

1 **Effects of pre-workout multi-ingredient supplement on anaerobic**
2 **performance: randomized double-blind crossover study**

3 Piotr Kaczka^{a*}, Amit Batra^a, Katarzyna Kubicka^a, Marcin Maciejczyk^b, Agata
4 Rzeszutko-Bełzowskac^c, Iwona Pezdan-Śliż^c, Monika Michałowska-Sawczyn^d,
5 Marta Przydział^c, Artur Płonka^c, Pawel Ciężczyk^d, Kinga Humińska-Lisowska^d,
6 Tomasz Zając^a

7 ^a *Academy of Physical Education in Katowice, ul. Mikołowska 72a, 40-065 Katowice, Poland*

8 ^b *University of Physical Education in Krakow, al. Jana Pawła II 78, 31-571 Kraków, Poland*

9 ^c *University of Rzeszow, Faculty of Physical Education, ul. Towarnickiego 3, 35-010 Rzeszów*
10 *Poland*

11 ^d *Gdansk University of Physical Education and Sport, ul. Kazimierza Górskiego; 80-336*
12 *Gdańsk, Poland*

13 * *Corresponding author: Piotr Kaczka, e-mail: kaczor81@o2.pl*

14 **Abstract**

15 **Background:** The purpose of this study was to investigate the acute effects of commercially
16 available pre-workout supplement ~~Knockout 2.0~~[®] on anaerobic performance in resistance
17 trained men.

18 **Methods:** Twenty-three men underwent three testing sessions administrated in a
19 randomized and double-blind fashion separated by a seven-day break. The participants
20 performed three exercise tests: isokinetic strength test, maximal strength test and Wingate
21 test. Statistical analysis was conducted in R environment. Linear mixed models were
22 estimated via R package *lme4*.

23 **Results:** The mean knee peak torque was significantly greater in supplemented group for
24 right and left knee flexors (placebo: 103.17 ± 37.61 Nm, and supplemented group: 131.84
25 ± 29.31 Nm where $p=0.001$, and placebo: 103.72 ± 39.35 , and supplemented group: 129.38
26 ± 28.44 , where $p=0.001$; respectively) as well as for right and left knee extensors (placebo:
27 202.65 ± 58.64 Nm, and supplemented group: 237.22 ± 54.75 Nm where $p=0.001$, and
28 placebo: 203.27 ± 63.2 Nm versus supplemented group: 229.84 ± 50.8 Nm where $p=0.002$;
29 respectively).The significant difference was observed in mean anaerobic power between
30 supplemented and placebo group for right and left knee flexors ($p=0.002$ and $p=0.005$,
31 respectively) as well as for right and left knee extensors ($p=0.001$ and $p=0.002$;
32 respectively).There was also observed that the time to peak torque was significantly greater
33 in supplemented group for right and left knee flexors ($p=0.002$ for both legs). The significant
34 difference was also observed in mean power between supplemented and placebo group
35 during Wingate test (placebo: 8.49 ± 0.57 W/kg, and supplemented group: 8.66 ± 0.55
36 W/kg where $p=0.038$). Moreover the mean 3-RM strength test was significantly greater in
37 supplemented group with $p=0.001$.

38 **Conclusions:** The results of the study indicate that ~~Knockout 2.0®~~ the supplement
39 significantly improves upper and lower body strength and power output in resistance trained
40 men.

41 **Keywords:** pre-workout supplementation, resistance training, caffeine, multi-ingredient
42 performance supplement, MIPS, anaerobic performance.

44 **Background**

45 The physiological effect of a training session is dependent upon the quality of the work
46 undertaken, hence athletes constantly search for methods to enhance the training outcome.
47 Consequently, pre-workout formulations are becoming increasingly popular class of dietary
48 supplements among athletes. The prevalence of supplementation among athletes has been
49 estimated at 37% to 89% (1), where the energy drinks were the most popular supplements next to
50 multi-vitamins in the young adult population (18-35 years) (2). However, pre-workout
51 supplements take many forms and are based on multiple active ingredients and blends and in the
52 majority of cases the efficacy and safety has not been established (3, 4).

53 ~~Pre-training supplements are currently referred to as multi-ingredient performance supplements~~
54 ~~(MIPS) the goals of which are varied, but reported to include eliciting greater focus, strength levels~~
55 ~~and shorten the reaction time and~~ Pre-training supplements are multi-ingredient compositions
56 (MIPS) aimed usually on enhancing strength, shortening reaction time and eliciting focus. For
57 example, it is believed that substances such as caffeine, beta-alanine, L-citrulline, L-arginine,
58 L-tyrosine, taurine, and herb and botanical ingredients like guarana extract (containing caffeine),
59 barley extract (containing hordenine), cayenne pepper extract (containing capsaicin), black pepper
60 extract (containing piperine) and huperzia serrata extract, which target different physiological
61 mechanisms may elicit synergistic effect and in turn improve athletic performance (5).

62 The most common ingredient of MIPS is caffeine, which has been shown to be an effective
63 ergogenic aid for endurance exercise by delaying fatigue and increasing time to exhaustion
64 (6, 7, 8, 9). However, caffeine's effect on anaerobic performance (strength-power) is more
65 equivocal with some studies indicating benefits (10, 11), while others do not demonstrate any
66 significant change in resistance exercise performance (12). ~~Very important is~~There is the lack of
67 significant findings for caffeine ingestion and lower body strength as compared to upper body
68 performance (13). Caffeine is often combined with taurine in several ~~so-called~~products known as
69 energy drinks. Baum et al. (14) reported that one of them, which contains taurine and caffeine, as
70 compared to a similar drink without taurine, favorably influences cardiac parameters, mainly an
71 increased stroke volume, during recovery after exercise. It is believed that taurine can enhance
72 muscle excitation-contraction coupling by maintaining intracellular calcium homeostasis (15).
73 Bakker et al. (16), used mechanically skinned fast-twitch fibers and showed greater force
74 production during taurine *in vitro* treatment. Previous experiments on humans have shown that
75 taurine ingestion alone did not improve cycling time-trial performance, despite a 16% increase in
76 total body fat oxidation (17). However, several studies on rodents showed improved endurance
77 performance by increasing time until exhaustion (18, 19).

78 Beta-alanine has been shown to significantly elevate carnosine levels in both type I and type II
79 human muscle fibers and act as an intracellular buffer (20). Regular use of beta-alanine has been
80 reported to improve buffering capacity of skeletal muscle and enhance power output during high-
81 intensity exercise due to increasing levels of muscle carnosine (21, 22). Additionally, the
82 recommended dose of beta-alanine loading is 2-5 g and a minimum 2-4 weeks of supplementation
83 is needed to increase muscle carnosine levels (20).

84 Tyrosine supplementation is assumed to maintain optimum levels of brain neurotransmitters
85 contributing to the optimal performance through higher motivation levels together with
86 decreased fatigue and associated with lower ratings of perceived exertion (23).

87 Amino acids, L-arginine and L-citrulline found in ~~KO~~the supplement formula are believed to
88 be a potent precursors of NO (nitric oxide), which plays crucial role in blood flow, muscle energy
89 metabolism and mitochondrial oxidation during exercise (24, 25). On the other hand, oral intake
90 of L-citrulline increases, not only L-citrulline but also plasma L-arginine levels, and thus is
91 considered to be more effective for enhancing sport performance (26, 27). Acute intake of L-
92 citrulline malate was reported to increase the number of repetitions to exhaustion during
93 resistance exercise and decrease muscle soreness in 24 h and 48 h after high volume resistance-
94 training.

95 Huperzia serrata extract works mainly by inhibiting the enzyme –acetylcholinesterase, which
96 breaks down acetylcholine (28, 29). Huperzine was reported to significantly increase the
97 amplitude of muscle contraction induced by nerve stimulation (30). Thus, one could suggest that
98 huperzine, may improve neuromuscular strength potential, alertness and focus by increasing
99 endplate potential and brain neurotransmitters levels (31).

