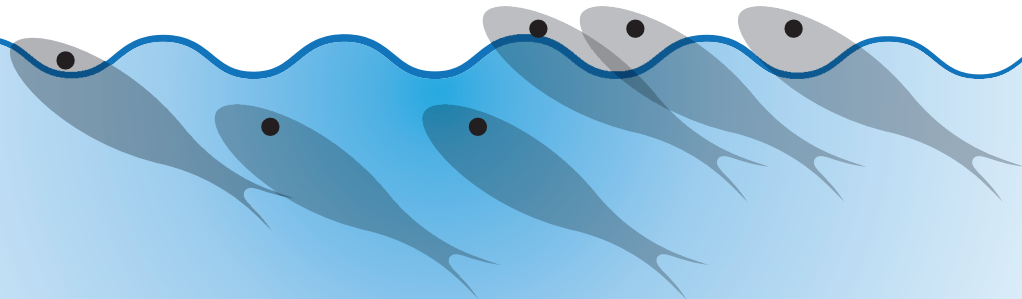


FERRONEMIA PLUS

Lactoferrin 50 mg, Disodium Guanosine 5-Monophosphate 5 mg and
Elemental Iron (Ferrous Bisglycinate) 30 mg Tablets

Exception to the Rule



FERRONEMIA PLUS

Lactoferrin 50 mg, Disodium Guanosine 5-Monophosphate 5 mg and
Elemental Iron (Ferrous Bisglycinate) 30 mg Tablets

- Anemia is a common manifestation among patients with chronic kidney disease (CKD), developing gradually and increasing in severity as kidney disease progresses. As per recent study, More than 95% patients with severe Anemia belonged to CKD Stage 4-5.
- National kidney foundation (NKF KDOQI 2012) defines iron deficiency anemia :

01

Absolute or True Iron Deficiency

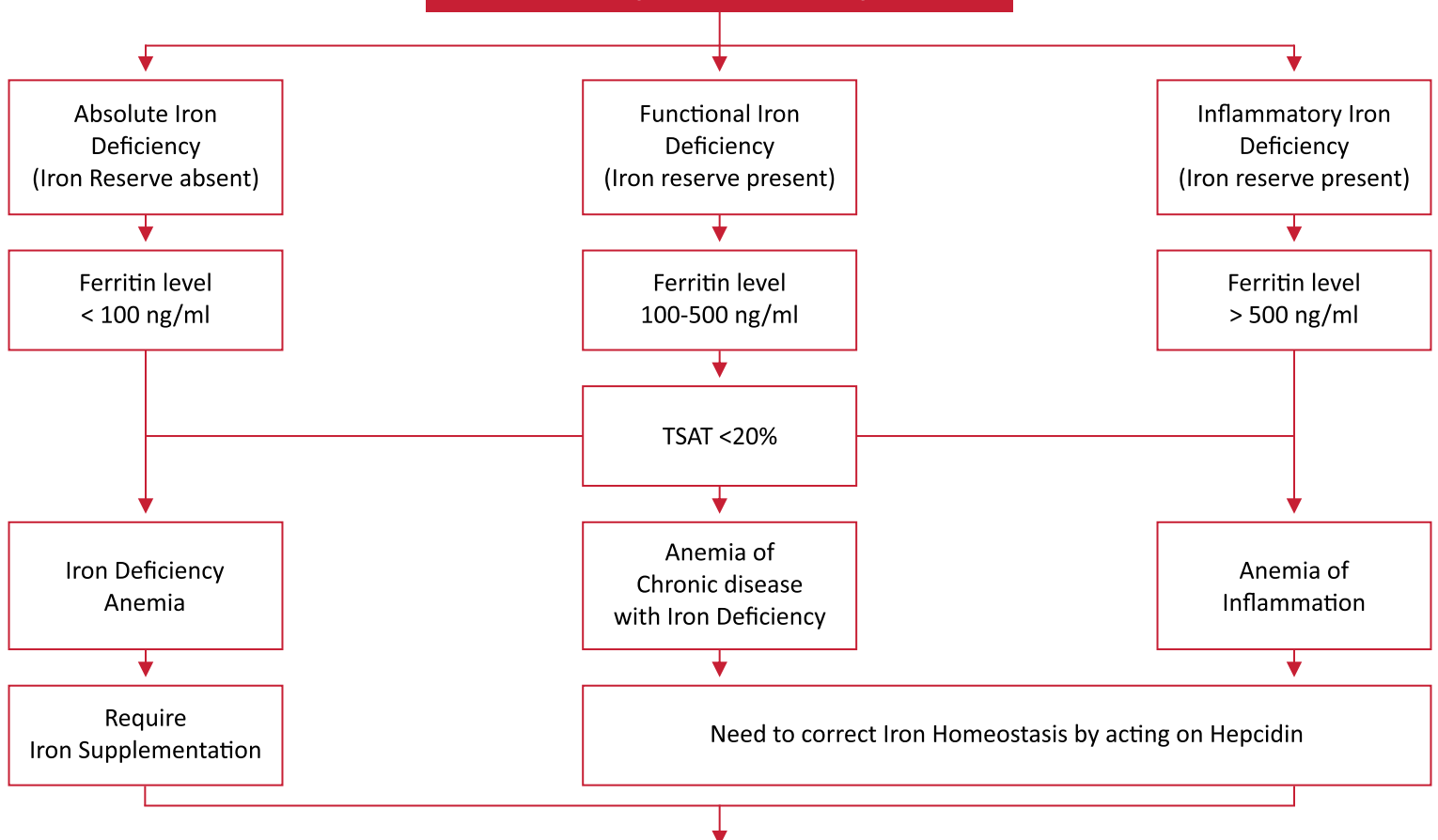
Absolute iron deficiency is defined by severely reduced or absent storage iron in bone marrow, liver, and spleen.

