



SELECTIVE

**FOLATE
B12**



**BE
ACTIVE**



**BE
SELECTIVE**



**CHEW &
CHARGE**



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FOLATE B12



Compliance

Palatable, small
sized chewable
tablets



Efficacy



High dose 1000
mcg of both
Methylfolate &
Methylcobalamin

Affordable

30 Tablets
for
120 L.E.

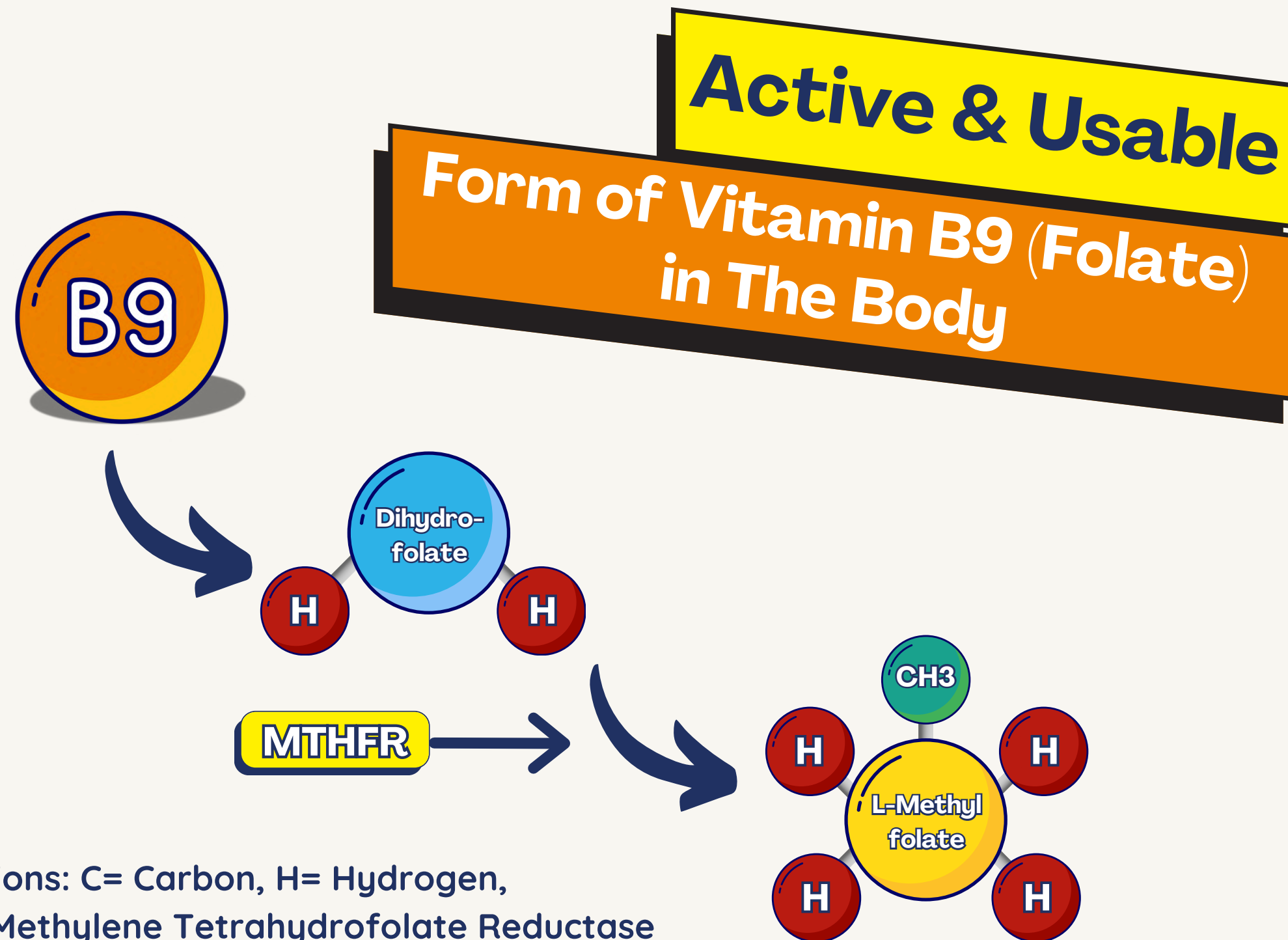


Bio-Active



Active
forms,
maximum
absorption

L-Methylfolate



Abbreviations: C= Carbon, H= Hydrogen,
MTHFR = Methylene Tetrahydrofolate Reductase

J Clin Psychiatry 69:9, September 2008



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Methylcobolamin



- Methylcobalamin is an active form of vitamin B12



- Sometimes the liver cannot convert Cyanocobalamin into adequate amount of Methylcobalamin



- Sublingual absorption of Methylcobalamin has become very popular because it can be easily absorbed with better bioavailability.

