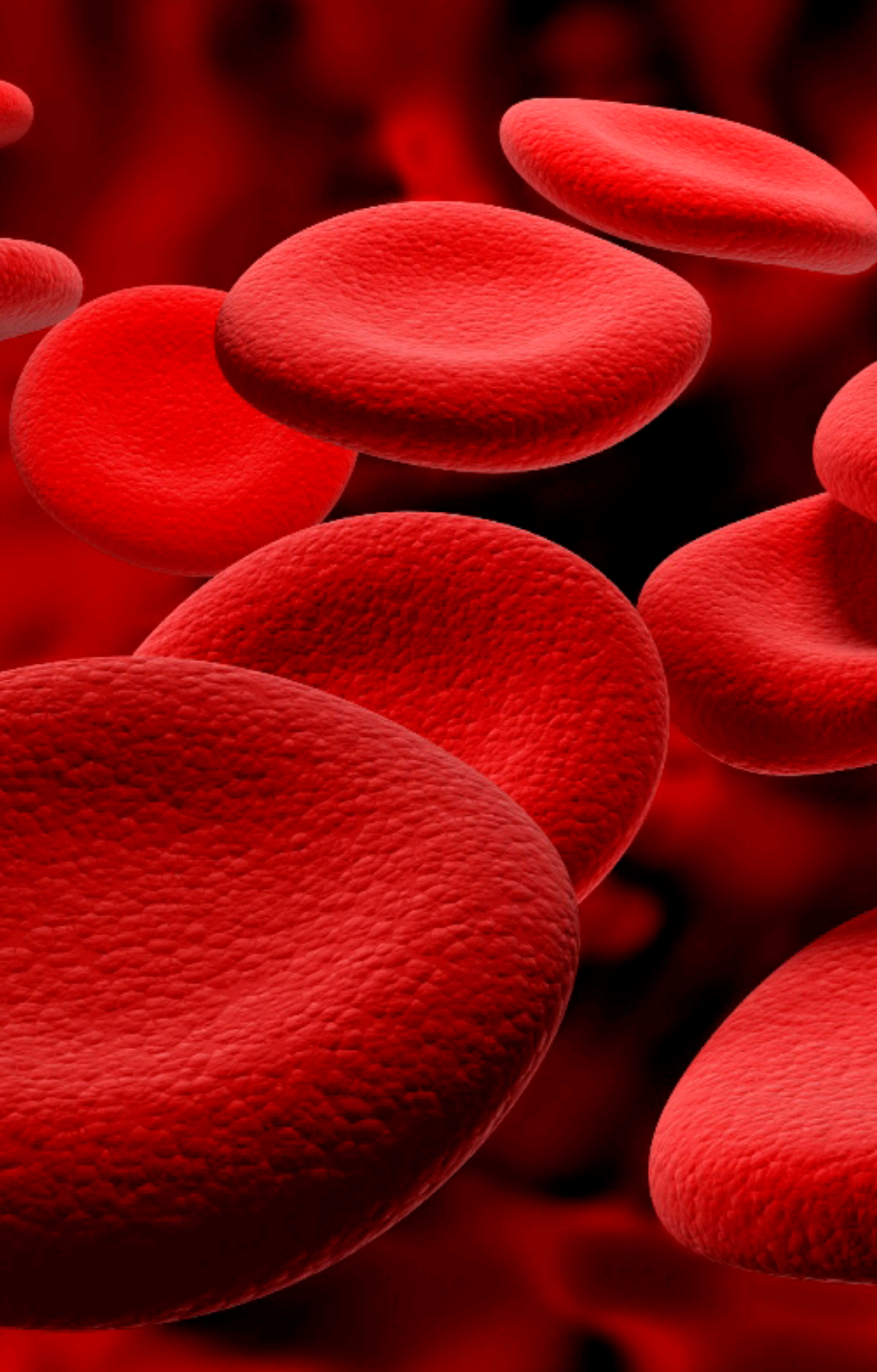


IronCatch™

THE FIRST  
**IRON-FREE TREATMENT**  
FOR **IRON DEFICIENCY**



MADE IN  
**ITALY**

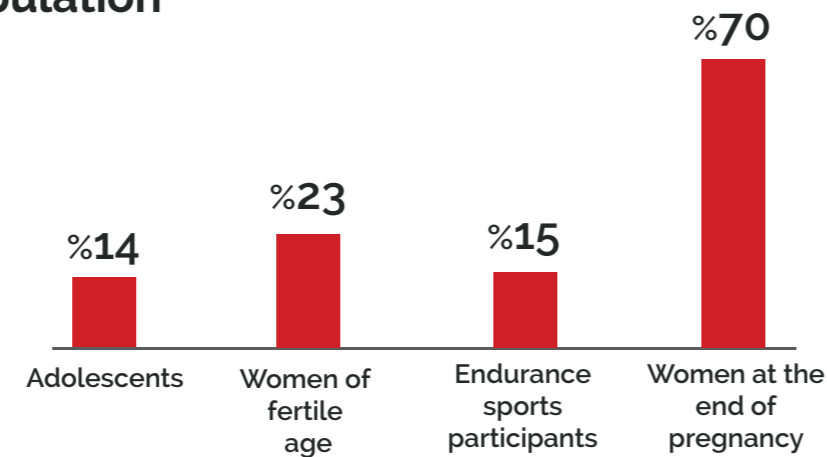


# KNOW THE FACTS

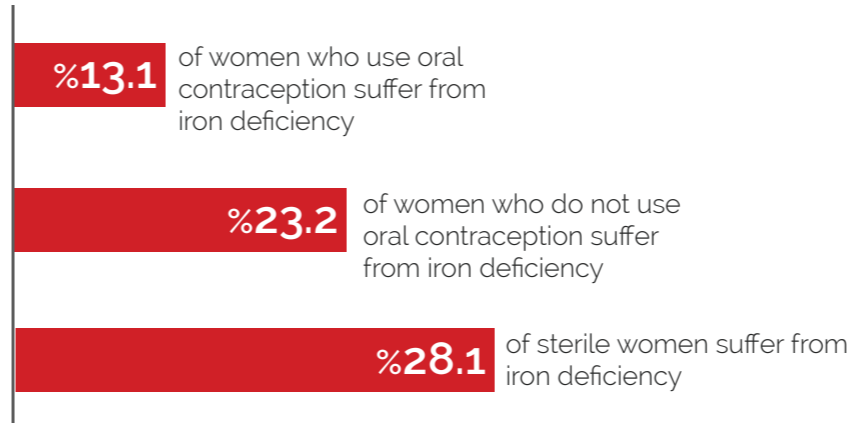
**Iron deficiency** is the most common and widespread nutritional disorder in the world. As well as affecting a large number of children and women in developing countries, it is the only nutrient deficiency which is also significantly prevalent in Industrialized Countries.

