patients on Levagen 600 mg a day. 111 patients completed the study: 35 on Levagen 600 mg, 36 on Levagen® 300 mg and 40 on placebo.

The 300 mg dose was dosed 150 mg in the morning and 150 mg in the evening. The 600 mg was dosed 300 mg in the morning and 300 mg in the evening. The placebo was dosed once in the morning and once in the evening.

Both the 600 mg and the 300 mg doses were found to be statistically significant compared to the placebo on the:

- total WOMAC score
- pain subdomain
- stiffness subdomain
- function subdomain

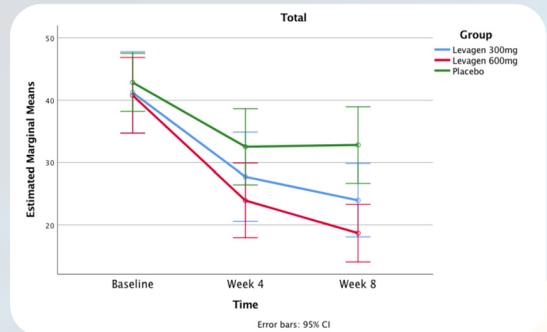


Figure 1. Total WOMAC score per treatment group

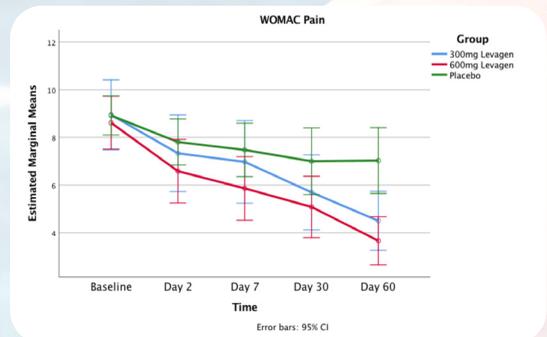


Figure 2. WOMAC pain score per treatment group

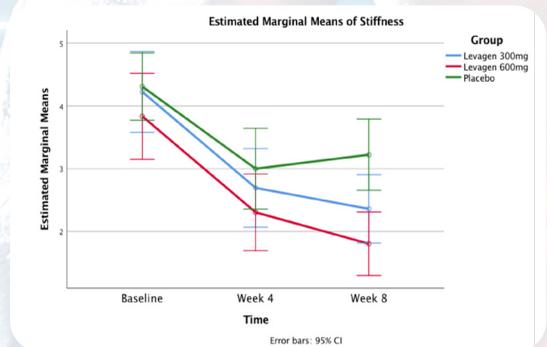


Figure 3. WOMAC stiffness score per treatment group

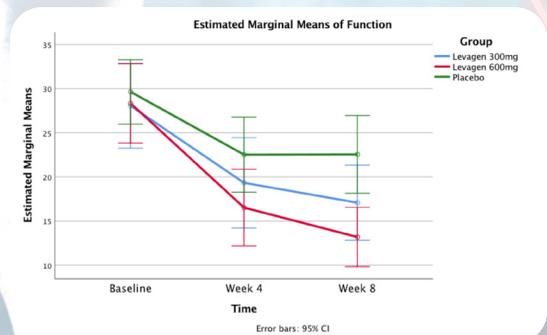


Figure 4. WOMAC function score per treatment group

\* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



High Quality PEA  
with LipiSpense

## Introducing Levagen®+

### Cold Water Dispersible Levagen | Powered by LipiSpense®

Levagen®+ is a cold water dispersible palmitoylethanolamide (PEA) powder, specifically designed to increase bioavailability. The product is powered by the LipiSpense® technology developed by Pharmako Biotechnologies, Australia.

In aqueous environments (such as the stomach), the specifically designed Levagen particles freely disperse. This net effect translates to increased bioavailability. With over 90% loading, this formulation supplies the largest amount of PEA in a water dispersible formulation.

Particle sizes are quality checked by Dynamic Light Scattering (DLS) analysis as well as Laser Light Obscuration.

