CoQ10 Gummies

Mango Madness Flavor

Doctor's BEST®
Science-Based Nutrition™

INGREDIENTS

Doctor's Best CoQ10 Gummies are an easy and tasty way to support your health. Each naturally-flavored serving provides 200mg of CoQ10.

BENEFITS

- Supports Healthy Heart and Mitochondrial Function*[1-10,13]
- Potent Antioxidant*[10-20]
- Supports Physical Performance and Reduces Fatigue*[20-25]

CoQ10 has been thoroughly studied for its role in heart and mitochondrial health and as a potent antioxidant. CoQ10 has also been shown to support physical performance and reduce fatigue. Coenzyme Q10 is found in almost every cell in the body and production declines as we age. CoQ10 production can also be compromised by lifestyle factors and by certain prescription drugs, making supplementation important for many people.

Supports Heart and Mitochondrial Health*

A 5-year prospective randomized double-blind placebo-controlled trial among Swedish citizens aged 70 to 88 was performed in 443 participants given combined supplementation of selenium and coenzyme Q10 or a placebo. Clinical examinations, echocardiography and biomarker measurements were performed. Participants were monitored every 6th month throughout the intervention. The cardiac biomarker N-terminal proBNP (NT-proBNP) and echocardiographic changes were monitored, and mortalities were registered. This study concluded that long-term supplementation of selenium/coenzyme Q10 reduces cardiovascular mortality. The positive effects could also be seen in NT-proBNP levels and on echocardiography.[1]

Researchers analyzed the same data for cardiovascular mortality up to 10 years after intervention with selenium and coenzyme Q10, to evaluate if mortality differed in subgroups differentiated by gender, diabetes, ischemic heart disease (IHD), and functional class. Four-hundred forty-three healthy elderly individuals were included from a rural municipality in Sweden. All cardiovascular mortality was registered, and no participant was lost to the follow-up. In the 10-year follow-up of a group of healthy elderly participants given four years of intervention with selenium and coenzyme Q10, significantly reduced cardiovascular mortality was observed. The protective action was not confined to the intervention period but persisted during the follow-up period.[2]

One study investigated whether the effect of 48-month usage of coenzyme Q10 and selenium on cardiac function was different for participants with different levels of cardiac wall tension as measured by plasma levels of N-terminal natriuretic peptide (NT-proBNP) at baseline. A 48-month randomized double-blind controlled trial in a cohort of community-dwelling elderly (mean age 78 years) was carried out. A total of 443 participants were given coenzyme Q10 combined with selenium, or a placebo. NT-proBNP measured at baseline and 48 months was used to evaluate cardiac wall tension. The study concluded that long-term supplementation of coenzyme Q10/selenium reduces NT-proBNP levels and cardiovascular mortality in those with baseline NT-proBNP in the second to fourth quintiles, indicating those who gain from supplementation are patients with mild to moderate impaired cardiac function.[3]

Another study examined the therapeutic efficacy of coenzyme Q10 (CQ10) and trimetazidine in acute viral myocarditis both individually and in combination. Patients were blinded and randomized to receive CQ10 (n = 42), trimetazidine (n = 39), or CQ10 + trimetazidine (n = 43) treatment. The study concluded that CQ10 and trimetazidine are beneficial individually but demonstrated a superior effect of combining the therapies on cardiac left ventricular ejection fraction, and biochemical markers of myocardial damage in acute viral myocarditis.[4]

Other researchers assessed the effect of CoQ10 plus NADH supplementation on age-predicted maximum heart rate (max HR) during a cycle ergometer test. Secondary measures included fatigue, pain and sleep. A proof-of-concept, 8-week, randomized, controlled, double-blind trial

Supplement Facts

Serving Size 2 Gummies
Servings Per Container 30

	Amount Per Serving	% Daily Value
Calories	20	
Total Carbohydrate	5 g	2%**
Total Sugars	3 g	†
Includes 3 g Added Sugars		6%**
Sodium	10 mg	1%
CoEnzyme Q10 (Ubiquinone)	200 mg	†

** Percent Daily Values are based on a 2,000 calorie diet.
† Daily Value not established.

Other Ingredients: Organic tapioca syrup, raw cane sugar, water, pectin, natural flavors, citric acid, sodium citrate, coconut oil, annatto extract (for color), carnauba wax.