The numbers are staggering: 2 billion people – over 30% of the world's population – are anaemic, many due to iron deficiency, and in resource-poor areas, this is frequently exacerbated by infectious diseases. Malaria, HIV/AIDS, hookworm infestation, schistosomiasis, and other infections such as tuberculosis are particularly important factors contributing to the high prevalence of anaemia in some areas.

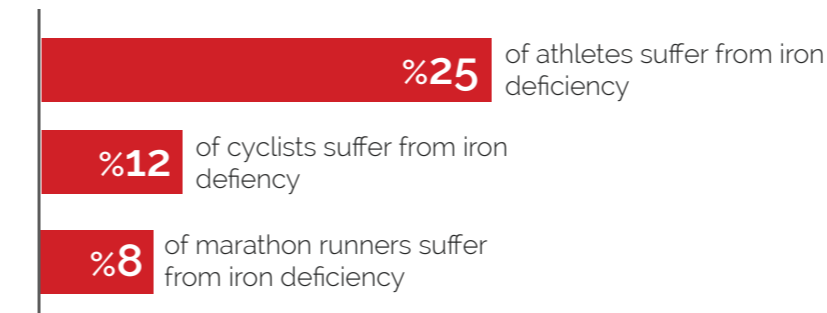
## Iron deficiency distribution in the population



