



HAEMOSTATE

MECHANISM OF ACTION

Vitamin B₆ - is involved in a wide variety of metabolic reactions including the synthesis of the heme component of haemoglobin. (1)

Vitamin B₁₂ - is required for normal erythropoiesis. It is also essential for the synthesis of methionine from homocysteine. Vitamin B₁₂ is essential for folate utilization, and its absence results in a functional folate deficiency. Vitamin B₁₂ deficiency usually results in megaloblastic anaemia or neurologic damage. (1)

Folic Acid - is a component of coenzymes which play a major role in intracellular metabolism. Tetrahydrofolate plays an indirect role in the rate-limiting step of DNA synthesis. Abnormalities in this process that occur with folic acid deficiency can cause megaloblastic anaemia. Folic acid is also involved in the metabolism of homocysteine. Low folate levels are associated with increased plasma homocysteine levels. (1)

Vitamin C - has a role in several physiological functions including the conversion of folic acid to folinic acid, and iron metabolism. It is also an essential vitamin for maintaining the integrity of the blood vessels. (1,3)

Copper - acts as a catalytic agent via the many copper metalloenzymes which act as oxidases. Ferroxidases, copper enzymes in the plasma, are required for ferrous iron oxidation and binding of iron to transferrin. Copper deficiency is manifested by normocytic hypochromic anaemia, leukopenia, and neutropenia.

Iron - in the body is mostly found in the haemoglobin of red blood cells and in the myoglobin of muscle cells where it is required for oxygen and carbon dioxide transport. Signs and symptoms of deficiency include microcytic and hypochromic anaemia, lethargy, cognitive impairment, developmental delay, amenorrhea, hair loss, enlarged liver, and others. (2)

Molybdenum - is an essential part of the enzyme, xanthine oxidase, which aids in the mobilization of iron from the liver reserves. It is also a factor in copper metabolism.

Vitamin E - deficiency has been shown to be associated with decreased erythrocyte survival. Other symptoms of deficiency include irritability, oedema, clotting, and haemolytic anaemia. (1)

INDICATIONS

- Supplement to help in the formation of haemoglobin which is the substance responsible for transporting oxygen within the body.
- Vegetarians
- People who engage in intense physical exercise, particularly female athletes.
- Anyone with anaemia, the main symptoms of which are extreme tiredness, pallor and poor resistance to infection.

INTERACTIONS AND WARNINGS

There are some moderate interactions with iron and various foods and drugs including coffee, dairy products and antacids, so HaemoState is best taken away from food.

FoodState Iron is well tolerated and so does not cause the same gastrointestinal complaints associated with other forms of iron.

DOSAGE AND DIRECTIONS FOR USE

One tablet daily.

OTHER COMPLIMENTARY THERAPIES

Multivitamin and mineral Formula
Essential Fatty acid Formula
Calcium & Magnesium Formula



NUTRITION INFORMATION

Each tablet contains:

FoodState® blend:

Vitamin B ₆	10mg
Vitamin B ₁₂	30µg
Vitamin C	30mg

Folic acid	400µg
Vitamin E	50iu
Iron	25mg
Copper	1mg
Molybdenum	30µg

REFERENCES

1. Fishman SM, Christian P, West KP. The role of vitamins in the prevention and control of anemia. Public Health Nutr 2000;3:125-50.
2. Heath AL, Skeaff CM, O'Brien SM, et al. Can dietary treatment of non-anemic iron deficiency improve iron status? J Am Coll Nutr 2001;20:477-85
3. Loots D, Oosthuizen W, Pieters M, Spies C, Vorster HH. Foodstate vitamin C complex may beneficially affect haemostasis and fibrin network structure in hyperlipidaemic patients. Blood Coagul Fibrinolysis. 2004 Oct;15(8):677-85.