Suggested Adult Use: Chew two (2) gummies daily or as recommended by a nutritionally informed physician. Chew thoroughly before swallowing.

USP Verified, Naturally Fermented CoQ10

KEEP OUT OF REACH OF CHILDREN

Store in a cool dry place.

* 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.

was conducted in 80 Chronic Fatigue Syndrome (CFS) patients assigned to receive either CoQ10 plus NADH supplementation or matching placebo twice daily. Maximum HR was evaluated at baseline and at end of the run-in period using an exercise test. Fatigue, pain and sleep were evaluated at baseline, and then reassessed at 4- and 8-weeks through self-reported questionnaires. The researchers concluded that their results suggest that CoQ10 plus NADH supplementation for 8 weeks is safe and potentially effective in reducing max HR during a cycle ergometer test and on fatigue in CFS.[5]

A separate research project tested the antioxidant efficacy of coenzymeQ10 (CoQ10) as an adjunct treatment in patients with atrial fibrillation (AF) and heart failure (HF). Consecutive patients with HF were randomized and divided into 2 groups: CoQ10 group (combined administration of common drugs and CoQ10) and control group (administration of common drugs). Ambulatory electrocardiogram Holter monitoring (24 hours), Doppler echocardiography, and evaluation of inflammatory cytokines were performed before treatment and 6 and 12 months after treatment. The research concluded that coenzymeQ10 as adjuvant treatment in patients with HF may attenuate AF incidence. The mechanisms of the effect may be related to reduced malondialdehyde levels.[6]

A randomized controlled multicenter trial evaluated coenzyme Q10 (CoQ10) as adjunctive treatment in chronic heart failure (HF). Patients with moderate to severe HF were randomly assigned in a 2-year prospective trial to either CoQ10 100 mg 3 times daily or placebo, in addition to standard therapy. The primary short-term endpoints at 16 weeks were changes in New York Heart Association (NYHA) functional classification, 6-min walk test, and levels of N-terminal pro-B type natriuretic peptide. The primary long-term endpoint at 2 years was composite major adverse cardiovascular events as determined by a time to first event analysis. The study concluded that long-term CoQ10 treatment of patients with chronic HF is safe, improves symptoms, and reduces major adverse cardiovascular events.[7]

Other researchers investigated whether co-enzyme Q10 (CoQ10) supplementation can reverse mitochondrial dysfunction (MD) and improve endothelial function in patients with ischemic left ventricular systolic dysfunction (LVSD). They performed a randomized, double-blind, placebo-controlled trial with CoQ10 (300 mg/day, n=28) vs. placebo (controls, n=28) for 8 weeks on brachial flow-mediated dilation (FMD). Mitochondrial function was determined by plasma lactate/pyruvate ratio (LP ratio). The researchers concluded that in patients with ischemic LVSD, 8 weeks supplement of CoQ10 improved mitochondrial function and FMD; and the improvement of FMD correlated with the change in mitochondrial function, suggesting that CoQ10 improved endothelial function via reversal of mitochondrial dysfunction in patients with ischemic LVSD.[8]

A separate study tested the effect of supplementation with coenzyme Q10 on conventional therapy of children with cardiac failure due to idiopathic dilated cardiomyopathy. In a prospective, randomized, double-blinded, placebo-controlled trial, they randomized 38 patients younger than 18 years with idiopathic dilated cardiomyopathy to receive either coenzyme Q10, chosen for 17 patients, or placebo, administered in the remaining 21. Echocardiographic systolic and diastolic function parameters were determined for every patient at baseline, and after 6 months of supplementation. The index score for cardiac failure in children as established in New York was used for assessing the functional class of the patients. The study concluded that coenzyme Q10 is useful in ameliorating cardiac failure in patients with idiopathic dilated cardiomyopathy through its significant effect on improving diastolic function.[9]