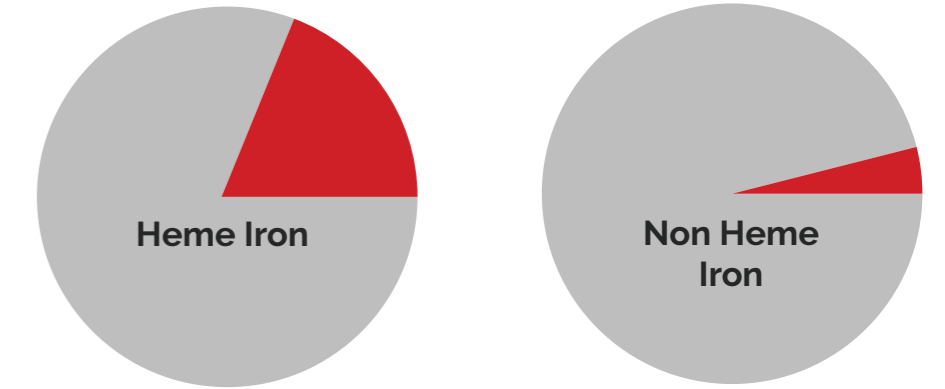
Approximately  $\frac{1}{4}$  of all women of fertile age suffer from iron deficiency due to menstruation



**15%** of people who participate in endurance sports suffer from iron deficiency



## Absorption levels of iron



Only 20-30% is absorbed

Only 5-10% is absorbed promoted by citric, lactic and ascorbic acid

Polyphenols and tannins reduce absorption (30% reduction)

**Iron in food: 6-7 mg/1000 Kcal (almost ubiquitous)**

- **Meat and fish:** 40% heme, 60% non-heme iron.
- **Other food:** 100% non-heme iron.

**Generally, food is never deficient in iron!**

# TWO BILLION PEOPLE ARE ANEMIC

30% of the world population. Anaemia contributes to 20% of all maternal deaths. In developing countries every second pregnant woman and about 40% of preschool children are estimated to be anaemic.

Irritable Bowel Syndrome  
Celiac disease  
Abundant menstruations  
Pregnancy  
Vegetarians  
Intrauterine device  
Ulcers  
Antacids



## Iron Deficiency

## adverse reactions iron therapy

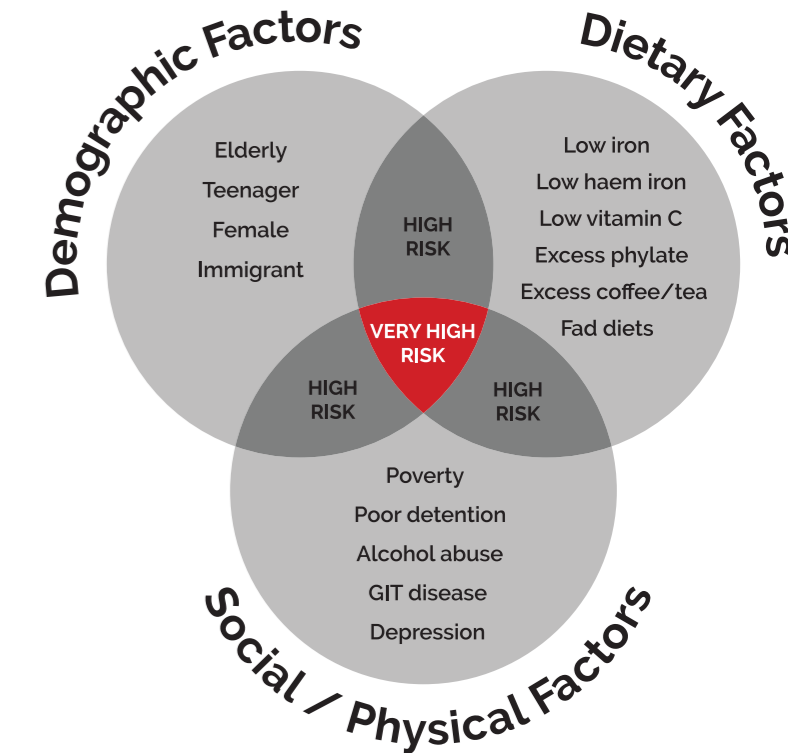
- ⤴ Proinflammatory cytokines
- ⤴ Inflammation
- ⤴ Lipid peroxidation
- ⤴ Aggravate the situation of ulcerated areas

### Oral administration

- Diarrhea
- Nausea / vomiting
- Hyperchromia of feces
- Possible recrudescence of rheumatoid arthritis

### Parenteral administration

- Hypersensitive reactions, even anaphylactic shock
- Myalgia
- Tachycardia
- Dysgeusia "alteration in taste"
- Strong perspiration



By now the common oral supplementation with iron can produce only limited results, and visible not before 90-120 days.