100 Capsaicin and piperine, are natural pungent-tasting compounds found in chili and black pepper,
101 respectively. Those ingredients are found to be TRP1 agonists which stimulate the sympathetic
102 nervous system (SNS) and increase the energetic metabolism in humans through sensory nerve
103 stimulation (32). Moreover, TRPA1 agonists have been shown to induce adrenaline secretion.
104 Thus it can be hypothesized that these compound may act synergistically with caffeine (32).
105 Moreover, pepper-derived alkaloids such as capsaicin and piperine are found to have
106 thermogenic and energy-providing effects which are triggered by activation of thermoreceptors
107 and release of catecholamines (33).

108 Finally, barley-derived hordenine, which is also found in citrus aurantium may have an
109 influence on adrenergic receptors by stimulating the release of noradrenaline (34).

110 Based on the physiological properties of the individual substances listed above, recently, a new
111 MIPS, ~~Knockout 2.0[®] (KO; Olimp Laboratories, Debica, Poland)~~ has been developed with a view
112 to achieve synergistic action of the active substances included in the formulation. ~~KO~~The

113 supplement contains ingredients which are purported to stimulate central nervous system and
114 augment strength and power performance. We hypothesized that ~~KO~~ the tested supplement can
115 significantly affect the anaerobic physical performance. We also expected that the active
116 ingredients (citrulline, taurine, beta alanine, L-arginine, L-tyrosine and plants extracts of
117 hordenine, huperzia serrata, black and cayenne pepper) could impart significant effect. If this was
118 the case it would be characterized *inter alia* by greater strength and shorter time to peak torque
119 (TTP) compared to placebo treatment.

120 It should be noted that commercially available pre-workout supplements with a number of various
121 ingredients do not have estimated effectiveness for the finished formulation concerning both
122 active and additional substances. Therefore, the purpose of this investigation is to examine the
123 acute effects of the commercially available pre-workout supplement ~~KO~~ on anaerobic
124 performance in resistance trained men. It should be emphasized that estimating the influence of
125 MIPS on maximal strength was not the main purpose and primary goal in many of the previous
126 studies (5, 35, 36).

127

128 **Methods**

129 **Study design**

130 This was randomized, double-blind, crossover study. All subjects attended familiarization session
131 for all of the test exercises one week before testing. To reduce the effect of any caffeine tolerance,
132 they were instructed not to consume caffeine containing products 24 hours before testing. This
133 time was estimated due to caffeine's half-time and elimination rate (37, 38, 39). Subjects were
134 also asked to abstain from heavy exercise and alcohol consumption during period of the
135 experiment. Participants were randomly divided in two groups and received either complex
136 formulation (~~KO~~) or placebo solution. In addition, subjects were instructed not to eat or drink for
137 three hours prior to each trial. Subjects reported to the Performance Laboratory of Academy of
138 Physical Education in Katowice on three separate days (Saturdays; familiarization session and

139 two testing sessions) with seven days apart between the test days. Following ten minutes resting
140 period in the seated position, subjects were randomly provided with either the flavored water
141 placebo (PL – water and flavors only) or the supplement, which is commercially marketed as
142 Knockout 2.0® (Olimp Labopratories Sp. z o.o., Dębica, Poland) consisted of 9.6 g powder mixed
143 with water (250 ml) containing: L-citrulline (3 g), beta-alanine (2 g), taurine (750 mg), L-arginine
144 (500 mg), L-tyrosine (500 mg), anhydrous caffeine (300 mg), guarana extract (200 mg), barley-
145 derived hordenine extract (150 mg), capsaicin extract (25 mg), black pepper extract (7.5 mg) and
146 huperzia serrata extract (3 mg). After consumption of either PL or KO-supplement solution,
147 subjects took a 15 minutes rest prior to commencing the warm-up and exercise testing. The
148 warm-up lasted for 20 minutes and was divided into two phases. First phase was a 10-minute
149 general warm-up with light stationary cycling at a self-selected cadence. Second phase consisted
150 of dynamic body-weight movements (eight minutes) and light stretching exercises (six stretching
151 exercises performed in two series of ten seconds each, with a total 2 min of static stretching for
152 the main muscle groups involved in test exercises (40). Last five minutes of the preparation
153 were dedicated for proper Biodex chair height and attachments alignment. The time from the
154 intake of the solution to the start of the test was based on caffeine's half-time and elimination rate
155 (37, 38, 39). Hence, in 40 minute following intake of solution, subjects underwent testing
156 procedures consisting of muscular isokinetic knee flexion/extension test, three repetition
157 maximum upper body strength test–bench press (3-RM) and the Wingate anaerobic test (WAnT).
158 The tests were always carried out in the mentioned order. Each performance assessment was
159 separated by a five-minute rest period. On the subject's second and third visit in the laboratory,
160 everyone was provided with the opposite treatment.

161

162 **Subjects**

163 Twenty-three resistance trained men (27 ± 7.4 years; 88 ± 10.7 kg; 179 ± 6 cm) with 3 years of
164 resistance training experience were qualified for the study. All the subject had similar training

165 experience focused on anaerobic performance with strength training three-times a week, ~100
166 minutes per training session. During the course of the study the participants underwent three
167 testing sessions administered in randomized and double-blind fashion. The subjects were asked
168 to follow similar training scheme for 8 weeks prior to the beginning of the study. The main part
169 of each training consisted of 4×3–5 repetitions of a single exercise for each muscle group, with
170 ~80% of 1RM, 3min rest intervals. Following an explanation of all procedures, risks and benefits
171 associated with the study, each subject gave his written consent prior to participation. The study
172 was approved by the Ethical Committee of the University School of Physical Education in
173 Katowice (Katowice, Poland) and conformed to the ethical requirements of the 1975 Helsinki
174 Declaration. Subjects were also required to be free of any nutritional supplements or ergogenic
175 aids for the two weeks preceding the study, and were asked to refrain from taking any additional
176 supplement during the duration of the study.

177

178 **Isokinetic strength test**

179 Athletes were placed on the isokinetic dynamometer (Biodex Multi-joint System 4 PRO, Biodex
180 Medical Systems Inc, Shirley, NY, USA) in a sitting position with hip flexion at 85° and the
181 equipment axis aligned with the lateral condyle of the femur. Both arms were placed along the
182 sides of the body, the trunk was stabilized against the backrest using chair belts, the thigh of the
183 tested limb was fixed against the seat by means of a belt, and the contralateral limb was allowed
184 to hang free. The tested leg was weighted to correct for the effects of gravity on the torque
185 measured, according to the specifications of the Biodex Manual. To assess muscular
186 performance, each participant was asked to perform alternating concentric contractions of the
187 knee flexors and extensors within a range of motion of 85° (90° to 5° of flexion). During the test,
188 every participant was instructed to exert maximum force throughout the entire range of motion.
189 In addition, they were encouraged to go as fast as possible until the end of the assessment.
190 Participants were allowed to familiarize themselves with the procedures before actual testing by

191 performing three repetitions of the tested motion. Then they performed a set of five repetitions
192 at 60°/s. Variables collected during the test were: time to peak torque (TTP) – described as
193 measure of time from the start of muscular contraction to the point of the highest torque
194 development (peak torque), peak torque (PT) – highest muscular force output at any moment
195 during a repetition, torque at 0.2 seconds (PT@0.2 s) – amount of force developed in first 0.2 s
196 from the start of contraction, total work performed (T_{work}) – the amount of work accomplished
197 for the entire set of repetitions. When the coefficient of variation (CV) of the peak torque was
198 higher than 10% the athlete was allowed to recover and the set was repeated (41).

199

200 **Maximal strength test**

201 Subjects performed a three-repetition maximum (3-RM) test in the bench press exercise
202 five minutes after completing the isokinetic strength test. Initially they warmed-up by
203 completing 12 – 15 repetitions on the standard barbell without any additional load
204 (TechnoGym Bar, Cesena, Italy) followed by 12 – 15 repetitions with 40 – 60 kg load
205 (according to each participant's ability), at a self-selected cadence.