Potent Antioxidant*

As coenzyme Q10 is involved in the anti-oxidative defense, a study evaluated effects of selenium and coenzyme Q10 on copeptin and adrenomedullin as oxidative stress biomarkers. Therefore, 437 elderly individuals were included and given intervention for 4 years. Clinical examination and blood samples were undertaken at start and after 18 and 48 months. Evaluations of copeptin and MR-proADM changes were performed using repeated measures of variance. Cardiovascular mortality was evaluated using a 10-year-period of follow-up. The study concluded that supplementation with selenium and coenzyme Q10 for four years resulted in lower concentration of both copeptin and MR-proADM. A cardioprotective effect of the supplementation was registered, irrespective of the initial levels of these biomarkers, and this protection was recognized also after 10 years of observation.[10]

Another single-blinded, randomized, parallel, placebo-controlled study included patients experiencing hepatocellular carcinoma (HCC). Patients (n = 41) were randomly assigned to placebo (n = 20) or coenzyme Q10 (300 mg/day, n = 21) group after surgery. The intervention lasted for 12 weeks. Plasma coenzyme Q10, vitamin E, oxidative stress antioxidant enzymes activity and inflammatory markers levels were measured. The study concluded that 300 mg/d of coenzyme Q10 supplementation significantly increased antioxidant capacity and reduced oxidative stress levels in HCC patients after surgery.[11]

Another study attempted to determine whether short-term supplementation with Ubiquinol can prevent oxidative stress associated with strenuous exercise. Participants, healthy adults (n = 100), were classified in two groups: Ubiquinol (experimental group), and placebo (control). The protocol consisted of two identical strenuous exercise tests with a 24-hour rest period between tests. Blood and urine samples were collected from participants before and after exercise. The study found that short-term supplementation (2 weeks) with Ubiquinol (200 mg/day) before strenuous exercise decreases oxidative stress and increases plasma NO. The researchers concluded that their findings suggest CoQ10 could improve endothelial function, energetic substrate supply, and muscle recovery after strenuous exercise.[12]

Other researchers performed a dose escalation study to test the hypothesis that CoQ10 therapy is safe, well-tolerated, and improves biomarkers of oxidative stress in patients receiving hemodialysis therapy. Plasma concentrations of F2-isoprostanes and isofurans were measured to assess systemic oxidative stress and plasma CoQ10 concentrations were measured to determine dose, concentration and response relationships. The researchers found that CoQ10 supplementation at doses as high as 1800 mg per day was safe in all subjects and well-tolerated in most. Short-term daily CoQ10 supplementation decreased plasma isofuran concentrations in a dose dependent manner. They concluded that CoQ10 supplementation may improve mitochondrial function and decrease oxidative stress in patients receiving hemodialysis.[13]

Another study was conducted to determine effects of CoQ10 on glucose homeostasis parameters, lipid profiles, biomarkers of inflammation and oxidative stress among patients with Metabolic Syndrome (MetS). This randomized, double-blind, placebo-controlled trial included 60 overweight or obese and type 2 diabetes mellitus patients with coronary heart disease aged 40-85 years old. Participants were randomly allocated into two groups. Group A (n = 30) received 100 mg CoQ10 supplements and group B (n = 30) received placebo for 8 weeks. Fasting blood samples were taken at study beginning and after 8-week intervention to quantify glucose homeostasis parameters, lipid profiles and biomarkers of inflammation and oxidative stress. The study concluded that daily intake of 100 mg CoQ10 supplements among patients with MetS for 8 weeks had beneficial effects on serum insulin levels and plasma Total Antioxidant Capacity (TAC) concentrations.[14]

A separate, double-blind, randomized controlled clinical trial included 44 patients with rheumatoid arthritis. Twenty-two patients received 100 mg/day capsules of CoQ10 and 22 patients took placebo for 2 months. At

beginning and end of intervention, 7 mL of fasting blood was taken from patients to measure malondialdehyde (MDA), total antioxidant capacity (TAC), interleukin (IL)-6 and tumor necrosis factor alpha (TNF-α). The study found beneficial effects of CoQ10 supplementation on inflammatory markers and oxidative stress in rheumatoid arthritis patients.[15]

