



HEMOFeRRA

Iron polysaccharide complex (IPC)



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Iron-polysaccharide complex (IPC)
For daily use

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Iron-polysaccharide complex (IPC)



Iron is an essential element and a constituent of ferroproteins and enzymes crucial for human life. Generally, nonmenstruating individuals preserve iron very efficiently, losing less than 0.1% of their body iron content each day, an amount that is replaced through dietary iron absorption. Reduced hemoglobin synthesis and anemia are the most common consequences of low plasma iron concentration. Hemofera is an advanced iron supplement formulated as a stable iron polysaccharide complex, designed to improve gastrointestinal tolerability while maintaining clinical efficacy.

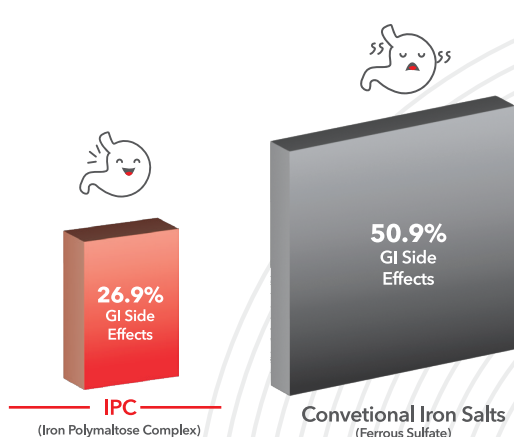
Mechanism of action

Iron polysaccharide complex (IPC) consists of ferric iron stabilized within a polysaccharide matrix. This non-ionic structure allows iron to pass through the gastrointestinal tract with controlled and gradual release, reducing direct mucosal exposure.

Dosage Instructions

- Each pack contains 30 capsules.
- Each capsule contains 100mg elemental Iron in the form of Iron Polysaccharide Complex.
- As this product maintains a therapeutic dose of Iron, consult with your physician or pharmacist before taking.

Gastrintestinal Side Effects: IPC vs Coventional Iron Salts



Why Iron Polysaccharide complex?

1-Controlled and Gradual Absorption

IPC deliver iron in a non-ionic, stabilized form allowing:

- Gradual release in the gastrointestinal tract
- Reduced oxidative and mucosal stress
- More physiological absorption patterns

2-Improved Gastrointestinal Tolerability

Clinical studies have consistently shown that IPCs are associated with:

- Lower incidence of nausea
- Reduced epigastric pain
- Less constipation
- Leading to better compliance compared to conventional ferrous salts

3-Proven clinical effectiveness

Evidence indicates that IPC:

- Increase hemoglobin and serum ferritin levels
- Provide efficacy comparable to ferrous sulfate
- with significantly tolerability profiles

Suggested Clinical Use

- Mild to moderate iron deficiency anemia
- Iron depletion without severe anemia
- Women of reproductive age
- Elderly patients with sensitive gastro intestinal systems
- Patients intolerant to conventional iron salts

1. Canedo-Hidalgo MJ, Castelo-Branco C, Palacios S, et al. Tolerability of different oral iron supplements: a systematic review. *Curr Med Res Opin.* 2013;29(4):291-303.
2. Tolken Z, Stecher L, Mander AP, Pereira DIA, Powell JJ. Ferrous sulfate supplementation causes significant gastrointestinal side-effects: a systematic review and meta-analysis. *PLoS One.* 2015;10(2):e0117383.
3. Johnson-Wimbley TD, Graham DY. Diagnosis and management of iron deficiency anemia in the 21st century. *Ther Adv Gastroenterol.* 2011;4(3):177-184.
4. Schumann K, Ertle T, Stegner B, Elsenhans B, Solomons NW. Oral iron supplementation: mechanisms of absorption and tolerability. *Ann Nutr Metab.* 2012;60(4):252-261.
5. Suppi EI. Iron deficiency without anemia - a clinical challenge. *Clin Case Rep.* 2018;6(6):1082-1086.

6. Cook JD, Reddy MB. Effect of iron formulation on absorption and gastrointestinal tolerance. *Am J Clin Nutr.* 1995;61(4):832-837.
7. Gupta A, Amin P, Sethi R. Comparison of efficacy and safety of iron polymaltose complex with ferrous sulfate in iron deficiency anemia. *J Assoc Physicians India.* 2007;55:561-565.
8. Devasthali SD, Gondeuk VR, Brittenham GM, Bravo JR, Hughes MA, Keating LJ. Oral iron preparations: a comparative study on tolerability and compliance. *Indian J Pharmacol.* 1991;23(2):65-70.

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Iron polysaccharide complex (IPC)



