

PATIENT INFORMATION

About Hearing Preservation

and ACEMg, a daily nutritional support formula

This handout was prepared for patients whose clinician has discussed hearing preservation with them. It is meant to help you understand what your clinician explained, look at the published research yourself, and decide what feels right for you. It is not a sales pitch, and it is not medical advice.

What your clinician may have talked about

Hearing changes happen to most adults over time. Some changes come from age, some from years of noise exposure (concerts, machinery, loud workplaces, headphones), and some from genetics or other factors. Most of these changes are gradual, and most adults do not notice them until friends or family point out that they're missing parts of conversations.

If you have early signs of hearing change but you're not ready for hearing aids (or your test results show you don't yet need them), there has historically not been much your clinician could offer beyond "come back in a year" and "protect your ears from loud noise." That is starting to change.

Your clinician may have mentioned ACEMg, a nutritional formula combining four common nutrients that have been studied for over three decades at the University of Michigan's Kresge Hearing Research Institute, with funding from the U.S. National Institutes of Health and the European Commission, the independent executive arm of the European Union. ACEMg is the subject of a recently published peer-reviewed clinical study, which is what this handout is mostly about.

What the published study found

THE PUBLISHED FINDING

Among 93 adults with diagnosed sensorineural hearing loss who took ACEMg daily, 75% maintained or improved their objective hearing test results over two years. In a comparison group of 97 adults who did not take ACEMg, only 27% maintained or improved their results over the same period.

The study was published in March 2026 in the medical journal *Global Advances in Integrative Medicine and Health*, after going through formal peer review. "Peer review" means independent scientists examined and critiqued the methods and findings before publication.

The complete dataset is publicly available online (osf.io/9xm4j) so anyone, including your clinician or any independent scientist, can examine the raw numbers. This is unusual for the supplement industry. We did it on purpose.

What the study did and didn't show

What it showed: Adults who took ACEMg daily had better measured hearing outcomes over two years than adults who did not. The hearing tests used were objective measurements performed by audiologists, not patient self-report.

What it didn't show: It did not show that ACEMg reverses hearing loss, treats hearing loss, prevents disease, or replaces a hearing aid for someone who needs one. It also was not a randomized clinical trial, which is the gold standard for testing medical interventions. The authors openly acknowledge these limitations in the published paper. Future randomized trials and collection of additional real-world evidence-of-benefit data are warranted and welcomed.

What is ACEMg?

ACEMg is the combination of four ingredients that work together. Each one is a recognizable nutrient that you may already get from food or other supplements. What's specific is the combination, the dosing, and the formulation, which is patented and based on the University of Michigan research.

Ingredient	Why it's in the formula
Provitamin A (beta-carotene)	An antioxidant that the body converts into vitamin A as needed. Studied for inner ear support.
Vitamin C	An antioxidant that supports cells throughout the body, including in the inner ear.
Vitamin E	A fat-soluble antioxidant that works alongside vitamin C.
Magnesium	A mineral involved in many processes, including how nerve cells in the inner ear respond to loud sound.

All four are common nutrients with a long safety record at typical supplement doses. ACEMg is regulated as a dietary supplement under the Dietary Supplement Health and Education Act (DSHEA). It is not a drug, and it is not regulated as one.

Questions you may have

Should I take ACEMg?

That is a conversation between you and your clinician. They have looked at your hearing test results, your overall health, and your history. This handout helps you understand what they were talking about. Do not start a new supplement based only on a handout.

How much does it cost?

ACEMg is a subscription product available directly to consumers. The current subscription cost is \$33.99 for each four-week supply (a single daily dose of two softgels). Some clinicians offer ordering through digital dispensary services like Fullscript. Your clinician can tell you what's available through their practice.

Is it covered by insurance?

No. Dietary supplements are not generally covered by health insurance in the United States. Some health savings accounts (HSAs) and flexible spending accounts (FSAs) may cover supplements with a letter of medical necessity from your clinician. Ask your clinician if this applies to you.

Are there any safety concerns?