Other researchers evaluated the effect of ubiquinone (Coenzyme Q10) on oxidative stress markers in non-proliferative diabetic retinopathy (NPDR) under clinical management. In a randomized, double-blind, phase IIa, placebo-controlled, clinical trial, three study groups were formed and administered medications as follows: Group 1, Coenzyme Q10; Group 2, combined antioxidant therapy (CAT); and Group 3, placebo. Serum levels of the products of lipid peroxidation (LPO) and nitrites/nitrates, as markers of oxidative/nitrosative stress, were measured. As antioxidants, the total antioxidant capacity (TAC), catalase activity, and glutathione peroxidase (GPx) activity were measured. The researchers concluded that adjunctive antioxidant treatment with CoQ10 for 6 months was effective and safe for improving oxidative stress in NPDR.[16]

Another study first examined the relationship between CoQ10 status and serum gamma-glutamyltransferase (GGT) activity in 416 healthy participants between 19 and 62 years of age in a cross-sectional study (cohort I). Next, 53 healthy males (21-48 years of age; cohort II) underwent a 14-day Q10H2 supplementation (150 mg/d) to evaluate the effect of Q10H2 supplementation on serum GGT activity and GGT1 gene expression. CoQ10 level is positively associated with serum GGT activity. Supplementation with CoQ10 reduces serum GGT activity. This effect might be caused by gene expression. Overall, the study concluded that higher CoQ10 levels improve oxidative stress via reduction of serum GGT activity in humans.[17]

A separate study investigated the effect of coenzyme Q10 supplementation on oxidative stress and antioxidant enzyme activity in patients with coronary artery disease (CAD). This was an intervention study. Patients (n = 51) were randomly assigned to placebo group (n = 14) or one of two coQ10-supplemented groups (60 mg/d, n = 19 [Q10-60 group]; 150 mg/d, n = 18 [Q10-150 group]). Intervention was administered for 12 wk. Patients' blood samples were analyzed every 4 wk for plasma coQ10 concentrations, malondialdehyde (MDA), and antioxidant enzyme (catalase [CAT], superoxide dismutase [SOD], glutathione peroxidase) activity. The researchers concluded that 150 mg coQ10 can decrease oxidative stress and increase antioxidant enzyme activity in patients with CAD. A higher dose of coQ10 (>150 mg/d) might promote rapid and sustainable antioxidation in patients with CAD[18]

Other researchers investigated the effects of coQ10 (300 mg/d) on antioxidation and anti-inflammation in patients who have coronary artery disease (CAD) during statins therapy. The subjects (n = 51) were randomly assigned to placebo (n = 24) and coQ10 groups (n = 27). The intervention was administered for 12 weeks. The concentrations of coenzyme Q10, vitamin E, antioxidant enzymes activities (superoxide dismutase, catalase, and glutathione peroxidase), and inflammatory markers [C-reactive protein (CRP), tumor necrosis factor-α (TNF-α), and interleukin-6 (IL-6)] were measured in the 42 subjects (placebo, n = 19; coQ10, n = 23) who completed the study. The researchers found that coQ10 supplementation at 300 mg/d significantly enhances antioxidant enzymes activities and lowers inflammation in patients who have CAD during statins therapy.[19]

Supports Physical Performance and Reduces Fatigue*

Researchers attempted to determine, whether short-term supplementation with Ubiquinol can prevent oxidative stress associated with strenuous exercise. The participants (n = 100 healthy and well trained, but not at an elite level) were classified in two groups: Ubiquinol (experimental group), and placebo group (control). The protocol consisted of conducting two identical strenuous exercise tests with a 24h rest period between tests. Blood and urine samples were collected from participants before supplementation (basal value) (T1), after supplementation (2 weeks) (T2), after first physical exercise test (T3), after 24 h of rest (T4), and after second physical exercise test (T5). The increase observed in the lactate, isoprostanes, DNA damage, and hydroperoxide levels reveals the severity of the oxidative damage induced by the exercise. The study concluded that short-term supplementation (2 weeks) with Ubiquinol (200 mg/day) before strenuous exercise, decreases oxidative stress and increases plasma NO, which could improve endothelial function, energetic substrate supply, and muscle recovery after strenuous exercise.[20]