Recommended Daily Allowance (RDA)



B9 - Folate
680 : 1,360 mcg
For Adults



B12 - Mecobalamin
500 : 1,000 mcg
For Adults



Risk Factors

High risk of low folate & vitamin B12 levels results from:



Pregnancy



GIT Disorders



Eating Disorders



Alcohol & Drugs



Low Levels of MTHFR



Prevalence

Methylcobalamin Vitamin B12 - Deficiency



Affects Approximately 12.5% of Adults
(19 Years Olds or More)

Folate Vitamin B9 - Deficiency



Affects >20% in Many Countries
With Lower Income Economies



FOLATE B12



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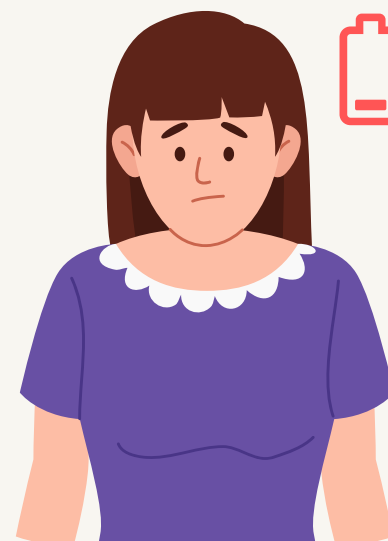
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Folate & Methylcobolamin Deficiency

- Folate and vitamin B12 are essential nutrients which are not synthesized in humans and whose deficiency is considered as health problem worldwide such as anemia and neuronal dysfunction
- Vitamin B12 deficiency is observed more in elderly and pregnant women

Tired



Pale



Nails



Dizzy



Therapeutic Indication

Folate or Vitamin B12 deficiency
& hyperhomocysteinemia



Women in the child-bearing age
(20s – 30s) for pregnancy
preparation



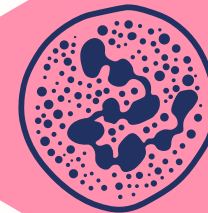
Pregnant women especially with
history of miscarriage or RPL