206 3-RM determination was carried out according to Baechle and Earle methods (42). Two
207 minutes recovery was allotted between sets and 3-RM was determined in 3–6 sets. No
208 bouncing of the bar on the chest was permitted for the bench press exercise, as this would
209 have artificially augmented strength results. Bench press testing was performed in the
210 standard supine position: the subject lowered an Olympic weight lifting bar to mid-chest
211 level and then pressed the weight until his elbows were fully extended.

212

213 **Wingate test**

214 Wingate test procedure began with five-minute warm-up at 60-70 RPM cadence on
215 Cyclus2 ergometer (BM elektronik-automation GmbH, Leipzig, Germany). After five
216 minutes of recovery, each participant performed a 30-second supramaximal effort at an

217 individually determined workload of 7.5% body mass. Subjects were instructed to
218 accelerate as fast as possible to the highest attainable pedalling rate and to maintain the
219 pace throughout the whole test duration, while remaining in a seated position. During the
220 test, the following mechanical variables were collected: peak power (PP), mean power
221 (MP) fatigue index (FI), time to peak power (T_{peak}) and total work performed (T_{work}). The
222 peak power achieved was defined as the highest power output achieved during the 30 s test,
223 while mean power was defined as the average power achieved throughout the trial (43).
224 Time to peak power corresponds to the time needed to reach peak power from the
225 beginning of the test. The fatigue index reflects the percent power decline during the trial
226 (43). The work performed was calculated basing on the total number of revolutions and
227 force computed by Cyclus2 software. In the third minute of recovery finger capillary blood
228 (2 μ l) was collected for plasma lactate measurement (Lactate Scout, EKF-Diagnostic
229 GmbH, Germany).

230

231 **Statistical analysis**

232 Analysis was conducted in R environment (version 3.3.2). Linear mixed models were
233 estimated via R package *lme4*. Normality of data within subgroups was ascertained via
234 graphical methods (quantile-quantile plots). Levene's test (based on median) showed that
235 for all variables, variances within subgroups were homoscedastic. Thus, data could be
236 analysed using parametric methods. Differences between subgroups were assessed via
237 linear mixed models (with random intercepts). Firstly, likelihood ratio tests with
238 Benjamini-Hochberg FDR correction were used to screen out non-significant models.
239 Afterwards, pairwise differences between subgroups were examined via Tukey's HSD
240 procedure. Effect size was estimated using marginal and conditional (pseudo- R^2) linear
241 association between standardized variables. Linear mixed models (with random intercepts
242 and slopes) were applied. Firstly, likelihood ratio tests (with Benjamini Hochberg

243 correction) were applied to the simple models (no subgroup effects) to assess the
244 significance of the regression coefficient and effect size was estimated by marginal and
245 conditional (pseudo- R^2). Then, likelihood ratio tests (with Benjamini-Hochberg correction)
246 were applied to compare simple and extended models (subgroup effects and interaction
247 effect with the continuous predictor were added) to determine whether regression
248 coefficient differ significantly between subgroups. Statistical significance was set at
249 $p < 0.05$. All data are reported as mean \pm standard deviations (SD).

250 **Results**

251 No subjects reported any adverse events or side-effects following ingestion of the
252 supplement or placebo. The mean values of knee peak torque (PT) developed by the knee
253 extensors and flexors muscle groups (left and right extremities) were significantly greater
254 in ~~KO-supplement~~ (p=0.001 for right and left leg flexors as well as for right leg extensors,
255 and p= 0.002 for left leg extensors) compared to PL treatment (Figure 1 and 2) as well as
256 other mechanical variables obtained *via* isokinetic dynamometry knee strength test, like
257 the time to peak torque - TTP [ms] (Figure 3) for knee flexors (p=0.002 for right and left
258 leg) and total work- T_{work} [J] (Figure 4 and 5) - done for the knee extensors and flexors
259 muscle groups (left and right extremities; p=0.002 and p=0.005 for right and left leg
260 flexors, respectively, and p=0.001 and p=0.002 for right and left leg extensors,
261 respectively).

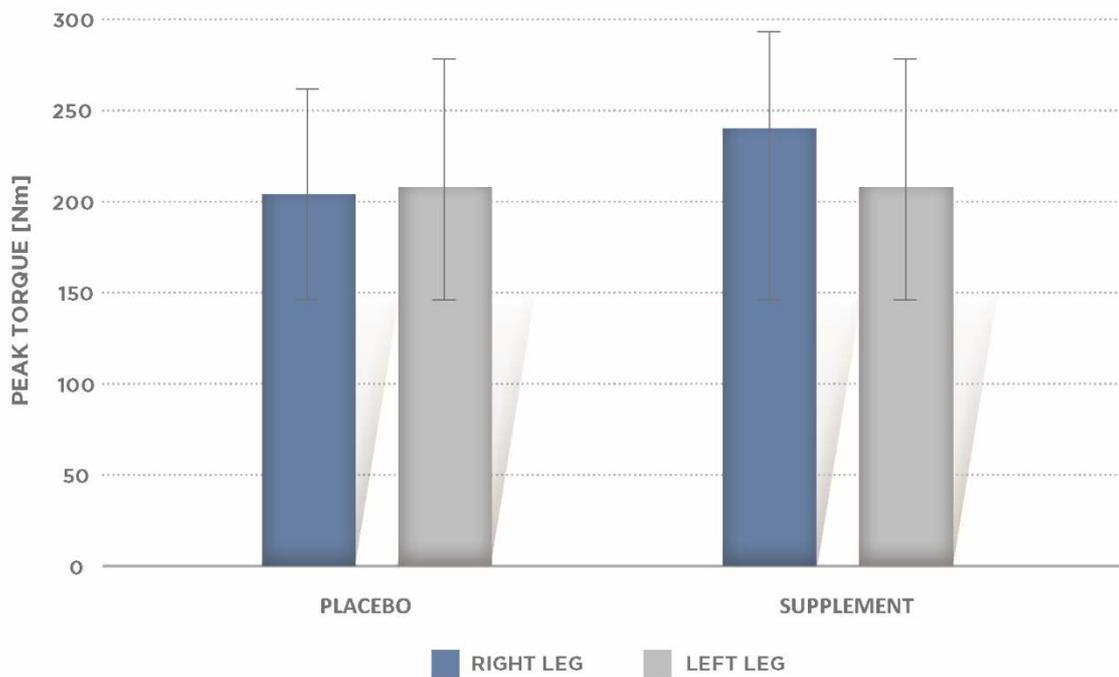


Figure 1. Mean values of peak torque (PT) at 60°/sec and at 0.2 sec. for right and left knee extensors. Significant difference compared to placebo was observed for right leg ($p=0.001$), and left leg ($p=0.002$). Error bars indicate standard deviation (SD).