02

Functional Iron Deficiency

Functional iron deficiency is characterized by adequate iron stores but insufficient iron availability for incorporation into erythroid precursors.

Iron deficiency in Chronic Kidney Disease



FERRONEMIA PLUS

“FERRONEMIA PLUS: Combination of Lactoferrin, GMP and Ferrous bisglycinate for any type of Iron deficiency anemia”

COMPARISON OF DIFFERENT IRON SALTS:

Iron supplement	Elemental iron	Bioavailable iron
Ferrous sulfate	33%	27%
Ferrous ascorbate	12%	40%
Ferrous fumarate	32%	28%
Ferrous bisglycinate	19-21%	91%

CLINICAL EVIDENCE

Efficacy and toxicity of oral ferrous bisglycinate chelate and ferrous sulfate in cancer patients with mild Iron Deficiency Anemia

A Randomized Trial

Patients:

Group A- n=12

Group B- n= 12

Dosage:

- **Group A** - Ferrous bisglycinate chelate, 30 mg per day for 20 days, and then 15 mg per day for 40 days.
- **Group B** - Ferrous sulphate, 105 mg per day for 60 days.

Duration: 2 months

End Points: Hemoglobin and serum ferritin determination were performed basally and at 1, 2 months from the beginning of treatment.

Results: Mean values of hemoglobin and ferritin at basal, after 1 and 2 months of treatment and difference between 2 months-basal

Parameters	Hemoglobin (g/dL) (Mean±SD)		Ferritin (ng/mL)	
	Group A	Group B	Group A	Group B
Basal	11.6 ± 0.8	11.3 ± 0.6	16.1 ± 8.0	19.0 ± 6.4
After 1 months	12.4 ± 0.6	12.0 ± 0.9	23.7 ± 12.5	32.9 ± 22.4
After 2 months	13.0 ± 1.4	12.7 ± 0.7	33.8 ± 22.0	40.8 ± 28.1
Difference	1.4 ± 1.0	1.4 ± 0.7	17.7 ± 22.6	21.8 ± 26.8

A dose of 30 mg iron per day as amino-acid chelate was found to be statistically as effective as 120 mg of ferrous sulfate in rising Hb levels. In addition, a lower incidence and no severe side effect have been reported in comparison with ferrous sulfate.

Conclusion:

Ferrous bisglycinate chelate given at 30 mg daily for 20 days and then 15 mg daily for 40 days has similar efficacy and likely lower GI toxicity than ferrous sulphate given at the conventional dose for the same time.

A daily dose of 30 mg of ferrous bisglycinate chelate for at least 3 months in order to replenish iron stores should be recommended.

FERRONEMIA PLUS

Lactoferrin 50 mg, Disodium Guanosine 5-Monophosphate 5 mg and
Elemental Iron (Ferrous Bisglycinate) 30 mg Tablets

DESCRIPTION:

- **FERRONEMIA PLUS** consists of Lactoferrin, Disodium Guanosine 5-Monophosphate and Ferrous bisglycinate.
- Lactoferrin is a non-haem iron-binding protein that is part of the transferrin protein family and differs from transferrin by its higher affinity for iron which is 300 times greater and its ability to retain iron at a pH lower than 4 such as exist. (e.g. in the gastrointestinal tract or inflammatory lesions).
- Disodium Guanosine 5-Monophosphate is a salt of Guanosine 5-Monophosphate. Ribonucleoside Monophosphate which upon phosphorylation to GTP becomes incorporated into ribonucleic acid (RNAs) by various RNA polymerase(s).
- Ferrous bisglycinate is a chelate that is used as a source of dietary iron. Forming a ring structure when reacting with glycine, ferrous bisglycinate acts as both a chelate and a nutritionally functional.

INDICATION:

- **FERRONEMIA PLUS** is indicated for the management of Iron Deficiency Anemia and Anemia of Chronic Disease.

MECHANISM OF ACTION:

FERRONEMIA PLUS works by the following mechanisms :

1. Decreases Hepcidin levels by regulating the Ferroportin Hepcidin Axis
2. Increases iron efflux in the systemic circulation by Macrophage M1 to M2 phenotype conversion
3. Reduces ferritin bind iron stores
4. Reduces inflammatory pathways further affecting Hepcidin
5. Improves Ferroportin stabilization via GMP

DOSAGE & ADMINISTRATION:

- 1-2 Tablets a day or as suggested by Healthcare Professional.




ADVANTAGES OF FERRONEMIA PLUS IN CKD PATIENTS:

1. Effective increase of Hemoglobin and systemic Iron Levels
2. Countering any adverse effect of inflammation arising due to Erythropoietin resistance
3. Less likely to cause intestinal side effects such as nausea, constipation and bloating
4. Restoration of Iron Homeostasis
5. Ferrous bisglycinate has at least two-fold higher bioavailability/absorption compared to “conventional” iron salts, e.g., ferrous sulfate and ferrous fumarate.
6. Useful in the treatment of both True/absolute iron deficiency anemia as well as Functional Iron deficiency anemia

Frimline Pvt. Ltd.

(A Subsidiary of La Renon Healthcare Pvt. Ltd.)

5th Floor, 511-ISCON Elegance | Circle P | Prahlad Nagar Cross Roads | S.G.Highway
Ahmedabad - 380015 | Gujarat | India
phone: +91-79-6616-8999 | E-mail: info@frimline.com | Web: www.frimline.com

 I am: _____
 Call me on: _____
 Mail me at: _____

©2019 All rights reserved, Frimline Pvt. Ltd.