Elderly patients especially with
cognitive decline symptoms



Megaloblastic anaemia
including pernicious anaemia





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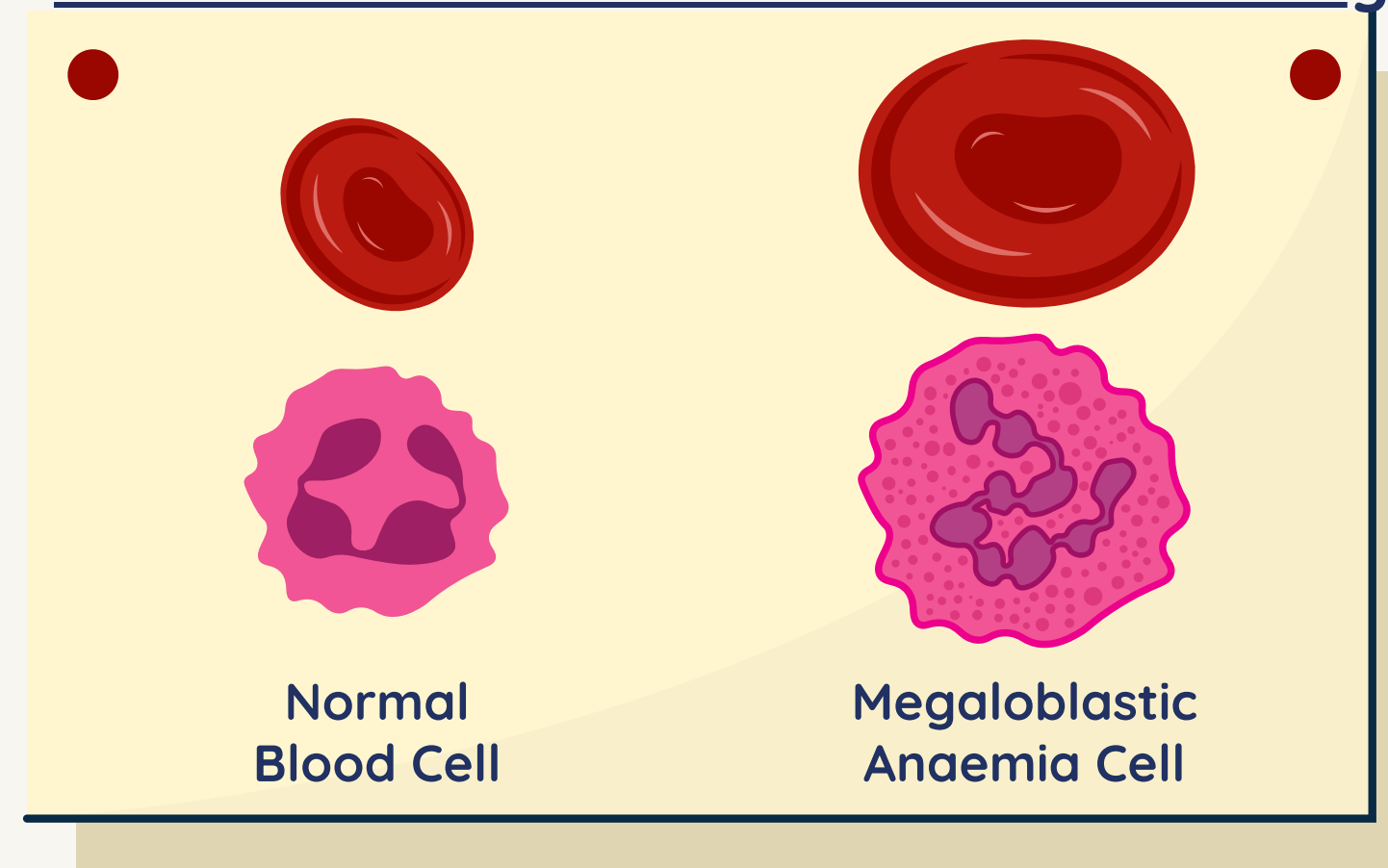


Megaloblastic Anaemia

A type of anaemia characterized by very large red blood cells.

In addition to the cells being large, the inner contents of each cell are not completely developed. This malformation causes the bone marrow to produce fewer cells, and sometimes the cells die earlier than the 120-day life expectancy. Instead of being round or disc-shaped, the red blood cells can be oval.