262

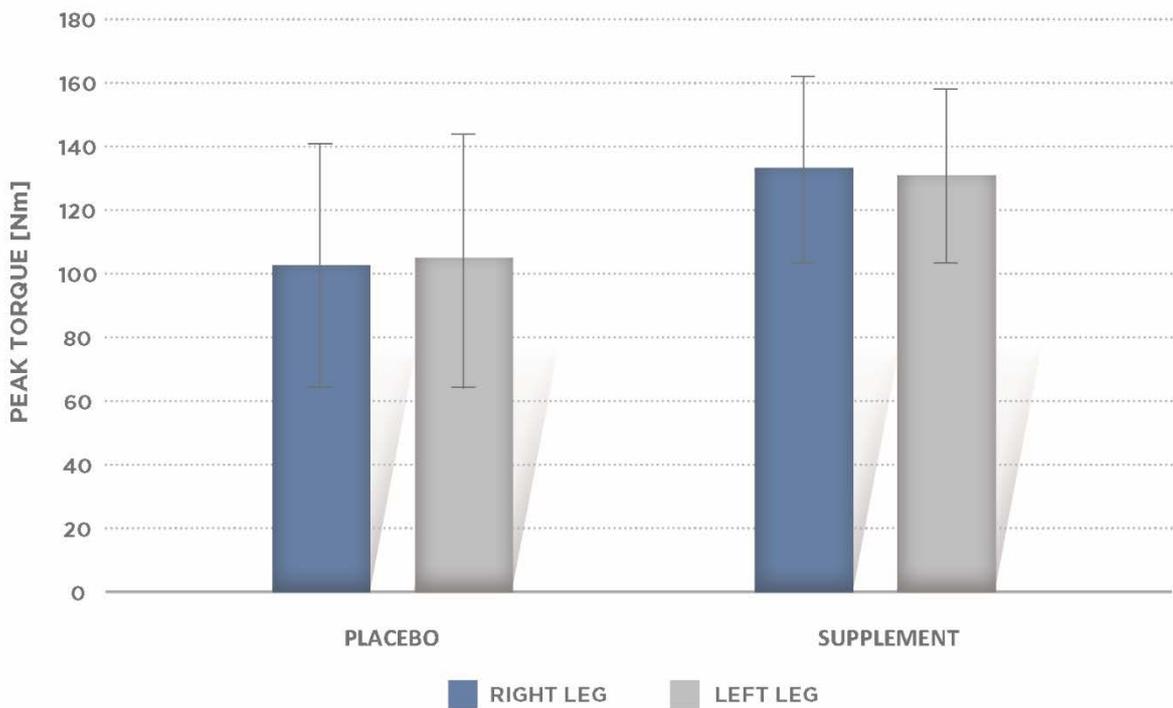


Figure 2. Mean values of peak torque (PT) at 60°/sec and at 0.2 sec. for right and left knee extensors. Significant difference compared to placebo was observed for right leg ($p=0.001$), and left leg ($p=0.002$). Error bars indicate standard deviation (SD).

263

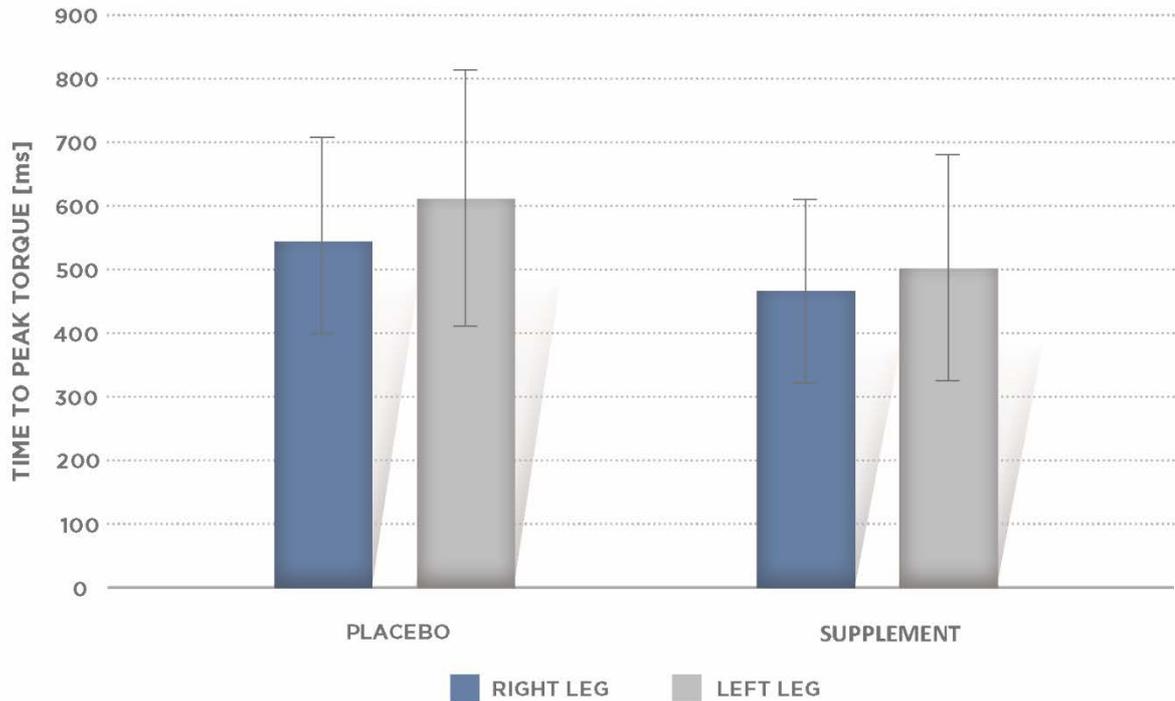


Figure 3. Mean values of time to peak torque (TTP) at 60°/sec for right and left knee flexors. Significant difference compared to placebo was observed for right leg ($p=0.002$), and left leg ($p=0.002$). Error bars indicate standard deviation (SD).

264

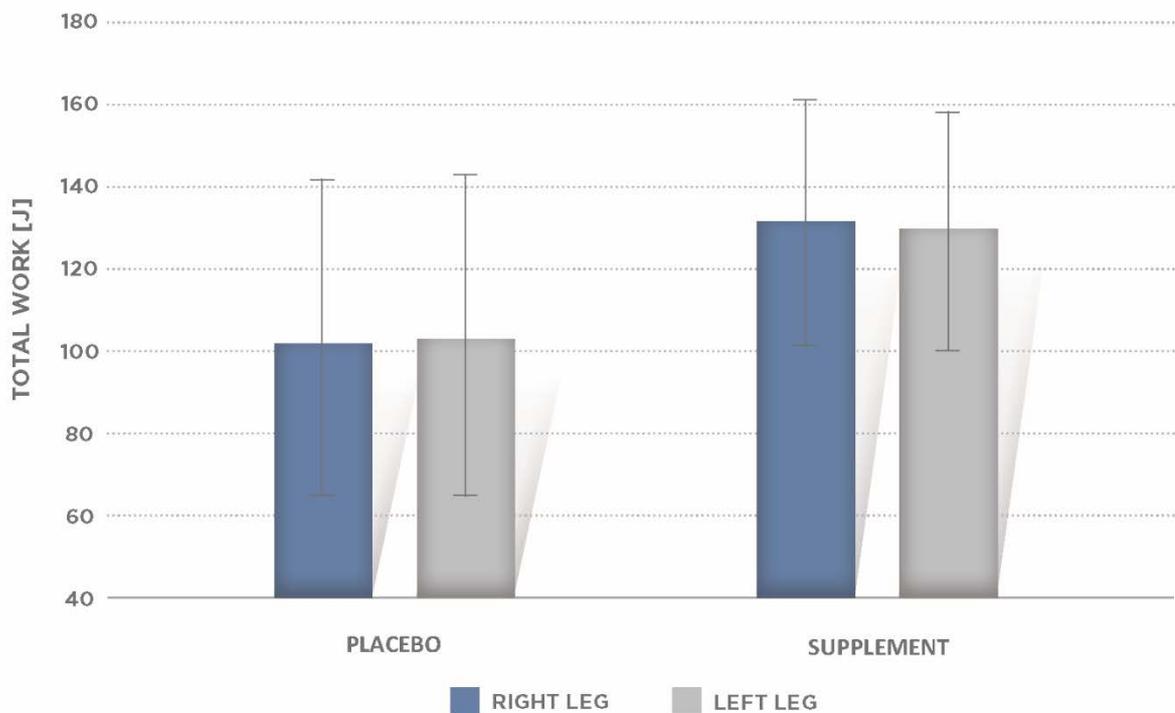


Figure 4. Mean values of total work (T_{work}) at 60°/sec for right and left knee extensors. Significant difference compared to placebo was observed for right leg ($p=0.001$), and left leg ($p=0.002$). Error bars indicate standard deviation (SD).

