

REACTED IRON



RECOMMENDED USE

- Helps to Prevent Iron Deficiency Anemia and Associated Tiredness and Fatigue
- Helps Pregnant Women Meet Recommended Intake for Iron When Taken in Conjunction With a Healthy Diet
- Helps with the Formation and Function of Red Blood Cells

ESSENTIAL MINERALS

Reacted Iron provides 29 mg of elemental iron, ideally formulated using the amino acid chelate form of iron from Albion™ Minerals for enhanced absorption, optimal utilization and gastrointestinal (GI) comfort. Some individuals who take other forms of iron supplements may experience GI side effects, including gas, bloating, constipation or a combination of these symptoms. Supplementing with the right form of iron can be key to maintaining healthy levels within the body and compliance with a supplement regimen.

Overview

Iron is one of the most abundant minerals on earth. It is essential to the majority of life forms, especially human physiology.

Iron is an integral component of the proteins involved in oxygen transport and storage: hemoglobin, myoglobin and ferritin. Iron, as part of the protein hemoglobin, carries oxygen from the lungs to various parts of the body. Hemoglobin accounts for nearly two-thirds of the iron found in the body and carries essential oxygen to tissues and organs. Approximately one-sixth of the body's iron is stored as ferritin for use when dietary intake is not sufficient.

Iron must be maintained at balanced levels within the body—too much can cause toxicity and too little may lead to impairment of optimal health outcomes. Iron has to be carefully absorbed by the body. Interference can easily occur, making adequate consumption through diet and supplementation imperative to achieving a healthy balance.¹⁻⁸

Bioavailability

Bioavailability is important because it ensures supplementation translates to an improved iron balance in the body. Signs of inferior mineral supplements include the use of cheap, poorly

absorbed, rock-salt minerals. Reacted Iron is formulated with the superior amino acid chelate form, iron bisglycinate, which does not ionize in the gut. Like heme iron (the most bioavailable form of iron found in some protein food sources), iron biglycinate is not impacted by dietary factors and is absorbed at a 59% higher rate than lesser forms, such as iron sulfate (See Figure 1).

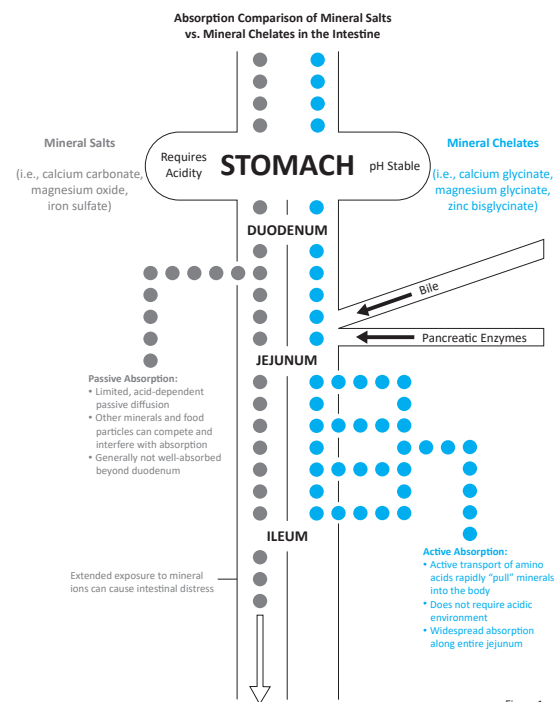


Figure 1

Comparison studies have shown significantly superior absorption of the iron chelate form compared to other rock-salt forms (most commonly iron sulfate):

- Iron bisglycinate shows absorption rates 59% higher than iron sulfate
- Iron bisglycinate is absorbed at a rate 3.8 times higher than iron sulfate
- Iron bisglycinate shows a reduced number of adverse complaints compared to iron sulfate
- No complaints of side effects were reported by subjects at 30 mg per serving

Energy Balance

Iron supplementation is often a standard recommendation for the treatment of fatigue, particularly among women. A 2012 randomized study confirmed the efficacy of iron in supporting energy balance.

French researchers studied nearly 200 menstruating women ages 18 to 53 who complained of fatigue but were otherwise healthy. All subjects had lower-than-normal ferritin levels (less than 50 mcg per liter). During the study, half of the subjects took 80 mg of iron daily, while the other half took a placebo. Fatigue was measured using a validated questionnaire at the beginning and end of the study.

At the close of 12 weeks, patients receiving the iron pills reported favorable outcomes related to fatigue and energy balance compared to the placebo group. The researchers also found that iron supplementation increased the production of red blood cells.⁹

Prenatal Support

Several major health organizations recommend iron supplementation during pregnancy to ensure pregnant women meet their iron requirements for healthy pregnancy outcomes. For all pregnant women, the Centers for Disease Control and Prevention recommends routine, low-dose iron supplementation beginning with the first prenatal visit.¹⁰ Larger doses of iron may be recommended following thorough testing to determine low hemoglobin or hematocrit.

Recommended Dose

Adults: 1 capsule 1 time per day. Take with food a few hours before or after taking other medications or natural health products.

Risk Information

Keep out of reach of children. There is enough iron in this package to seriously harm a child. Stop using if hypersensitivity occurs.

Medicinal Ingredient (per capsule)

Iron (Albion™ Minerals Iron (II) bisglycinate)29 mg

Non-Medicinal Ingredients

Hypromellose, Microcrystalline cellulose, Magnesium stearate.

References

1. Institute of Medicine (US) Panel on Micronutrients. *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc*. Washington (DC): National Academies Press (US); 2001.
2. Bothwell TH, Charlton RW, Cook JD, Finch CA. *Iron Metabolism in Man*. St. Louis: Oxford: Blackwell Scientific, 1979.
3. Miret S, Simpson RJ, McKie AT. Physiology and molecular biology of dietary iron absorption. *Annu Rev Nutr*. 2003;23:283-301.
4. Uzel C and Conrad ME. Absorption of heme iron. *Semin Hematol*. 1998;35:27-34. [PubMed abstract].
5. Sandberg A. Bioavailability of minerals in legumes. *British J of Nutrition*. 2002;88:S281-5. [PubMed abstract]
6. Davidsson L. Approaches to improve iron bioavailability from complementary foods. *J Nutr*. 2003;133:1560S-2S. [PubMed abstract].
7. Hallberg L, Hulthen L, Gramatkovski E. Iron absorption from the whole diet in men: how effective is the regulation of iron absorption? *Am J Clin Nutr*. 1997;66:347-56. [PubMed abstract].
8. Monson ER. Iron and absorption: dietary factors which impact iron bioavailability. *J Am Dietet Assoc*. 1988;88:786-90.
9. Vaucher P, Druais P, Waldvogel S, Favrat B. Effect of iron supplementation on fatigue in nonanemic menstruating women with low ferritin: a randomized controlled trial. *CMAJ*. 2012 Aug 7;184(11):1247-54.
10. CDC Recommendations to prevent and control iron deficiency in the United States. Centers for Disease Control and Prevention. *MMWR Recomm Rep*. 1998;47:1-29.

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