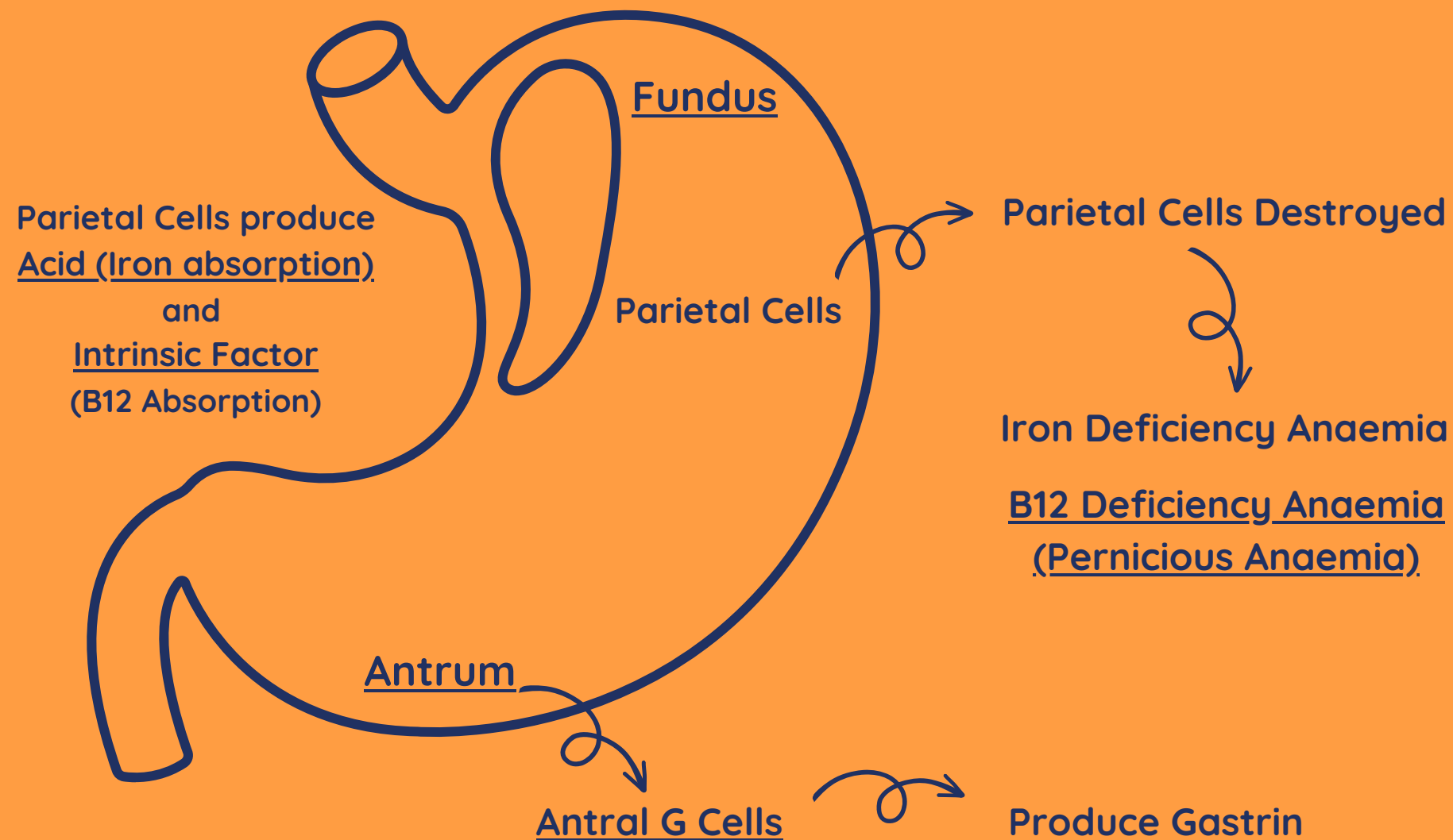
Causes: Folic or Vitamin B12 deficiency



Pernicious Anaemia

A type of megaloblastic anemia caused by an inability to absorb Vitamin B-12 due to a lack of intrinsic factor in gastric (stomach)

Autoimmune Gastritis Affects Fundus Sparing Antrum



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REVIEW ARTICLE

Megaloblastic anaemia: Folic acid and vitamin B12 metabolism

H.B. Castellanos-Sinco^{a,b}, C.O. Ramos-Peñañiel^{a,*}, A. Santoyo-Sánchez^c,
J. Collazo-Jaloma^a, C. Martínez-Murillo^a, E. Montaña-Figueroa^a, A. Sinco-Ángeles^d



A

Folic acid and cobalamin are B-group vitamins that play an essential role in many cellular processes. Deficiency in one or both of these vitamins causes megaloblastic anaemia

B

Pharmacological management appears to be straightforward. It is based supplementing deficits and building up body reserves.



Oral Vitamin B12 Replacement for the Treatment of Pernicious Anemia

Catherine Qiu Hua Chan^{1*}, Lian Leng Low^{1,2*} and Kheng Hock Lee^{1,2}

¹Department of Family Medicine and Continuing Care, Singapore General Hospital, Singapore, ²Family Medicine, Duke-NUS Medical School, Singapore



A

Oral vitamin B12 replacement at 1000 µg daily is an adequate alternative to IM B12 injections in treatment of pernicious anemia

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Hyperhomocysteinemia & Pregnancy

