ADVANCED IRON AMINO ACID CHELATE FOR SUPERIOR ABSORPTION

- Patented Albion® ferrous bisglycinate chelate.*
- Clinically researched for superior absorption.*
- Non-constipating source of bioavailable iron.*
- Better tolerated than ferrous sulfate and other forms.*

Iron supplements have been in use since the 1830’s to help patients correct deficiencies of this critical mineral. Unfortunately, most commonly available iron supplements such as ferrous sulfate are poorly absorbed in many people, with GI disturbances such as nausea and constipation a frequent side effect. Ferrochel® Select™ provides iron as ferrous bisglycinate chelate, an extremely well tolerated form of iron that been shown in numerous clinical studies to exhibit superior absorption compared to other forms.

Of all the known micronutrients, iron was first to be recognized to play an essential role in human health. Locked within the heme molecule as the centerpiece of every red blood cell, iron serves in multiple functions throughout the body. Notably, it is important for proper heart and blood vessel function, proper cognitive development and a healthy immune response.

Iron deficiency remains the number one micronutrient deficiency worldwide. The World Health Organization considers poor iron status to be responsible for most of the 1.62 billion cases of anemia seen globally, most of which occur in third world countries. Iron fortification of cereal grains and other foods in the West has been a double edged sword, decreasing the frequency of iron deficiency anemia but contributing to problems of iron overload in other patients.

FERROCHEL® (pronounced ferro-kell) is the brand name of a fully reacted amino acid iron chelate, ferrous bisglycinate chelate, manufactured and patented by the highly respected Albion® Human Nutrition Laboratories. Ferrochel® is produced by the reaction of ferrous iron with glycine, and has been researched for superior absorption and safety in human and animal studies.

Research strongly suggests that iron amino acid chelates (AAC) like Ferrochel® offer effective treatment for iron deficiencies. Iron AAC have been shown to offer significant increases in intestinal iron absorption compared to inorganic iron salts (e.g. ferrous sulfate and ferrous chloride). This may be due to the fact that unlike regular iron which carries a magnetic charge, iron amino acid chelates are electrically neutral.

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
In the body, Ferrochel® bisglycinate chelate is taken up by the non-heme iron absorption pathway. Research suggests its AAC chemical structure helps to prevent iron-phytate interactions, giving Ferrochel® enhanced bioavailability compared to ferrous sulfate when used to fortify milk, corn flour, whole maize or wheat flour. The superior absorption of ferrous bisglycinate chelate compared to ferrous sulfate also means lower doses are required to produce comparable increases in iron levels. For example, in a 2001 Brazilian study comparing relative effectiveness of the two forms, pregnant women with low iron status were assigned to take either 40 mg/day of ferrous sulfate or just 15 mg/day of Ferrochel®. At the end of the study, only 30.8% of the women treated with Ferrochel® remained low in iron, compared to 54.5% of the women in the ferrous sulfate group. In addition, its superior tolerability enabled more women in the Ferrochel® group to complete the trial for the full minimum period of 13 weeks or longer.

Assessing Iron Supplementation Needs

Before prescribing Ferrochel® Select™ or any iron supplement to your patients, it is important to assess ferritin levels. Iron functions as a pro-oxidant and excess intake from food or supplements is best avoided. Adult men and post-menopausal women, especially those who frequently consume red meat and fortified cereal grains, are among the least likely patients to require iron supplementation. The same is true for people with iron storage disorders, e.g. hemochromatosis.

Conversely, patients following vegan and vegetarian diets and those who suffer from blood loss due to any cause—bleeding ulcers, traumatic injury, monthly menses, etc.—may be at higher risk of deficiency. Generally speaking, women of childbearing age, especially those who experience heavy periods, are more likely than their male cohorts to develop iron deficiency anemia. Patients suffering from leaky gut syndrome, intestinal inflammation or malabsorption disorders such as colitis, Crohn’s disease and celiac sprue are also at high risk of deficiency. Iron deficiency anemia is often the first symptom to appear in patients with otherwise sub-clinical gluten intolerance, suggesting that practitioners consider testing for gluten sensitivity in cases of ferropenic anemia that remain non-responsive to treatment.

Ferrochel® is a registered trademark of Albion Laboratories, Inc. To view additional research and learn more, visit www.albionferrochel.com.

REFERENCES


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