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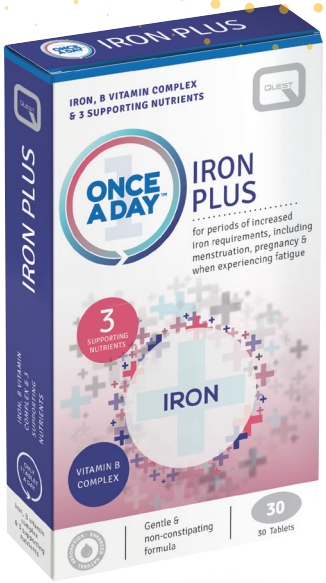
ONCE A DAY

# ONCE A DAY IRON PLUS

For periods of increased iron requirements, including menstruation, pregnancy and when experiencing fatigue.




## Nutritional Information

**One tablet provides:**

| | | | *%NRV |
|---|---|---|---|
| **IRON** | | | |
| Iron Amino Acid Chelate Iron 15 mg | 198 mg | | 107 |
| **B COMPLEX** | | | |
| Thiamin (B1) | 4 mg | | 364 |
| Riboflavin (B2) | 2 mg | | 143 |
| Niacin (B3) | 10 mg | NE | 63 |
| Vitamin B6 | 4 mg | | 286 |
| Folic Acid (B9) | 200 µg | | 100 |
| Vitamin B12 | 20 µg | | 800 |
| Biotin (B7) | 50 µg | | 100 |
| Pantothenic Acid (B5) | 10 mg | | 167 |
| **SUPPORTING NUTRIENTS** | | | |
| Vitamin C | 100 mg | | 125 |
| Copper | 1.2 mg | | 120 |
| Molybdenum | 30 µg | | 60 |

*NRV = Nutrient Reference Values, NE = Niacin Equivalent

Take one tablet daily with food. Swallow with water.

- Synergistic formula providing iron with 11 supporting nutrients.
- Gentle highly absorbable form of amino acid chelated iron.
- Helps reduce tiredness and fatigue.

## DESCRIPTION

Provides iron with synergistic nutrients, vitamin C, vitamins B2, niacin (B3), B6, B12, pantothenic acid (B5) and folic acid (B9). Helps reduce tiredness and fatigue and alleviate symptoms of iron deficiency and anaemia. Iron plays a role in the transport of oxygen around the body and in the formation of red blood cells. Women of child-bearing age have a higher risk of low iron levels due to the menstrual cycle. Iron supplementation is also recommended to prevent iron deficiency anaemia in pregnancy.

## THE IMPORTANCE OF IRON INTAKE

The main function of iron in the diet is as an important constituent of the blood pigment haemoglobin. Haemoglobin is contained within red blood cells and carries oxygen around the body. Iron is also found in myoglobin (the equivalent of haemoglobin found in muscle) and is additionally a participant in energy releasing reactions in the body. Symptoms of iron deficiency include fatigue, light-headedness, weakness, pallor (paleness), impairment in work capacity and intellectual performance and weakened immune system.

## SYNERGISTIC & SUPPORTING NUTRIENTS

Iron is the main nutrient for haemoglobin, however there are many nutrients that are also required for the red blood cells and for the absorption of iron.

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| **Vitamin C** | Vitamin C is required to aid with the absorption of iron by preventing the formation of insoluble and unabsorbable iron compounds and ensures that the iron is taken up by the mucosal cells[1]. |
| **Thiamin** | Thiamin is particularly beneficial with megaloblastic anaemia, where it is used as one of the main treatment forms[2]. Megaloblastic anaemia is when the body produces red blood cells that are too large, and are unable to function properly. |
| **Riboflavin** | Also known as vitamin B2, riboflavin is needed for the growth of red blood cells. It is also required for folate and vitamin B6 to be converted into their bioactive forms and used in red blood cell formation. |
| **Niacin** | Niacin has vasodilation properties, particularly benefiting the small capillaries and improving tissue oxygenation.. |
| **Vitamin B6** | Vitamin B6 is required for the correct formation of the red blood cells and haemoglobin. |
| **Folic acid** | Folic acid is an integral part of red blood cells and a folate deficiency can cause folate deficiency anaemia. Folate deficiency can contribute to megaloblastic anaemia. |
| **Pantothenic acid** | Also known as vitamin B5, pantothenic acid is required for the creation of new red blood cells. A deficiency in pantothenic acid inhibits the creation of new erythrocytes. . |
| **Vitamin B12** | Vitamin B12 works with folate for the production of healthy red blood cells and for the protection of abnormally sized red blood cells. Vitamin B12 and folate deficiency can cause identical effects on the red blood cells and therefore must always be taken together. |
| **Molybdenum** | Molybdenum is required for the creation of enzyme xanthine oxidase that facilitate oxygen transfer[3]. Patients with low iron status have also been found in many cases to have low molybdenum status. |

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| **Copper** | Copper works in balance with iron and aids with iron absorption. A copper deficiency may lead to microcytic and hypochromic anaemia[4]. |

## SUPERIOR & GENTLE IRON ABSORPTION

All minerals must be attached, bonded or chelated to a carrier. The type of carrier material used will influence how easily a mineral can be absorbed and utilised by the body. Amino acid chelated iron exists as a combination of iron with amino acid carriers, forming a neutrally charged compound that is easily and quickly absorbed by the body into the bloodstream without causing gastrointestinal side effects. Scientific studies have demonstrated that amino acid chelated iron has 3-4 times greater bioavailability and absorption compared to other forms of iron (e.g. iron sulphate).

## FEATURES

• Chelated mineral form for optimum absorption and utilisation • Synergistic formula with 11 additional nutrients to enhance the utilisation and activity of iron • Gentle iron formulation • Suitable for use during pregnancy.

## HEALTH NEEDS

ENERGY

WOMEN'S HEALTH

PREGNANCY AND FERTILITY

## SCIENTIFIC REFERENCES


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3. Dalton Trans., 2013,42, 3029-3042 http://pubs.rsc.org/en/content/articlelanding/2012/dt/c2dt32376a/unauth#!divAbstract
4. Conference on Hemoglobin: 2–3 May 1957. https://www.ncbi.nlm.nih.gov/books/NBK224294/

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