L-Carnitine

The Metabolic Support Nutrient

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Designs for Health, which for many years has been a leading supplier of carnitine products to the medical community, is pleased to announce a new delivery form of this important nutrient to our proud line of carnitine products:

1. **Supersaturated L-Carnitine liquid:** CarniClear™
   (raspberry/mint flavor) 2500 mg per teaspoon
2. **Highly concentrated powder:** L-Carnitine Tartrate (pleasant lemon-like tart flavor), 2800 mg per teaspoon
3. **Carnitine Synergy capsules:** 400 mg elemental Carnitine from L-Carnitine Tartrate combined with 100 mg Acetyl-L-Carnitine

High pharmaceutical standards of production ensure the highest purity and quality of these carnitine products.

CarniClear™ supersaturated carnitine liquid is a pleasant naturally flavored non-acidic liquid form of carnitine, conveniently delivered in two sizes: 8 oz economy and 1 oz for travel. This product is both the most convenient and most affordable way of delivering the multi-gram dosing of carnitine that is often prescribed by health care practitioners. In addition to the pure base L-Carnitine, CarniClear™ also contains small amounts of highly purified glycerine, 500 mcg of vitamin B12 and 100 mg of vitamin B5 (Pantothenic Acid).

Pure base carnitine is carnitine in its natural state not bound to anything. For carnitine to be supplied as a powder, it must first be bound to an acid such as tartaric or fumaric acid.

**Vitamin B5** was added to support a necessary step in fat metabolism, the synthesis of Coenzyme A, which is essential for the transport of fat by L-Carnitine.

**Vitamin B12** is an important cofactor in many metabolic pathways, including endogenous carnitine synthesis. Diets low in animal meat are deficient in Vitamin B12, as well as carnitine.

L-Carnitine is a compound naturally occurring in all foods, but significant amounts are only found in dark meats (due to high concentration of mitochondria), for example: lamb (190 mg/4 oz), beef (143 mg/4 oz), poultry (13 mg/4 oz), fish (3-10 mg/4 oz), cheese (1-13 mg/4 oz), rice (0.3 mg/4 oz), tomato (0.1 mg/4 oz). Approximately 20 mg/day of Carnitine is synthesized in the human body (kidney and liver) from methionine and lysine, requiring other cofactor nutrients such as iron, vit C, vit B3 and B6. Many metabolic states may require more than this synthesized amount. See below. Carnitine supplementation may be needed especially for vegetarian diets or when dark meats are consumed in small amounts, because neither preformed carnitine nor its precursor amino acids are ingested in adequate amounts to support optimal health.

How to Take Carnitine

In general, L-Carnitine will be absorbed faster and with higher peak plasma when ingested on an empty stomach, because it does not compete for absorption with other amino acids or peptides. When taken on an empty stomach, plasma levels of carnitine will remain elevated for 3-4 hours. If high blood concentrations throughout out 24 hrs are desired, carnitine should be taken multiple times per day in doses of 1-2 g, for example first thing in the morning and around 2-3 hrs after any meal or snack. It is not recommended late in the day due to its energizing effect. Do not take too much too fast, or it may have a laxative effect.

Carnitine would be especially useful to take right before exercise, for both resistance and endurance training. When taken with meals, it will achieve a lower but more prolonged elevated plasma level, about 7-8 hours, supporting at first the metabolism of the fat ingested with meals and subsequently that of the fat released from the adipose tissue.

It’s important to keep in mind that when consuming an excessively high carbohydrate diet, fat release from the adipose tissue is impaired by high levels of insulin. In this case, fat cannot be transported into the mitochondria with the help of carnitine and burned, because it does not have a chance to get in the bloodstream in the first place. The only benefit that L-carnitine can have in this case, would be to support the transport of the fat absorbed from the meals into the mitochondria for burning. As a result, carnitine may reduce the chance of gaining body fat, during a diet high in carbohydrates and fat, but fat loss is very unlikely in this metabolic situation. So, in order to maximize fat loss and benefit from L-carnitine supplementation, the amount of daily carbohydrate intake should be minimized and adjusted to match general activity levels and exercise type and duration.

L-carnitine absorption and retention in muscle is enhanced by phosphatidyl choline (available from DFH in the form of Phosphatidyl Choline 40%, Phosphatidyl Choline softgels and Krill Oil).
Carnitine supplementation in the amount of 1-6 g/day was shown to provide metabolic support for the following:

- Many metabolic states that require an enhanced oxidation of fat, such as: excess body fat, high triglycerides, sustained exercise (aerobic or resistance training), low carbohydrate/high fat diets.
- A variety of conditions that require an intensive support of the heart muscle and the immune system cells.
- Other conditions such as: ADHD, pregnancy, infant nutrition, low sperm motility, chronic fatigue, Raynaud’s syndrome, dialysis complications
- Side-effects from: interferon therapy for Hepatitis C, HIV anti-virals or chemotherapy

Carnitine supports the metabolism of fat during weight loss diets.