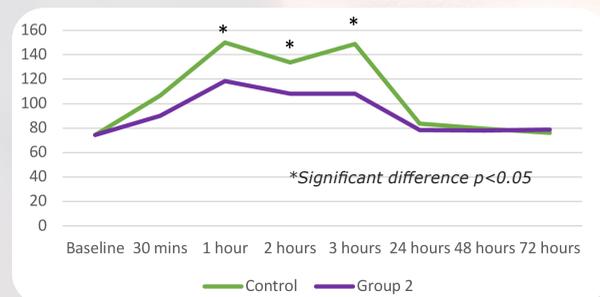


Figure 5. Myoglobin - Adjusted Means  
There was a significant decrease in Myoglobin at 1,2, and 3 hours post exercise in the Levagen+ group

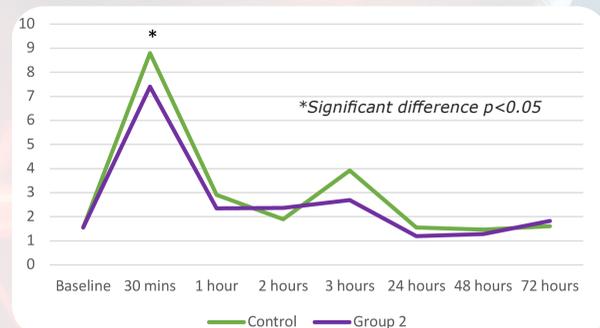


Figure 6. Lactate Scores  
There was a significant difference in Lactate levels at each of the post exercise points, 30 minutes and three hours.

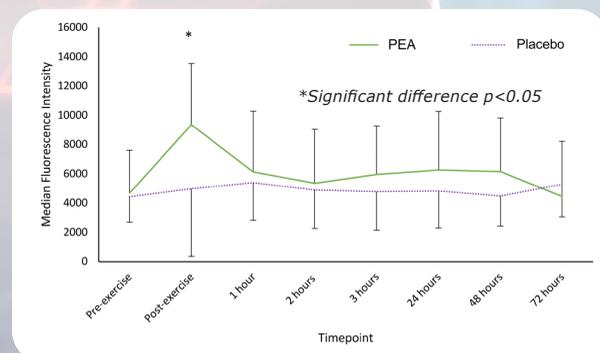


Figure 7. Protein Kinase B (PKB)  
There was a difference in Mononuclear cell PKB (also known as Akt) median fluorescence intensity in Levagen Plus post exercise.

## Pharmacokinetic Study

**A parallel, double-blind, bioavailability study to measure uptake of PEA over a 24-hour period. The objective of this trial was to determine whether the use of a Lipid-Based Drug Delivery System, LipiSpense®, can be successfully used to improve the bioavailability of Levagen.**

The study was conducted with 28 healthy male and female volunteers over 18 years old. Participants were randomized into 2 groups (Levagen®+ or Standard PEA) with each group consuming a single 300mg dose of a PEA formulation. (Blood samples were taken at baseline and 30, 45, 60, 70, 90, 120, 180, 240 minutes post ingestion.)

All participants were advised to fast from 10:00pm the night prior to the study commencing until the collection of the first blood sample. Breakfast and lunch were provided to the participants at the center. This is a standard feeding study with nutritionally balanced meals and snacks provided during the sample collection. Subjects remained on site for the full 5 hours of sample collection.

### Safety Analysis

Subjects were monitored and asked to report any possible side effects experienced as a result of PEA supplementation while at the research center.

### Results

The primary outcome measure of the trial was the change in plasma uptake of PEA over a 4 hour period.

The Levagen®+ formulation significantly increased plasma PEA concentration above baseline concentrations by approximately 1.75 x that of the standard Levagen formulation.

These results indicate that by combining Levagen with the LipiSpense delivery system, PEA absorption is more effective than Levagen® alone, and it appears to mimic the human body's naturally occurring mixed micellar transport system for lipids.

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# Exercise Recovery Study

**A double-blind, randomized, clinical trial with a 72 hour treatment duration was conducted to measure the effect of 167.5mg of Levagen®+ on exercise recovery. The study was conducted with 28 healthy, recreationally-trained males aged 18 and 35 years old.**

Muscle fatigue was induced using leg press and completion of 4 sets for as many repetitions as possible, with 1 minute rest between sets. After muscle fatigue, blood parameters, VAS pain score, thigh circumference and questionnaires were completed.

## Results

Levagen+ was shown to be statistically significant (when compared to the placebo) in:

- decreasing myoglobin levels post-exercise
- lower blood lactate concentration post-exercise
- increased protein kinase B (mTOR) levels associated with resistance training

## Current Ongoing Studies

- Levagen®+ Headache Study
- Levagen®+ Acute Joint Study



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