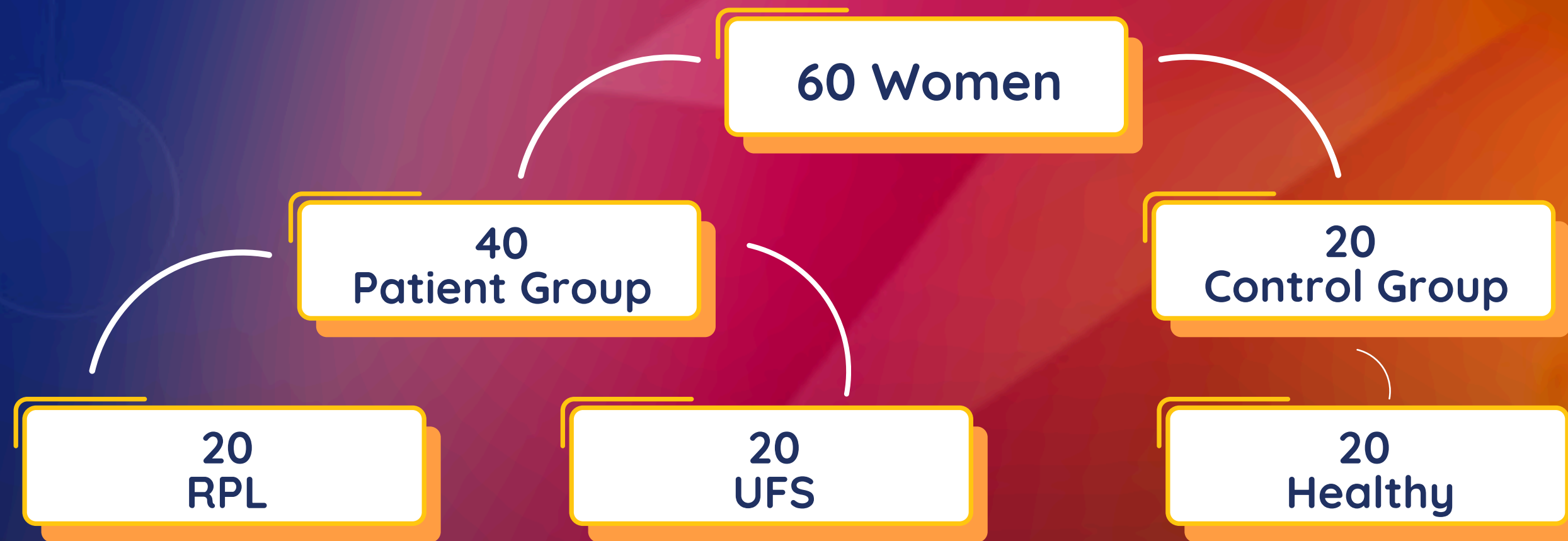
Hyperhomocysteinemia has been described as a risk factor for unexplained recurrent pregnancy loss. Increased levels of homocysteine may be due to inadequate dietary intake of folate and vitamin B12



Hyperhomocysteinemia in Women With Unexplained Sterility or Recurrent Early Pregnancy Loss

Levels of homocysteinemia were higher both in patients with UFS (unexplained female sterility) and with RPL (recurrent pregnancy loss) compared to control subjects

Differences were both statistically significant ($p : <0.01$)



“Hyperhomocysteinemia in Recurrent Pregnancy Loss and The Effect of Folic Acid and Vitamin B12 on Homocysteine”

Indrani Mukhopadhyay 1, V. Pruthviraj 1, Rao P. S. 1, Manash Biswas 2*

A

Out of the 100 patients who were assessed, 32% of Recurrent Pregnancy Loss patients had hyperhomocysteinemia. Folic acid and VitB12 supplementation reduced homocysteine levels and this was found to be statistically significant.