265

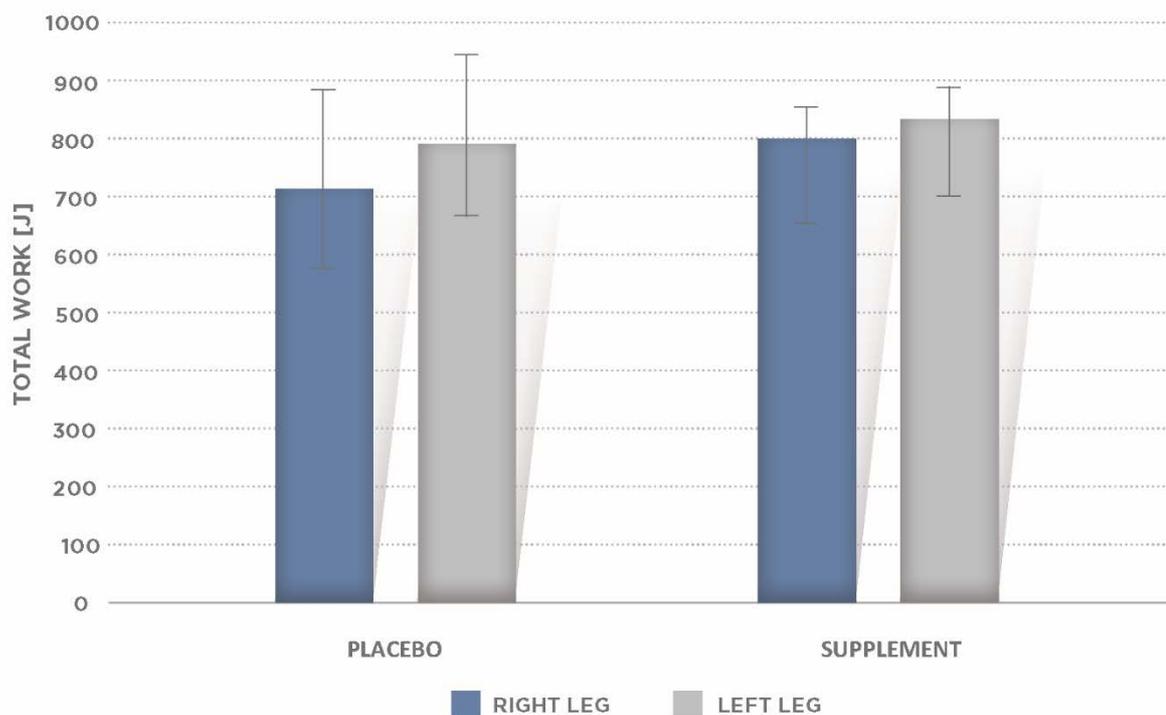


Figure 5. Mean values of total work (T_{work}) at 60°/sec for right and left knee flexors. Significant difference compared to placebo was observed for right leg ($p=0.002$), and left leg ($p=0.005$). Error bars indicate standard deviation (SD).

266

267

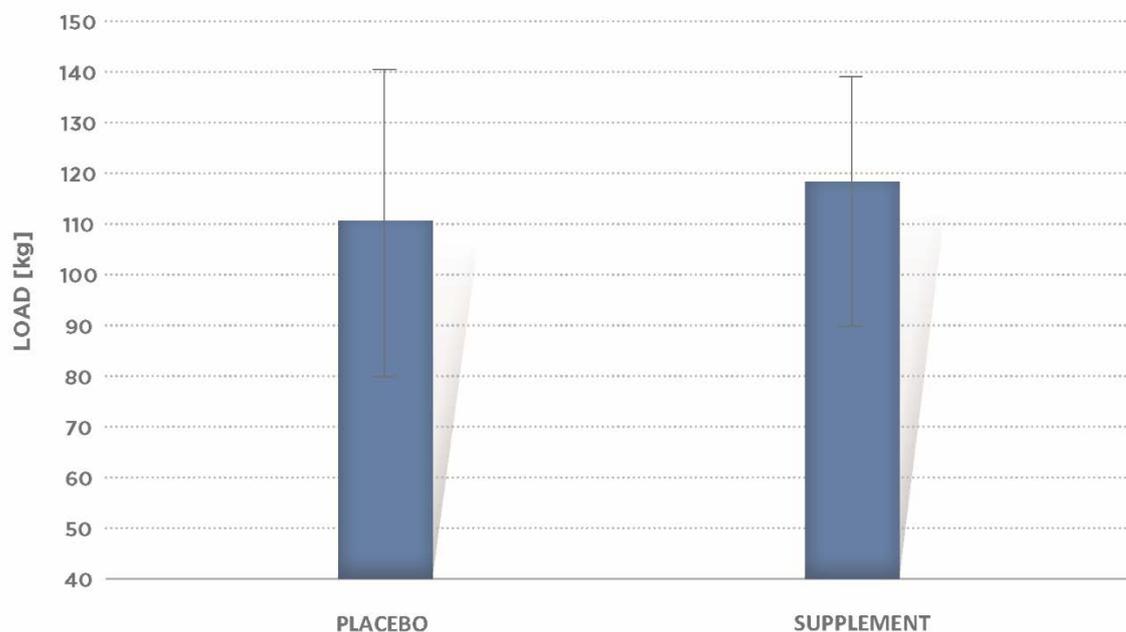
268

Variable	RIGHT LEG				LEFT LEG		
	Supplement Movement	PL	KOSUPPLEMENT	p	PL	KOSUPPLEMENT	p
TTP [ms]	FL	548.7 ± 159.9	468.5 ± 141.3	0.002	615.22 ± 202.8	501.22 ± 170.1	0.002
	EX	501.74 ± 123.9	512.13 ± 110.2	0.818	539.57 ± 119.5	523.52 ± 123.4	0.422
PT@0.2 sec [Nm]	FL	103.17 ± 37.6	131.84 ± 29.3	0.001	103.72 ± 39.6	129.38 ± 28.4	0.001
	EX	202.65 ± 58.6	237.22 ± 54.8	0.001	203.27 ± 63.2	229.84 ± 50.8	0.002
T_{work} [J]	FL	721.02 ± 150.2	798.06 ± 149.1	0.002	788.67 ± 145.1	843.18 ± 132.2	0.005
	EX	1172.36 ± 188.7	1337.01 ± 200.1	0.001	1327.2 ± 223.0	1419.52 ± 205.1	0.002

Table 1. Mechanical variables obtained during isokinetic strength test at 60°/sec. for right and left knee extensors and flexors. FL – flexion, EX – extension, TTP – time to peak torque, PT@0.2 s – peak torque at 0.2 sec, T_{work} – total work done.

272

273 Mean 3-RM strength for placebo treatment was 110.6 ± 29.75 kg, whilst for the ~~KO~~
 274 supplement ingestion, subjects performance was 118.82 ± 29.89 kg, what demonstrated to
 275 be statistically significant difference ($p=0.001$; Figure 6).



276 **Figure 6.** Mean values of 3-RM strength. There were observed significant
 277 difference ($p = 0.001$) between supplement and placebo group. Error bars indicate
 278 standard deviation (SD).

277 The Wingate anaerobic test results are depicted in Table 2. Significant difference in mean
 278 anaerobic power between ~~KO-supplement~~ and PL treatment was observed ($p=0.038$; diff:
 279 0.18; 95 % CI: 0.02 to 0.34). No statistical difference was noticed between other variables
 280 presented in Table 2.

Variable/Supplement	PL	KO supplement	p
PP [W/kg]	10.89 ± 0.77	11.09 ± 0.95	0.065
MP [W/kg]	8.49 ± 0.57	8.66 ± 0.55	0.038
T _{work} [kJ]	22.73 ± 2.71	23.1 ± 2.6	0.177
FI [%]	18.87 ± 3.97	19.4 ± 4.76	0.244
Lactate [mmol/L]	14.63 ± 2.05	14.42 ± 1.75	0.873

281 **Table 2.** Mean mechanical and physiological variables obtained during Wingate test. PP – peak
282 power, MP – mean power, T_{work} – total work, FI – fatigue index. Significant difference
283 compared to placebo was observed for MP ($p=0.038$).
284

285 Discussion

286 We hypothesized that ~~KO~~ the supplement can significantly affect the anaerobic physical
287 performance. We also expected that the active ingredients (citrulline, taurine, beta alanine, L-
288 arginine, L-tyrosine and plants extracts of hordenine, huperzia serrata, black and cayenne pepper)
289 could impart significant effect, ~~for example. If this was the case it would be characterized inter~~
290 ~~alia by~~ greater strength and shorter time to peak torque (TTP) ~~compared~~ comparing to placebo
291 treatment.

