Enlyte is an advanced generation, prescription therapy indicated for any condition in which elevated homocysteine levels are causative or contributory to pathology. (1) Because its ingredients are cofactors in multiple pathways involved in neurotransmitter synthesis, its main role since development and launch has been that of antidepressant. The following six cases describe teens who responded well to Enlyte therapy with no adverse events seen in any patient at the time of these reports.

HD is a fifteen-year-old with major depression, referred by her pediatrician due to suicidal thoughts. She reported no major stressors or trauma, no substance abuse, but sadness, excessive sleep, fatigue, and anhedonia that, according to parents, was "progressively worse over the past year." Her MADRS was 31 at presentation. She was offered hospitalization due to thoughts of overdosing, but declined, and she could contract for safety.

She had been prescribed vilazodone 20 mg a day by her pediatrician and reported a reduction in anxiety but no benefit beyond that symptomatic relief. Her dose was escalated to 30 mg a day for seven days and then 40 mg a day from then on. At week four of this dose she still was symptomatic with a MADRS of 30. She began cheeking meds and confessed she was on no medication for five weeks at the time of her initial psychiatric evaluation.

She was prescribed Enlyte once a day, and scheduled for individual therapy and a follow up visit in 2 weeks. By two weeks her MADRs had reduced to 25, but she still reported fatigue, thoughts that "everyone would be better off without her," and poor sleep. At weeks six, her MADRS was 20, energy and sleep were still poor, but suicidal thoughts had dissipated.

Escitalopram was added at 10 mg a day, and she tolerated this addition well. After three weeks of combination Enlyte-escitalopram therapy, she was stable, in remission, and reporting no suicidal thoughts, and her MADRS was 8.