## IronCatch™

### THE FIRST IRON-FREE TREATMENT FOR **IRON DEFICIENCY**

IronCatch® unique composition increases efficiency and magnitude of intestinal iron absorption by 3-5 folds. Making the iron content of normal daily food a rich source for iron.

It is made from specific fish oligosaccharides that promote absorption of non-heme iron. It also contains Vitamin C, Vitamin E, Zinc, Copper and Folic acid.

Very fast action and fully effective within just 30 days

A product that is free from all side effects associated with products containing iron

The contraindications of oral treatments constitute the elective indication of IronCatch®

#### Within 30 days:

The only one that allowing significant results within 30 days. +50 - 70% on ferritinemia and sydermia in all patients affected by iron deficiency.

#### Within 120 days:

Significant increase in Hemoglobin.

Increases from **3 to 5 times** the absorption of dietary iron (7mg iron / 1000 Kcal in food)

It works **no matter** what the diet is as both **heme iron** and **non-heme** iron are absorbed

## IronCatch™ is ideal for:

Ideal for patients suffering from IBD (inflammatory bowel disease)

Indispensable when following a vegetarian diet or taking part in edurance sports

Ideal in pregnancy

### Also in the following cases:

Patients undergoing anti-cancer chemotherapy, suffering from cirrhosis, renal insufficiency, gastritis, gastric or duodenal ulcers, colitis, ulcerative rectocolitis, Crohn's disesse, hemolytic anemia, celiac disease.

Just after one week, the subject will get dynamism and energy back

IronCatch® is ideal in

**Gynaecology**

- Pregnancy
- Lactation
- Abundant menstruations
- IUD

**The only iron free treatment recommended in iron deficiency**

**Gastroenterology**

- Cirrhosis
- Chronn's disease
- Gastritis
- Gastric ulcer
- Colitis
- Ulcerative rectocolitis
- Celiac disease

**Also indicated for patients affected by iron deficiency with particular needs**

- Anticancer chemotherapy
- Thalassemia
- Renal insufficiency
- Hemolytic anemia
- Rheumatoid arthritis
- Spotmen
- Vegetarians

## INGREDIENTS PER 2 TABLETS



**Dosage (to be taken before meals)**

- **Attack:** 2 tablets/day for 2 months
- **Maintenance:** 1 tablet/day

**No side effects typical of the iron supplementation**

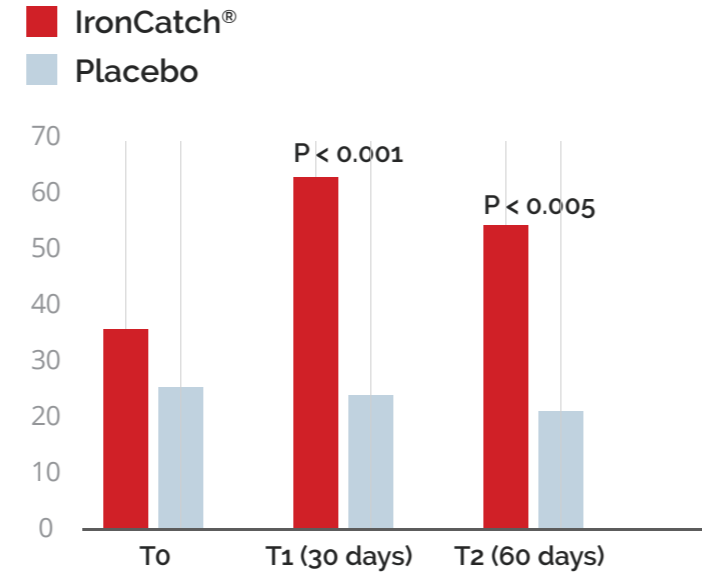
<b>800 mcg</b>	<b>Oligosaccharides of specific hydrolyzed fish cartilage</b> Rapid iron absorption demonstrated by in-vitro studies on Caco-2 cells
<b>200 mcg</b>	<b>Vitamin B9 (Folic acid)</b> Prevent megaloplastic anemia and abnormalities in fetal nervous system
<b>90 mg</b>	<b>Vitamin C</b> Promotes iron absorption and works as an antioxidant
<b>30 mg</b>	<b>Vitamin E</b> Powerful antioxidation properties
<b>5 mg</b>	<b>Zinc</b> Iron fixation
<b>1.2 mg</b>	<b>Copper</b> Iron fixation