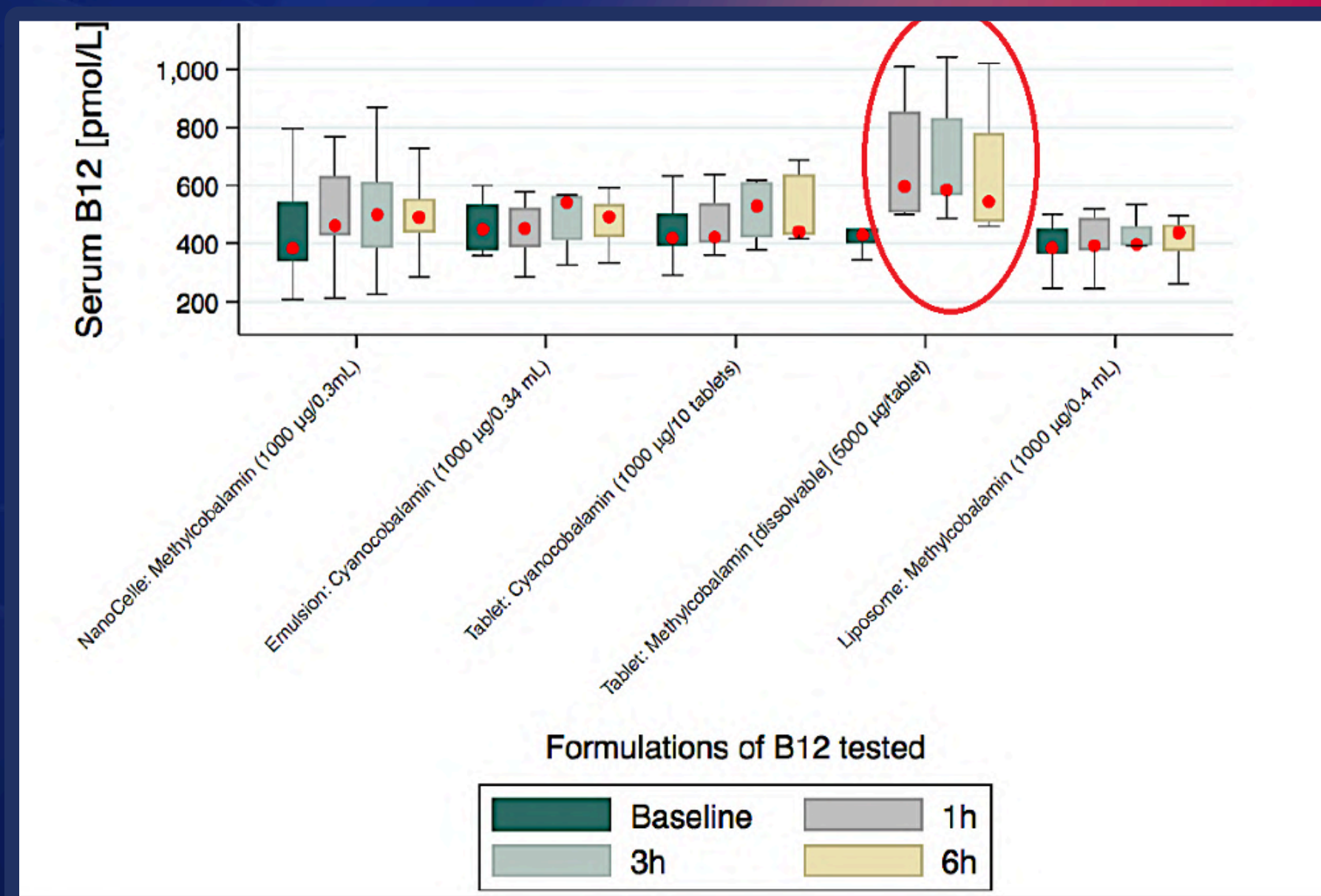
B

Hyperhomocysteinemia is associated with RPL. Vitamin supplementation to those with hyperhomocysteinemia, decreases homocysteine levels.

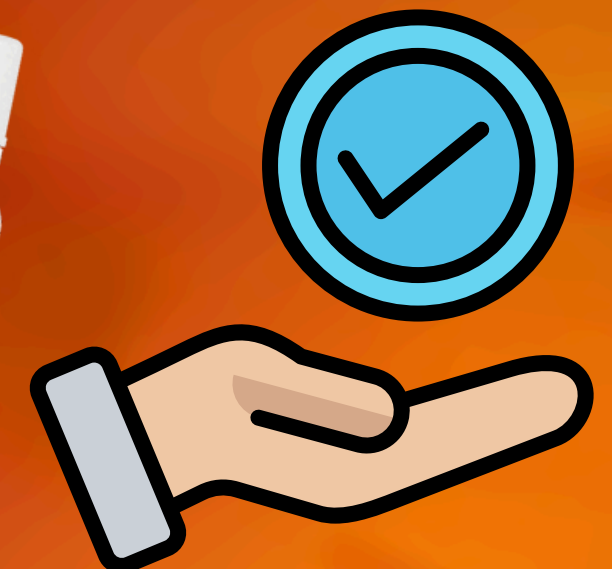


Route and Type of Formulation Administered Influences the Absorption and Disposition of Vitamin B12 Levels in Serum