ACEMg uses common nutrients at doses considered safe for most adults. There is one important exception: people who currently smoke or recently smoked should talk to their clinician before taking any supplement containing beta-carotene. Research has shown a small increase in lung cancer risk when smokers take high-dose beta-carotene supplements. If you are a current or recent smoker, please discuss this with your clinician before starting ACEMg.

Will it interact with my other medications?

ACEMg uses common nutrients that most adults can take safely. However, anyone taking blood thinners, chemotherapy, or medications affecting nutrient absorption should always check with their pharmacist or clinician before adding any supplement.

When will I notice anything?

The published study followed people for two years, with measurable group-level results emerging within the first six months and continuing through 24 months. This is not a supplement that gives you a noticeable feeling like caffeine. Hearing preservation, by definition, is about what doesn't happen, the gradual changes you may avoid, not a sensation. Most people will not feel anything from taking ACEMg.

What about my tinnitus?

ACEMg is not designed or marketed for tinnitus, and we don't make claims about tinnitus relief. The published study measured hearing outcomes, not tinnitus outcomes. If you have tinnitus, please discuss it specifically with your clinician.

What if I'm just worried about hearing loss but my hearing test was fine?

This is a fair question, and the honest answer is that the study was conducted in adults with diagnosed hearing changes, not in adults with normal hearing tests. We can't extrapolate the results to people without diagnosed hearing changes. Your clinician can advise you on what makes sense given your particular situation.

Can I just take regular vitamins instead?

Individual ingredients in ACEMg are sold separately, with the possible exception of beta carotene, but DIY ACEMg is impractical. The published research used the specific combination, ratios, and formulation. We can't tell you whether taking the components separately would produce the same results, because that wasn't what was studied. We can say that preclinical studies confirmed that ACEMg combination had an unexpected synergistic effect that the individual components didn't.

Where can I read the study myself?

The full study is freely available at: [pmc.ncbi.nlm.nih.gov/articles/PMC13010025/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC13010025/). The complete anonymized dataset is at osf.io/9xm4j.

Why hearing preservation matters

Most adults take their hearing for granted until it starts to change. By the time hearing loss is significant enough to notice in conversations, much of the damage to the inner ear has already occurred and cannot be reversed. That's why most clinicians today think about hearing in the same way they think about vision, blood pressure, or cardiovascular health: something to attend to before there's a problem, not after.

The Lancet Commission, a leading international group of medical researchers, has identified hearing changes as the single largest modifiable risk factor for dementia. That is, of all the things you can potentially do something about as you age, taking care of your hearing has the largest documented effect on protecting your future cognitive health. Maintaining your hearing is not just about hearing. It is about staying connected to the people in your life and keeping your brain engaged in the world.

Whether or not ACEMg ends up being part of your hearing care plan, the core message is the same: pay attention to your hearing earlier than you think you need to.

If you decide to learn more

Talk to your clinician at your next visit. Write notes and bring this handout with you. The study reference, the dataset link, and basic information about ACEMg are all open and public. Your clinician can also direct you to ordering options if you decide together that ACEMg is a reasonable addition to your care plan.

If you would like to learn more on your own time, you can read about the science and the study at soundbites.com. The same information is also presented in the published peer-reviewed paper at [pmc.ncbi.nlm.nih.gov/articles/PMC13010025/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC13010025/).

A NOTE FROM YOUR CLINICIAN

Clinician name: _____

Practice: _____

Date of this visit: _____ | Next visit: _____

Notes for you:

IMPORTANT INFORMATION

These statements have not been evaluated by the Food and Drug Administration. ACEMg is a dietary supplement and is not intended to diagnose, treat, cure, or prevent any disease.

This handout is provided for educational purposes and is not a substitute for medical advice, diagnosis, or treatment from a qualified healthcare professional. Always seek the advice of your clinician with any questions you may have regarding a medical condition or before starting any supplement.

ACEMg is commercialized by Soundbites PBC, a Public Benefit Corporation. Research on ACEMg has been supported in part by Keep Hearing Initiative, an affiliated 501(c)(3) nonprofit, and originally by U.S. National Institutes of Health grants to the University of Michigan over a 36-year period. Funding sources and conflicts of interest are fully disclosed in the published study.

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