# IronCatch™

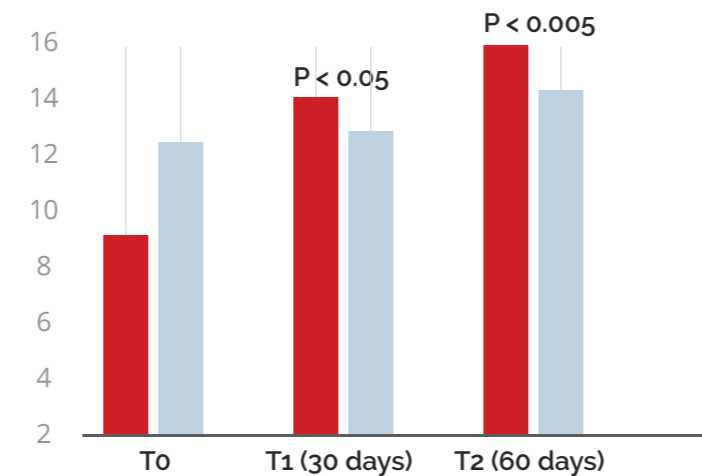
Hydrolized fish cartilage is rich in glycosaminoglycans, which are source of oligosaccharides, able to promote iron absorption from food.

In a study on 49 patients of fertile age with iron deficiency anemia to evaluate the efficacy of IronCatch®

Minerva Med. 2006 Oct;97(5):385-90.  
Rondanelli M, Opizzi A, Andreoni L, Trotti R. Effect of treatment with a food supplement (containing: selected sea fish cartilage, vitamin C, vitamin E, folic acid, zinc, copper) in women with iron deficiency: double blind, randomized, placebo-controlled trial.



Subjects with serum iron level <60 µg/dl

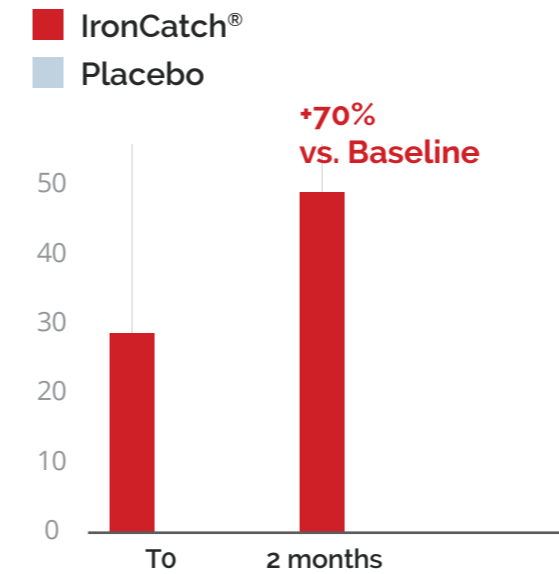


Subjects with ferritin level <20 ng/ml

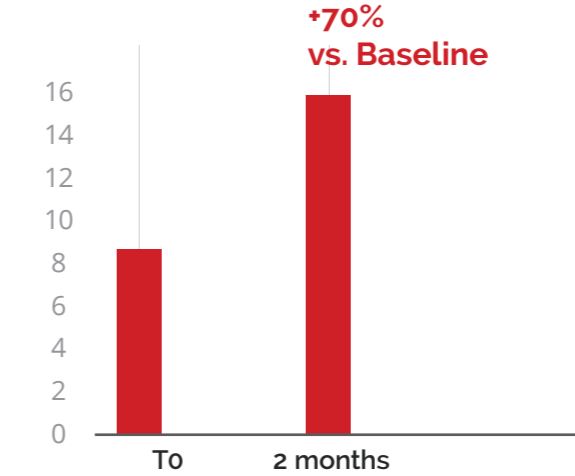
Another study to assess IronCatch® in patients suffering from IBD (Crohn's disease and Ulcerative colitis) with iron deficiency and chronic anemia