292 The results of this study indicates that the ingestion of multi-ingredient pre-workout dietary
293 supplement ~~KO~~ prior to physical exercise was effective in improving resistance and high-
294 intensity performance. The results show that ~~a KO~~ the supplement can delay fatigue and improve
295 strength. The mean peak torque of muscle extensors and flexors increased significantly during
296 isokinetic strength test with ~~KO~~ supplement ingestion. These results are consistent with previous
297 findings in which isokinetic strength performance was improved due to caffeine ingestion (44,
298 45). It was also found that ~~KO~~ supplement significantly increased peak torque (extension and
299 flexion) at 0-200 ms time interval, which is described as an improvement in the rate of force
300 development (13% and 20% improvement for extensors and flexors, respectively) and has
301 important implications for performance in sports where forces have to be applied rapidly. Similar
302 findings were reported in Behrens et. al. (46) study which confirms the supraspinal excitatory
303 effect of caffeine on motor unit recruitment and rate coding. These results indicate that pre-
304 training supplements based on caffeine may be helpful in ballistic-related exercises (45, 47, 48).
305 The ergogenic effects of caffeine during resistance exercise or high intensity exercise protocol
306 have been seen in doses ranging from of 3-6 $\text{mg}\cdot\text{kg}^{-1}$ (13). The average dosage of caffeine
307 provided in this study was $3.4 \text{ mg}\cdot\text{kg}^{-1}$ ~~and was slightly higher than that seen i~~ In other studies
308 where 1-RM bench press strength exercise was improved the amount of caffeine administrated

309 was slightly higher. However, the improvement in the study was around 2.1% which is clearly
310 lower than the strength improvement seen in the current study (7%), which could indicate a
311 synergistic effect of the other KO-supplement ingredients with the caffeine contained in the
312 product. In contrast, Astorino et al. (12) supplemented 6 mg·kg⁻¹ of caffeine to resistance-trained
313 man and did not observed any difference in 1-RM bench press performance. Interestingly,
314 Williams et al. (49) combined caffeine with ephedrine before 1-RM bench press protocol and
315 also did not observe any significant changes in performance. Nevertheless, the improvement of
316 the resistance exercise performance due to caffeine or MIPS ingestion is documented by some
317 but not all of the previous research. Regarding the levels of caffeine habituation, different testing
318 protocols and caffeine dosages are potential contributory factors which may be responsible for
319 different outcomes found in the scientific literature.

320 During the Wingate test we observed (Table 2), that only the mean anaerobic power was
321 significantly improved (p<0.05). No statistical differences in the other variables checked in
322 Wingate test were observed. Nevertheless, we can suggest that the greater value of mean
323 anaerobic power performance compared to PL was possibly due to enhanced anaerobic
324 glycolysis in KO-supplement trial (50, 51). It is possible that the onset of local and peripheral
325 fatigue due to the exercise test order can explain the lack of difference between KO-supplement
326 and PL conditions in the majority of the variables. Previously performed exercises could reduce
327 motor unit recruitment ability and increase metabolic ion (e.g. H⁺, ammonia) accumulation,
328 especially in lower extremities (50).

329 On the other hand, it can be suggested that the current protocol mimics typical resistance training
330 regimes where limited amount of time is available between upper and lower body exercises. If
331 that was true, KO-supplement could maintain higher muscle mean power output for longer
332 periods of time. However, the efficacy of KO-the supplement ingestion on short high-intensity
333 exercise should be the subject of further studies.

334 Because we did not examine nor the effect of every single ingredient alone neither the effect of
335 different compositions of the substances used in ~~KO~~the supplement, we cannot tell which
336 ingredient could be responsible for the potentially highest synergistic effect.

337 Most studies examined the various effects of taurine in combination with other ingredients, did
338 not use appropriate control supplement (52). Therefore, taurine's ability to enhance resistance
339 exercise performance in human subjects remains unclear. Additionally beta-alanine has been
340 shown to significantly elevate carnosine levels in both type I and type II human muscle fibers
341 and act as an intracellular buffer (20). The recommended dose of beta-alanine loading is 2-5 g
342 and a minimum 2-4 weeks of supplementation is needed to increase muscle carnosine levels (20).
343 Although, it is currently still not known whether it is possible to enhance resistance exercise by
344 acute beta-alanine ingestion.

345 Tyrosine supplementation is assumed to maintain optimum levels of brain neurotransmitters
346 which may contribute to the optimal performance through higher motivation levels together with
347 decreased fatigue. Although in the study of Sutton et al. (23), even 30 times higher tyrosine
348 dosage was unable to improve exercise performance. L-arginine and L-citrulline are believed to
349 be a potent precursors of nitric oxide (NO), which plays a crucial role in blood flow, muscle
350 energy metabolism and mitochondrial oxidation during exercise (24, 25). In a review by Álvares
351 et al. (53), only 5 acute studies evaluated L-arginine ingestion on exercise performance and only
352 3 of these reported a significant improvement. Dosage of 6 grams of L-arginine 80 minutes before
353 isokinetic elbow extension test did not reveal any significant changes (53). Additionally some
354 studies have found that oral L-citrulline supplementation has no effect on exercise (54). It must
355 be noted that in light of the current evidence a single dose of L-citrulline and L-arginine is
356 insufficient to enhance sport performance and supplementation should last at least one week (53,
357 55). Moreover, a review by Bescós et al. (55) indicates a paucity of data linking an increase in
358 exercise performance and intake of NO⁻-related supplements.

359 Huperzine present in a Huperzia serrata extract was reported to inhibit the acetylcholinesterase
360 enzyme (28, 29).

361 It should be noted that whilst manufacturers of dietary supplements are responsible for ensuring
362 that their products are safe as well as for accurate labelling that will not mislead the end
363 consumer. At the same time a manufacturer is not obligated for providing Federal Drug
364 Administration (FDA) or European Food Safety Agency (EFSA) with data demonstrating the
365 safety and the effectiveness of the product before it is marketed (56, 57). Several studies have
366 shown that pre-training supplements can potentially delay fatigue and improve the quality of
367 resistance exercise (2, 5). However, in many of these studies a number of pharmacologically
368 active compounds were used blended together, what makes it impossible to assess the
369 effectiveness of each component separately and so it remains unclear of the effectiveness of each
370 ingredient. These formulations usually contain a number of ingredients blended together and
371 even if the effect for an isolated ingredient is known, the effectiveness of whole formulation
372 cannot be presumed. This is because multiple ingredients potentially interact and these
373 interactions may potentiate or attenuate supplement effectiveness. Pre-workout supplements
374 typically consist of multiple active ingredients, which once ingested, can modify
375 pharmacodynamics and pharmacokinetics resulting in different bioavailability properties and
376 physiological effects. Subsequently, it is important to test the efficacy of each supplement
377 individually, as its effectiveness cannot be presumed from the potential individual effect of each
378 active ingredient. It is generally accepted that pre-workout supplement producers attempt to
379 maximize the effectiveness of caffeine, whilst also offering several ingredients that attempt to
380 further elevate its stimulatory potential.

381 Due to the lack of information in regards to the combination of the individual ingredients and
382 their exact action in comparison with caffeine ingestion we are unable to identify the efficacy or
383 whether those individual ingredients act synergistically or antagonistically with other compounds
384 of MIPS. Further research which will examine the effects of each individual ingredient of MIPS

385 and their combination with caffeine is needed to identify the most optimal composition regarding
386 the choice of the appropriate active compounds and their dosage.

387

388 **Limitations of the study**

389 In this study, we focused on the effect of a multi-ingredient supplement on anaerobic capacity.
390 The base ingredient of the composition was caffeine. It is possible that similar effects could be
391 observed for caffeine supplementation only or for another multi-ingredient composition similar
392 to the one used in this study. However, the aim of this study was to determine whether the
393 proposed combination and proportions of the ingredients in the supplement have a beneficial
394 effect on the anaerobic capacity, and not to assess which component determines the effect to the
395 greatest extent. The search for this ingredient or another combination or proportion of the
396 components and evaluation of the optimal dose should be the subject of further research.