L-carnitine is an indispensable nutrient that supports the transport of fat into the part of the cell (the mitochondria), where it can be burned and converted into energy. See Fig 1 on the reverse side of this flier. Several studies have shown that L-carnitine supplementation improves the body's efficiency to burn fat, even if the subjects are not overtly deficient in carnitine.2

One study investigated the effect of 4 weeks of supplementation with 1g L-carnitine, three times per day on 100 overweight patients following a diet of 1200 Kcal/day. The carnitine group lost an average of 9.7 lb vs 7.8 lb in the placebo group. So, L-carnitine supplementation supported the weight loss process with an additional 2.1 lb in 1 month. The authors concluded that “the study supports the assumption formulated on the basis of other studies that carnitine supplementation leads to increased desirable weight loss, over and above diet and exercise”.3 Authors have also emphasized that L-carnitine's metabolic advantage will be especially realized when administered along with a regimen that ensures a caloric deficit through adequate diet plus exercise. Special attention should be given to the amount of carbohydrate ingested.

Another study showed that supplementation with L-Carnitine increased the loss of fat in the urine, in addition to increasing the fat burning for energy.7 This shows two different venues in which L-carnitine provides a metabolic advantage.

Carnitine supports the preservation of lean body mass, especially during anaerobic exercise and fat loss.

It is especially important to preserve the lean body mass during fat loss in order to prevent a reduction in metabolic rate. Carnitine supplementation was shown in several studies to support an actual increase in lean body mass, in addition to reducing the amount of exercise-induced muscle tissue damage.11 This benefit applies to both resistance and endurance type exercises. This means that carnitine supplementation prior to a workout results in less muscle soreness.

Carnitine supports the metabolism of fat during exercise and spares carbohydrate stores.

Fat burning is intensified during endurance exercise, and L-Carnitine was shown to increase the efficiency of this process, allowing the body to tap more into the fat stores than into the sugar stores (the blood glucose or the glycogen from liver and muscles).5, 15 In other words, for any given amount of calories burned in an exercise bout, more calories will be derived from fat then from sugar if supplemented with L-Carnitine. This will also reduce the chance of becoming hypoglycemic during exercise and reduce the likelihood of sugar cravings afterward.

Carnitine supports enhanced exercise performance.

L-carnitine was shown to improve exercise performance, probably by enhancing the delivery of fat fuel to the muscles. 4 g per day of L-Carnitine, over a period of 2 weeks increased a typical marker of aerobic capacity (VO2 max) by 6 %.12 It was also shown to increase the anaerobic threshold, and so delayed the point where the muscles feel a “burn” from lactic acid.

Carnitine supports the heart muscle and related conditions: congestive heart failure, ischemia, myopathy.

“L-Carnitine is a useful therapeutic agent for the treatment of congestive heart failure in combination with traditional pharmacological therapy.”6 This is probably due to the fact that L-Carnitine is supporting the delivery of fat to the heart muscle, which is its main fuel source. A review of the literature emphasizes the results of the three trials with carnitine, which have shown significant benefits for patients with myocardial ischemia.9

Carnitine supports the normalization of blood lipids: triglycerides, HDL, Lp(a).

“Serum-triglyceride concentrations were determined in patients treated with 900 mg/day. Serum-triglyceride was significantly reduced and concentrations continued to decline as carnitine administration continued.”10 “1 g per day of L-Carnitine over a period of 10-15 weeks caused a substantial increase in HDL.”14

One study found L-carnitine to lower serum triglycerides by 28%, total cholesterol by 12%, while raising HDL by 12%. [15, 16] Another study concluded: “from a general sample of 3525 cardiopathic patients treated with 2 g daily of L-Carnitine during 1 year…after 12 months of administration only 282 patients showed abnormal levels of cholesterolemia.”

“L-Carnitine (2 g/day) significantly reduced Lp(a) levels (-7.7% versus baseline and -11.7% vs placebo treatment), the reduction being more dramatic in the subjects with the more marked elevations. In a significant number of subjects, the reduction of Lp(a) resulted in a return of this major cardiovascular risk parameter to the normal range.”

Carnitine supports various conditions.

“Conditions which seem to benefit from supplementation of L-carnitine include anorexia, chronic fatigue, coronary vascular disease, diphtheria, hypoglycemia, male infertility, muscular myopathies, pregnancy and Rett syndrome. In addition, preterm infants, dialysis patients, and HIV+ individuals seem to be prone to a deficiency of L-carnitine, and benefit from supplementation...under some experimental conditions pretreatment has favored aerobic processes and resulted in improved endurance performance.”8

References

13. Wys A, Ganzit GP. Effects of L-carnitine administration on VO2max and the aerobic-anaerobic threshold in normoxia and acute hypoxia.