World J Gastroenterol 2007 March 14;13(10):1575-1578

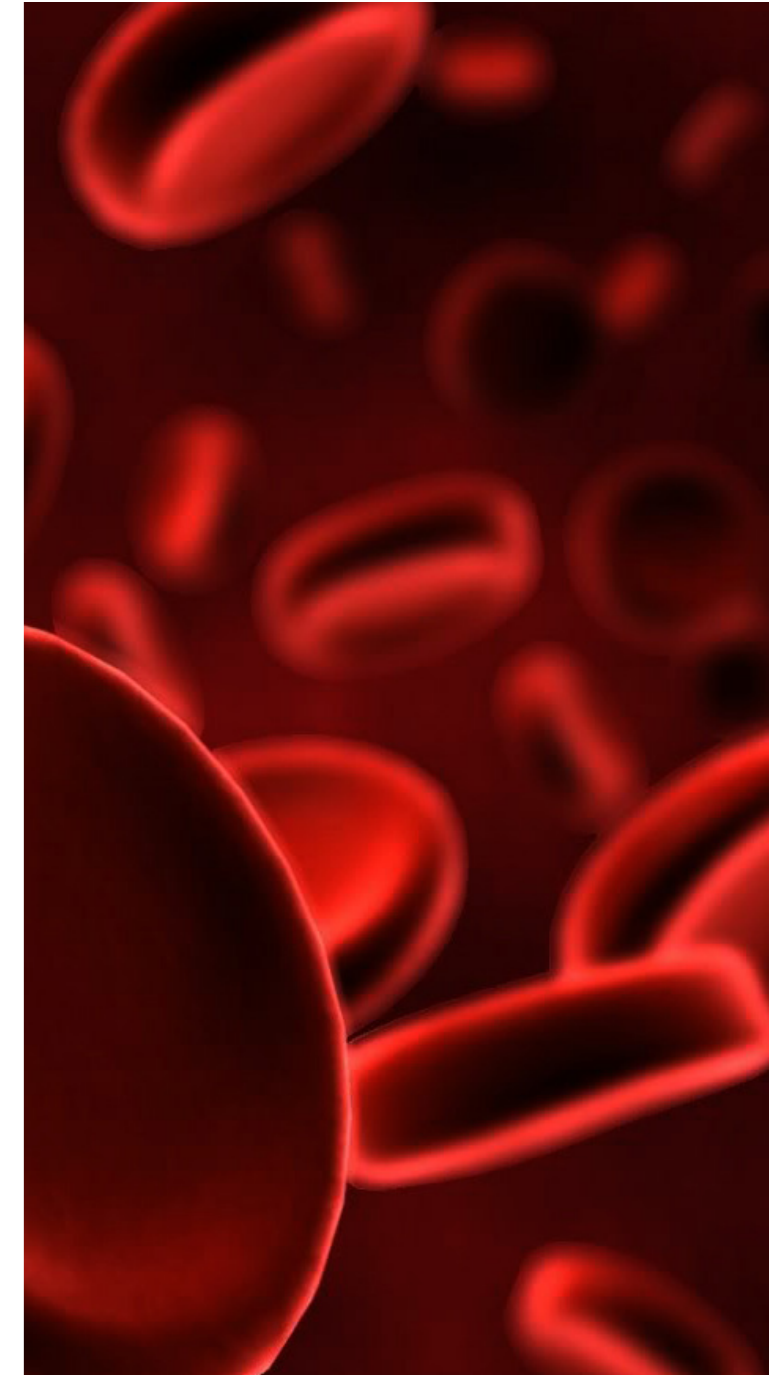
Andrea Belluzzi, Giulia Roda, Francesca Tonon, Antonio Soletti, Alessandra Caponi, Anna Tuci, Aldo Roda, Enrico Roda. (A new iron free treatment with oral fish cartilage polysaccharide for iron deficiency chronic anemia in inflammatory bowel disease: A

