SUBSTANCES	SUPPLY	HIGH GSH ELEVATION	MODERATE GSH ELEVATION	WEAK GSH ELEVATION	ZERO GSH ELEVATION	SIDE EFFECTS. HIGH DOSE TOXICITY	OBSERVATIONS
Immunocal	Oral	☑					It has no adverse effects or overdoses. Its ability to elevate GSH has been clinically proven. Suitable for everyone. It can be used for life.
DRUGS							
NAC (N-acetyl cysteine)	oral and intravenous	☑					Rebound effect lasting 4-6 hours. Toxicity: Skin rash, wheezing, nausea, vomiting, cramps, and diarrhea.
SAM S-adenosyl-methionine)	Oral, intramuscular and intravenous			☑			Adverse reaction to other antidepressants
OTC y OTZ (Procysteine)	hospital use		☑				They are not readily available to physicians or the general public.
GSH MONOESTERS AND DIESTERS	hospital use		☑				Little research at the moment
"Natural" Products							
GLUTATHIONE	Oral				☑		
GLUTATHIONE	intravenous	☑					Short-lasting and toxic effect on prolonged exposure
GLUTATHIONE	Parches				☑		
GLUTATHIONE	inhaled		☑				Short-lived effect. It only affects the respiratory tract, not the intracellular level.
CYSTEINE	oral and inhaled			☑			Potentially toxic due to hypercysteinemia
METHIONINE	Oral			☑			Difficult to metabolize into GSH. Potentially toxic due to hypercysteinemia.
MELATONIN	Oral	☑					Long-term safety not established. Response varies from person to person. Seek medical supervision.
SILYMARIN MILK THISTLE	Oral	☑					Toxic reactions may include gas, cramps, and diarrhea. Liver diseases should not be treated without the advice of a healthcare professional.
GLUTAMINE	oral and intravenous	☑					Glutamine degrades if not kept dry and turns into ammonia. Gastrointestinal discomfort may occur. Patients with kidney and liver failure should be cautious when consuming it. Seek medical attention.
LIPOIC ACID	Oral		☑				Lipoic acid is actually a synergistic antioxidant with glutathione, supporting its redox balance.
WHEY PROTEINS	Oral			☑			Low bioavailability due to high temperature treatments during its production.
Glutathione Cofactors							
SELENIUM	Oral		☑				Caution is advised, as high doses can be toxic. Do not exceed a dose of 200 micrograms/day.
VITAMIN B1, B2	oral and intravenous			☑			Vitamins B1 and B2 are actually synergistic agents with glutathione supporting its redox balance.
VITAMIN B6 and B12	oral and intravenous			☑			Vitamins B6 and B12 are actually synergistic agents in glutathione metabolism. Vitamin B6, in doses above 500 mg, can be neurotoxic.
FOLIC ACID	Oral		☑				Folic acid is relatively safe but should not be taken by people with B vitamin deficiencies, specifically those with B12 deficiency.
VITAMIN C	Oral			☑			Vitamin C is a synergistic agent in glutathione metabolism, responsible for dozens of functions. It is known that at doses above a certain threshold, it is eliminated from the body, accompanied by cramps and diarrhea, and can be potentially harmful at high doses.
VITAMIN E	Oral			☑			Vitamin C is another synergistic agent in glutathione metabolism. At excessive levels, vitamin E is toxic and can cause gastrointestinal, cardiovascular, and neurological side effects.
Other micronutrients							
MAGNESIUM, VANADIUM AND ZINC	Oral			☑			These minerals also act synergistically with glutathione and in the case of Vanadium, it can recycle glutathione but in high concentrations it is toxic and can deplete GSH just like Zinc although in its right measure it supports the GSH system.