Another trial was designed to evaluate the benefits of CoQ10 administration for mitochondrial function. Twenty athletes aged ≥ 50 years who were taking stable doses of statins were randomized to receive either CoQ10 (200 mg daily) or placebo for 6 weeks in a double-blind, placebo-controlled, crossover study to evaluate the impact of CoQ10 on the anaerobic threshold (AT). Several secondary endpoints, including muscle function, cardiopulmonary exercise function, and subjective feelings of fitness, were also assessed. The researchers found that CoQ10 improved AT compared to baseline values in 11 of 19 (58%) subjects and compared to placebo treatment values in 10 of 19 (53%) subjects. Overall, treatment with CoQ10 (200 mg daily) did not significantly improve AT in older athletes taking statins. However, it did improve muscle performance as measured by time to AT and leg strength (quadriceps muscle reps). Many other measures of mitochondrial function also tended to improve during CoQ10 treatment.[21]

A separate study attempted to determine the changes of oxidative stress and antioxidant markers in plasma after repeated bouts of supramaximal exercise and the effects of coenzyme Q10 supplementation on these changes. This randomized, double blind, crossover study was composed of two 8-week periods of supplementation with either 100 mg/day CoQ10 or placebo. Fifteen healthy and sedentary men participated in the study. Five Wingate tests with 2 min rest between tests were performed. Blood samples were collected at rest, immediately after, 15 and 60 min after the fifth Wingate test for oxidative stress (malondialdehyde, nitric oxide, xanthine oxidase and adenosine deaminase) and antioxidant (superoxide dismutase, glutathione peroxidase and uric acid) markers. The researchers found that CoQ10 supplementation partially prevents lipid peroxidation increase after repeated short-term supramaximal exercise.[22]

A secondary analysis using the same subjects as the previous study tried to determine the effects of oral CoQ10 on performance during repeated bouts of supramaximal exercise. This randomized, double-blind, crossover study was composed of two 8-week periods of supplementation with either 100 mg/d CoQ10 or placebo. Fifteen healthy and sedentary men participated in the study. Five Wingate tests (WTs) with 75 g.kg body weight load with 2-minute intervals between tests were performed 3 times at baseline, after CoQ10, or placebo supplementation during the study period. Peak power (PP), mean power (MP), and fatigue index were calculated. The analysis concluded that CoQ10 may show performance-enhancing effects during repeated bouts of supramaximal exercises and CoQ10 might be used as ergogenic aid.[23]

A different study examined the effect of an antioxidant, coenzyme Q10 (CoQ10), on muscular injury and oxidative stress during exercise training. Eighteen male students, all elite Japanese kendo athletes, were randomly assigned to either a CoQ10 group (n 10) or a placebo group (n 8) in a double-blind manner. Subjects in the CoQ10 group took 300 mg CoQ10 per d for 20 d, while subjects in the placebo group took the same dosage of a placebo. All subjects practiced kendo 5.5 h per d for 6 d during the experimental period. Blood samples were taken 2 weeks before, during (1 d, 3 d, 5 d) and 1 week after the training. The researchers found that CoQ10 supplementation reduced exercise-induced muscular injury in athletes.[24]

Other researchers examined the effects of coenzyme Q10 administration on physical fatigue. In a double-blinded, placebo-controlled, three

crossover designs, 17 healthy volunteers were randomized to oral coenzyme Q10 (100 or 300 mg/d) or placebo administration for 8 d. As a fatigue-inducing physical task, subjects performed workload trials on a bicycle ergometer at fixed workloads twice for 2 h and then rested for 4 h. During the physical tasks, subjects performed non-workload trials with maximum velocity for 10 s at 30 min (30-min trial) after the start of physical tasks and 30 min before the end of the tasks (210-min trial). The researchers found that oral administration of coenzyme Q10 improved subjective fatigue sensation and physical performance during fatigue-inducing workload trials and might prevent unfavorable conditions because of physical fatigue.[25]

SAFETY

A human clinical trial found that CoQ10 supplementation in doses as high as 1800 mg per day was safe in all subjects and well-tolerated in most.[13] Coenzyme Q10 is naturally found in most cells in the body.

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