Pharmed Lotus
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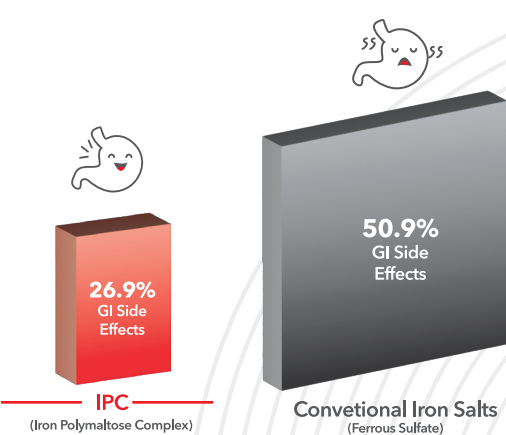
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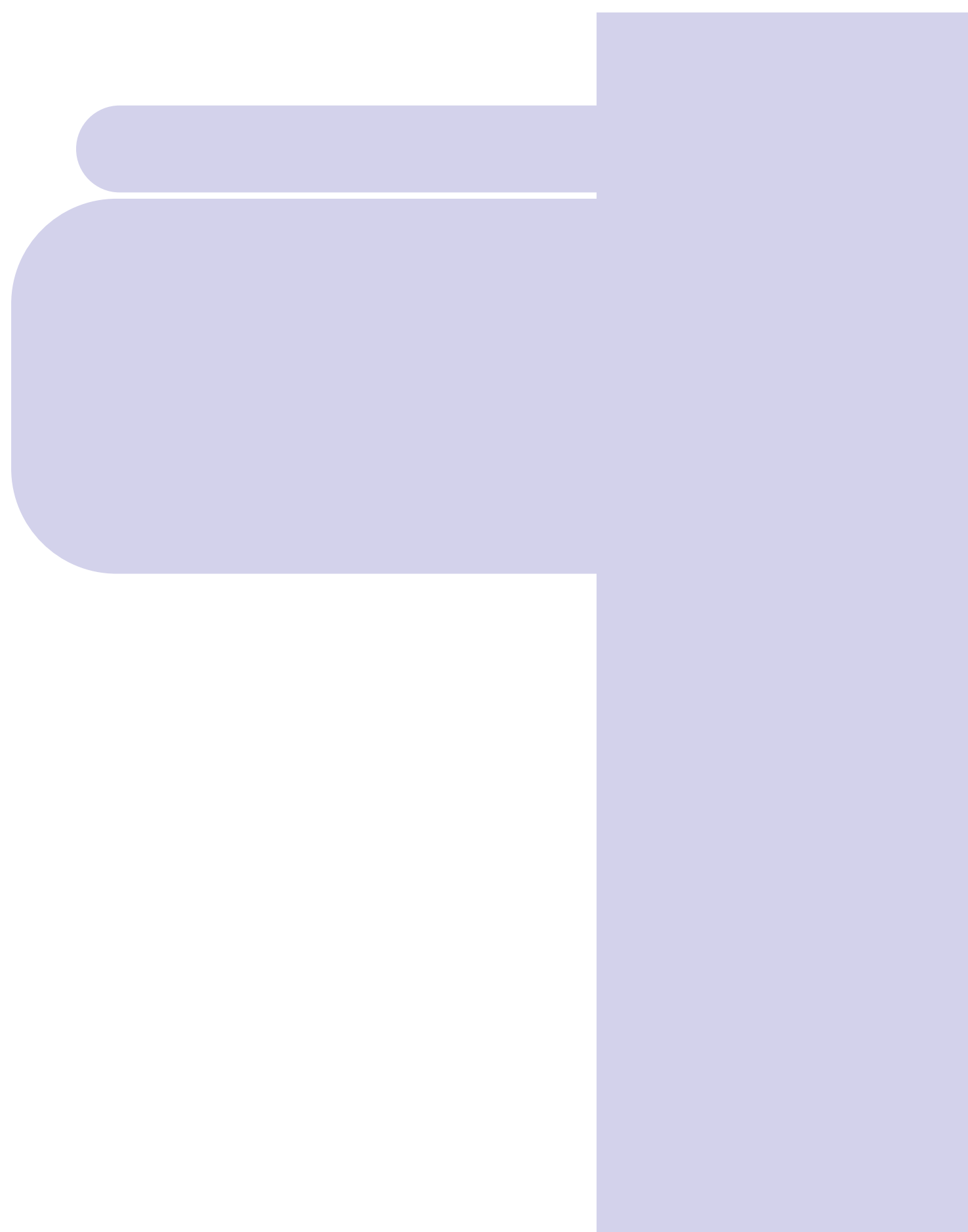
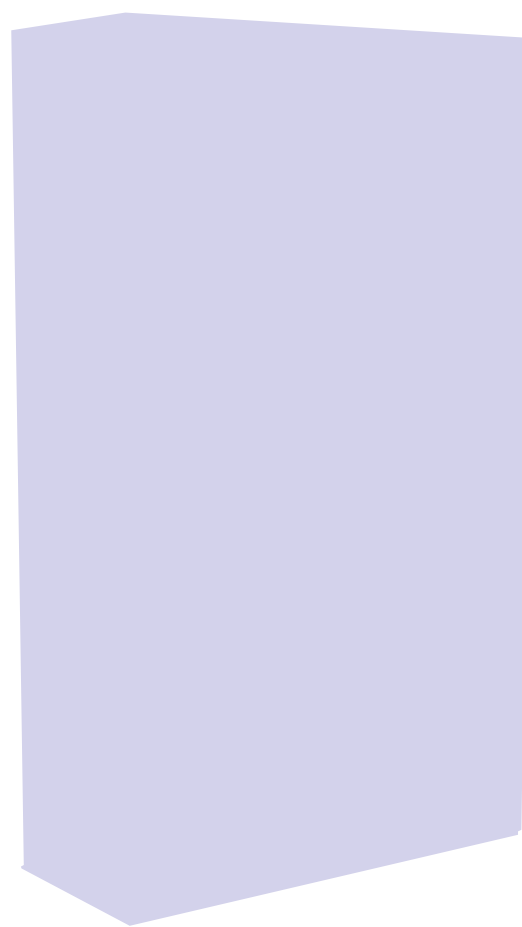
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