397

398 **Conclusions**

399 In conclusion, the results of this study indicate that the supplement ~~KO~~ significantly improves
400 upper and lower body strength performance in resistance trained men. At the same time, acute
401 ingestion of this supplement had significant and beneficial effect on anaerobic power
402 performance. Given the scarcity of research on pre-workout supplements, more research is
403 warranted to gain a better understanding of their effects on anaerobic modes of exercise.

404

405 **Declarations**

406 **Abbreviations**

407 3-RM: three-repetition maximum test; EFSA: European Food Safety Authority; FDA: Food and
408 Drug Administration; FI: fatigue index; ~~KO: Knockout 2.0[®]~~; MIPS: multi-ingredient
409 performance supplement; MP: mean power; NO: nitric oxide; PL: placebo; PP: peak power; PT:
410 peak torque; PT@0.2 s: torque at 0.2 second; SD: standard deviations; SNS: sympathetic nervous
411 system; T_{peak}: time to peak power; TRP1: transient receptor potential ankyrin 1; TTP: time to
412 peak torque; T_{work}: total work performed; WAnT: Wingate anaerobic test

413
 414 **Ethics approval and consent to participate:** The study was approved by the Ethical Committee
 415 of the University School of Physical Education in Katowice (Katowice, Poland; Resolution No.
 416 2/2018) and conformed to the ethical requirements of the 1975 Helsinki Declaration. All
 417 participants were informed about risk and benefits associated with the study and provided
 418 voluntary, written, informed consent.

419
 420 **Authors' contributions**

421 Conceptualization: PK, AB and KK; methodology: PK, AB and KK; investigation and data
 422 collection: PK, AB, ARB, IPŚ, MP, and AP; analysis and interpretation: PK, AB, KK and MM;
 423 writing, original draft preparation: PK, AB; writing and editing: KK, MM, MMS, PC, KHL, TZ;
 424 supervision: PK. All authors have read and agreed to the published version of the manuscript.

425
 426 **Acknowledgments:** Not applicable
 427

428 **Consent for publication:** Not applicable

429 **Availability of data and materials:** The datasets used and/or analyzed during the current
 430 study are available from the corresponding author on reasonable request.

431 **Competing interests:** The authors declare that they have no competing interests.

432 **Funding:** This research received no external funding.

433 **References**

-
1. Thomas DT, Erdman KA, Burke LM. Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and Athletic Performance. *J Acad Nutr Diet.* 2016 Mar;116(3):501–28.
 2. Hoffman JR, Ratamess NA, Ross R, Shanklin M, Kang J, Faigenbaum AD. Effect of a pre-exercise energy supplement on the acute hormonal response to resistance exercise. *J Strength Cond Res.* 2008 May;22(3):874–82.
 - 3 Eudy AE, Gordon LL, Hockaday BC, Lee DA, Lee V, Luu D, et al. Efficacy and safety of ingredients found in preworkout supplements. *Am J Health Syst Pharm.* 2013 Apr 1;70(7):577–88.
 - 4 Korczak R, Kruszewski M, Kruszewski A, Kuzmicki S, Olszewska A, Kepa G, et al. Preferences in the use of nutritional supplements and the correctness of their selection for training purposes. *Baltic Journal of Health and Physical Activity The Journal of Gdansk University of Physical Education and Sport.*
 - 5 Jagim AR, Jones MT, Wright GA, St Antoine C, Kovacs A, Oliver JM. The acute effects of multi-ingredient pre-workout ingestion on strength performance, lower body power, and anaerobic capacity. *J Int Soc Sports Nutr.* 2016 Mar 8;13:11.
 - 6 Graham TE, Spriet LL. Metabolic, catecholamine, and exercise performance responses to various doses of caffeine. *J Appl Physiol.* 1995 Mar;78(3):867–74
 - 7 Graham TE, Hibbert E, Sathasivam P. Metabolic and exercise endurance effects of coffee and caffeine ingestion. *J Appl Physiol.* 1998 Sep;85(3):883–9.
 - 8 McLellan TM, Bell DG. The impact of prior coffee consumption on the subsequent ergogenic effect of anhydrous caffeine. *Int J Sport Nutr Exerc Metab.* 2004 Dec;14(6):698–708.
 - 9 McNaughton LR, Lovell RJ, Siegler J, Midgley AW, Moore L, Bentley DJ. The effects of caffeine ingestion on time trial cycling performance. *Int J Sports Physiol Perform.* 2008 Jun;3(2):157–63.
 - 10 Woolf K, Bidwell WK, Carlson AG. The effect of caffeine as an ergogenic aid in anaerobic exercise. *Int J Sport Nutr Exerc Metab.* 2008 Aug;18(4):412–29.
 - 11 Beck TW, Housh TJ, Schmidt RJ, Johnson GO, Housh DJ, Coburn JW, et al. THE ACUTE EFFECTS OF A CAFFEINE-CONTAINING SUPPLEMENT ON STRENGTH, MUSCULAR ENDURANCE, AND