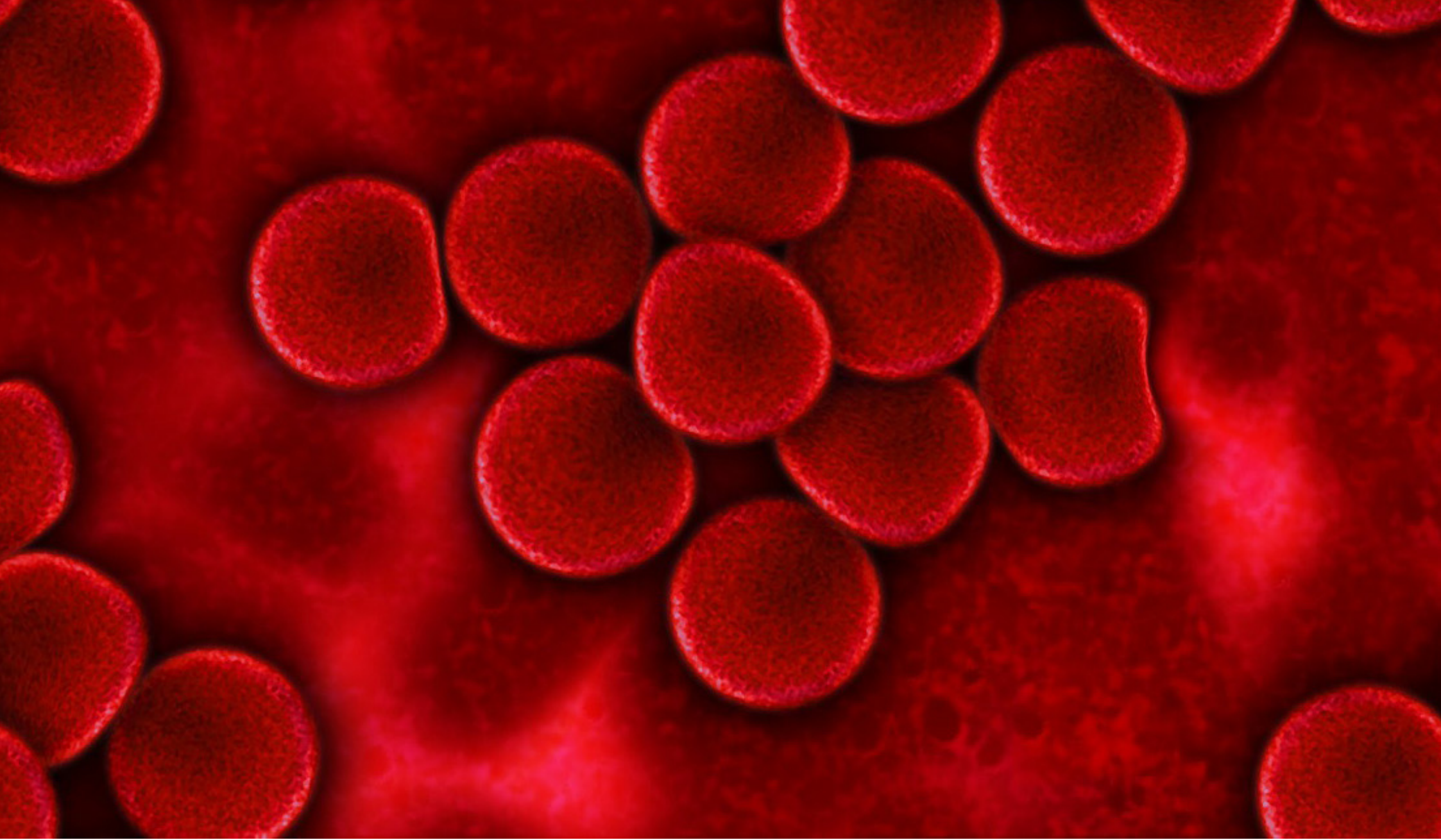


Serum iron (µg/dl)



Serum ferritin (ng/ml)





## IronCatch™

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