Luis Vitetta 1,2, ID , Joyce Zhou 2, Rachel Manuel 2, Serena Dal Forno 2, Sean Hall 2 and David Rutolo*



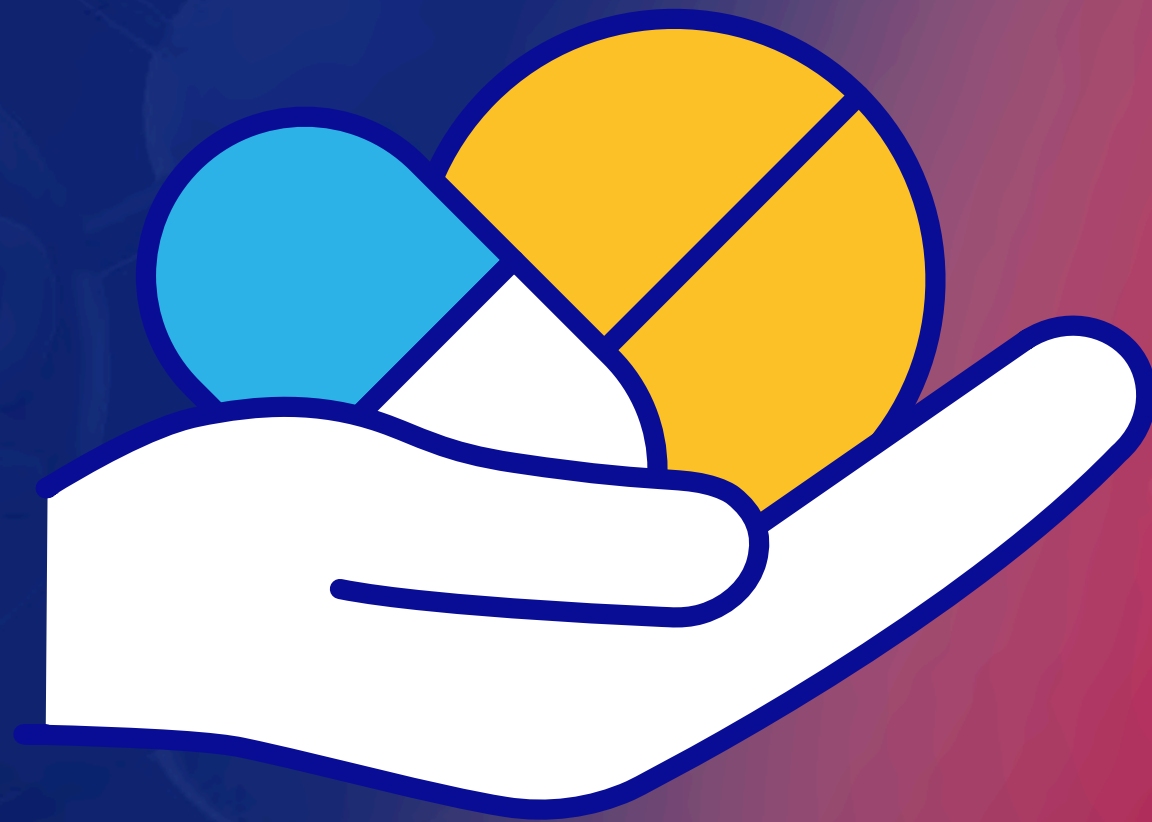
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- ✓ enhanced level of convenience to the patient
- ✓ better absorption of the API (Active Pharmaceutical Ingredients)
- ✓ No first-pass metabolism & intrinsic factors

Competitors

Oral Supplements



Less absorption
Less bioavailability
Less compliance

Parenteral Supplements



Very Poor Compliance
Poor Adherence
Need Assistance



FOLATE B12

Bio Active Forms of Both
Folate & Vitamin B12



High Concentration 1000mcg
for Maximum Efficacy



Small Size Chewable Tablets
With Strawberry Taste



Prevents Cognitive Decline
Supports Healthy Nervous System



Supports Red Blood
Cells Formation



Enhances Fetal Tissue
Growth & Prevents RPL



Directly Absorbed Through
The Buccal Cavity For
Higher Bioavailability



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Thank
you



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Sales and Marketing Department
Viomix for Pharmaceutical Industries
48 Hassan Mamoun St., 2nd floor
Nasr City, Cairo, Egypt
Chief Marketing Officer: +20 122 603 1010