- ANAEROBIC CAPABILITIES [Internet]. Vol. 20, Journal of Strength and Conditioning Research. 2006. p. 506–10.
- 12 Astorino TA, Rohmann RL, Firth K. Effect of caffeine ingestion on one-repetition maximum muscular strength. *Eur J Appl Physiol*. 2008 Jan;102(2):127–32.
- 13 Goldstein ER, Ziegenfuss T, Kalman D, Kreider R, Campbell B, Wilborn C, et al. International society of sports nutrition position stand: caffeine and performance. *J Int Soc Sports Nutr*. 2010 Jan 27;7(1):5.
- 14 Baum M, Weiss M. The influence of a taurine containing drink on cardiac parameters before and after exercise measured by echocardiography. *Amino Acids*. 2001;20(1):75–82.
- 15 De Luca A, Pierno S, Camerino DC. Taurine: the appeal of a safe amino acid for skeletal muscle disorders. *J Transl Med*. 2015 Jul 25;13:243.
- 16 Bakker AJ, Berg HM. Effect of taurine on sarcoplasmic reticulum function and force in skinned fast-twitch skeletal muscle fibres of the rat. *J Physiol*. 2002 Jan 1;538(Pt 1):185–94.
- 17 Rutherford JA, Spriet LL, Stellingwerff T. The effect of acute taurine ingestion on endurance performance and metabolism in well-trained cyclists. *Int J Sport Nutr Exerc Metab*. 2010 Aug;20(4):322–9.
- 18 Miyazaki T, Matsuzaki Y, Ikegami T, Miyakawa S, Doy M, Tanaka N, et al. Optimal and effective oral dose of taurine to prolong exercise performance in rat. *Amino Acids*. 2004 Dec;27(3-4):291–8.
- 19 Yatabe Y, Miyakawa S, Ohmori H, Mishima H, Adachi T. Effects of taurine administration on exercise. *Adv Exp Med Biol*. 2009;643:245–52.
- 20 Hobson RM, Saunders B, Ball G, Harris RC, Sale C. Effects of β -alanine supplementation on exercise performance: a meta-analysis. *Amino Acids*. 2012 Jul;43(1):25–37.
- 21 Derave W, Ozdemir MS, Harris RC, Pottier A, Reyngoudt H, Koppo K, et al. beta-Alanine supplementation augments muscle carnosine content and attenuates fatigue during repeated isokinetic contraction bouts in trained sprinters. *J Appl Physiol*. 2007 Nov;103(5):1736–43.
- 22 Hill CA, Harris RC, Kim HJ, Harris BD, Sale C, Boobis LH, et al. Influence of beta-alanine supplementation on skeletal muscle carnosine concentrations and high intensity cycling capacity. *Amino Acids*. 2007 Feb;32(2):225–33.
- 23 Sutton EE, Coill MR, Deuster PA. Ingestion of tyrosine: effects on endurance, muscle strength, and anaerobic performance. *Int J Sport Nutr Exerc Metab*. 2005 Apr;15(2):173–85.
- 24 Larsen FJ, Schiffer TA, Borniquel S, Sahlin K, Ekblom B, Lundberg JO, et al. Dietary inorganic nitrate improves mitochondrial efficiency in humans. *Cell Metab*. 2011 Feb 2;13(2):149–59.
- 25 Tschakovsky ME, Joyner MJ. Nitric oxide and muscle blood flow in exercise. *Appl Physiol Nutr Metab*. 2008 Feb;33(1):151–61.
- 26 Suzuki T, Morita M, Kobayashi Y, Kamimura A. Oral L-citrulline supplementation enhances cycling time trial performance in healthy trained men: Double-blind randomized placebo-controlled 2-way crossover study. *J Int Soc Sports Nutr*. 2016 Feb 19;13:6.
- 27 Schwedhelm E, Maas R, Freese R, Jung D, Lukacs Z, Jambrecina A, et al. Pharmacokinetic and pharmacodynamic properties of oral L-citrulline and L-arginine: impact on nitric oxide metabolism. *Br J Clin Pharmacol*. 2008 Jan;65(1):51–9.
- 28 Sun QQ, Xu SS, Pan JL, Guo HM, Cao WQ. Huperzine-A capsules enhance memory and learning performance in 34 pairs of matched adolescent students. *Zhongguo Yao Li Xue Bao*. 1999 Jul;20(7):601–3.
- 29 Wang R, Yan H, Tang X-C. Progress in studies of huperzine A, a natural cholinesterase inhibitor from Chinese herbal medicine. *Acta Pharmacol Sin*. 2006 Jan;27(1):1–26.
- 30 Tang XC, Han YF. Pharmacological Profile of Huperzine A, a Novel Acetylcholinesterase Inhibitor from Chinese Herb. *CNS Drug Rev*. 2006 Jun 7;5(3):281–300.
- 31 Liang Y-Q, Tang X-C. Comparative studies of huperzine A, donepezil, and rivastigmine on brain acetylcholine, dopamine, norepinephrine, and 5-hydroxytryptamine levels in freely-moving rats. *Acta Pharmacol Sin*. 2006 Sep;27(9):1127–36.
- 32 Michlig S, Merlini JM, Beaumont M, Ledda M, Tavenard A, Mukherjee R, et al. Effects of TRP channel agonist ingestion on metabolism and autonomic nervous system in a randomized clinical trial of healthy subjects. *Sci Rep*. 2016 Feb 17;6:20795.
- 33 Dudhata GB, Mody SK, Awale MM, Patel HB, Modi CM, Kumar A, et al. A comprehensive review on pharmacotherapeutics of herbal bioenhancers. *ScientificWorldJournal*. 2012 Sep 17;2012:637953.
- 34 Slezak T, Francis PS, Anastos N, Barnett NW. Determination of synephrine in weight-loss products using high performance liquid chromatography with acidic potassium permanganate chemiluminescence detection. *Anal Chim Acta*. 2007 Jun 12;593(1):98–102.
- 35 Hoffman JR, Faigenbaum AD, Ratamess NA, Ross R, Kang J, Tenenbaum G. Nutritional supplementation and anabolic steroid use in adolescents. *Med Sci Sports Exerc*. 2008 Jan;40(1):15–24.
- 36 Woolf K, Bidwell WK, Carlson AG. The effect of caffeine as an ergogenic aid in anaerobic exercise. *Int J Sport Nutr Exerc Metab*. 2008 Aug;18(4):412–29.
- 37 Morris C, Viriot SM, Farooq Mirza QUA, Morris GA, Lynn A. Caffeine release and absorption from caffeinated gums. *Food Funct*. 2019 Apr 1;10(4):1792–6.

-
- 38 White JR Jr, Padowski JM, Zhong Y, Chen G, Luo S, Lazarus P, et al. Pharmacokinetic analysis and comparison of caffeine administered rapidly or slowly in coffee chilled or hot versus chilled energy drink in healthy young adults. *Clin Toxicol*. 2016;54(4):308–12.
- 39 Teekachunhatean S, Tosri N, Rojanasthien N, Srichairatanakool S, Sangdee C. Pharmacokinetics of Caffeine following a Single Administration of Coffee Enema versus Oral Coffee Consumption in Healthy Male Subjects. *ISRN Pharmacol*. 2013 Mar 4;2013:147238.
- 40 Rubini EC, Costa ALL, Gomes PSC. The effects of stretching on strength performance. *Sports Med*. 2007;37(3):213–24.
- 41 Brown LE. Isokinetics in Human Performance. In: Brown LE editor. *Human Kinetics*. Champaign. 2000. p. 456
- 42 Baechle TR, Earle RW. *Essentials of strength training and conditioning*. 2nd ed. Human Kinetics, Champaign. 2000
- 43 Bar-Or O. The Wingate anaerobic test. An update on methodology, reliability and validity. *Sports Med*. 1987 Nov;4(6):381–94.
- 44 Duncan MJ, Thake CD, Downs PJ. Effect of caffeine ingestion on torque and muscle activity during resistance exercise in men. *Muscle Nerve*. 2014 Oct;50(4):523–7.
- 45 Bazzucchi I, Felici F, Montini M, Figura F, Sacchetti M. Caffeine improves neuromuscular function during maximal dynamic exercise. *Muscle Nerve*. 2011 Jun;43(6):839–44.
- 46 Behrens M, Mau-Moeller A, Weippert M, Fuhrmann J, Wegner K, Skripitz R, et al. Caffeine-induced increase in voluntary activation and strength of the quadriceps muscle during isometric, concentric and eccentric contractions. *Sci Rep*. 2015 May 13;5:10209.
- 47 Abian P, Del Coso J, Salinero JJ, Gallo-Salazar C, Areces F, Ruiz-Vicente D, et al. The ingestion of a caffeinated energy drink improves jump performance and activity patterns in elite badminton players. *J Sports Sci*. 2015;33(10):1042–50.
- 48 Pokora I, Wolowski L, Wyderka P. The effect of a single dose of the Thermo Speed Extreme (Olimp) thermogenic supplement on circulatory functions and body temperatures at rest in male and female subjects. 2019 Jun 30;11(2):11–25.
- 49 Williams AD, Cribb PJ, Cooke MB, Hayes A. The effect of ephedra and caffeine on maximal strength and power in resistance-trained athletes. *J Strength Cond Res*. 2008 Mar;22(2):464–70.
- 50 Bridge CA, Jones MA. The effect of caffeine ingestion on 8 km run performance in a field setting. *J Sports Sci*. 2006 Apr;24(4):433–9.
- 51 Spriet LL. Caffeine and performance. *Int J Sport Nutr*. 1995 Jun;5 Suppl:S84–99.
- 52 Thomas DT, Erdman KA, Burke LM. Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and Athletic Performance. *J Acad Nutr Diet*. 2016 Mar;116(3):501–28.
- 53 Álvares TS, Meirelles CM, Bhambhani YN, Paschoalin VMF, Gomes PSC. L-Arginine as a potential ergogenic aid in healthy subjects. *Sports Med*. 2011 Mar 1;41(3):233–48.
- 54 Hickner RC, Tanner CJ, Evans CA, Clark PD, Haddock A, Fortune C, et al. L-citrulline reduces time to exhaustion and insulin response to a graded exercise test. *Med Sci Sports Exerc*. 2006 Apr;38(4):660–6.
- 55 Bescós R, Sureda A, Tur JA, Pons A. The effect of nitric-oxide-related supplements on human performance. *Sports Med*. 2012 Feb 1;42(2):99–117.
- 56 Eudy AE, Gordon LL, Hockaday BC, Lee DA, Lee V, Luu D, et al. Efficacy and safety of ingredients found in preworkout supplements. *Am J Health Syst Pharm*. 2013 Apr 1;70(7):577–88.
- 57 Questions and answers on dietary supplements. Federal Drug Administration. 2017.
<https://www.fda.gov/food/dietary-supplements/information-consumers-using-dietary-supplements>