

Fe-X



An estimated 16 million Americans have some degree of iron overload, either inherited (hemochromatosis) or acquired. Hereditary hemochromatosis (primary iron overload) is found more commonly in Northern Europeans, and some Southern Europeans. Secondary iron overload is acquired through the administration of recurrent blood transfusions (often for patients with thalassemia or sickle cell anemia); it is also possible to take too much oral supplementation.

Iron is a free radical former, and excess iron can be toxic. Early symptoms of iron poisoning may include stomach pain, nausea, and vomiting. Excess iron is deposited mainly in the liver, heart, and endocrine organs. Excess iron in the liver can result in chronic liver disease, cirrhosis, and lead to hepatocellular carcinoma. In the heart muscle, it can lead to heart failure and irregular heart rhythms. Damage to the pancreas can lead to elevated blood glucose levels and "bronze" diabetes. Hypothyroidism and hypogonadism can result in fatigue, hair loss, infertility, and decreased libido. Joint involvement leads to arthritis. Iron deposits can accelerate neurodegenerative diseases such as Alzheimer's disease.

Medical treatment for hereditary hemochromatosis consists of decreasing iron by the regular removal of blood from the body. The condition is generally monitored by serum ferritin or transferrin levels, but there is a better test. The gold standard for iron overload is a percent of iron saturation over 50 percent and this can also be true for hemochromatosis. Multiply the total serum iron by 100 and dividing the result by the total iron binding capacity (TIBC). If the value is greater than 50%, iron overload is present.

Fe-X contains inositol hexaphosphate, which studies have shown to be effective at removing iron^{8,9,10}. Be aware that it also chelates other minerals, so an iron-free multimineral needs to be taken with this product. It contains zinc, which can inhibit iron bioavailability^{1,2,3,4}. It has molybdenum which, interestingly enough, offsets iron overload as well as benefiting anemia patients^{7,8}. This, because of its relationship with copper. Cilantro, along with its chelating ability has been shown to protect against liver ischemia and cell damage^{11,12}.

During a clinical trial,¹⁸ out of 25 completed the six-week study using Fe-X and an iron free multiple mineral formula. The Fe-X with the iron free multiple mineral formula was over 90 percent effective in lowering serum iron and percent of saturation. Only one of the 18 patients who completed the study was diagnosed with hemochromatosis. If the percent of saturation does not come down below 50 after 45 days on the program, the patient should be referred for gene testing to identify hemochromatosis (two or three gene positive). It is frequently inherited and is silent killer therefore, all the 1st degree relatives should be tested to rule out hemochromatosis.

The treatment period for using Fe-X for secondary iron overload is 45 days. In hereditary hemochromatosis, the treatment may need to be ongoing. The medical treatment is to remove blood, thus reducing iron levels. Fe-X may reduce the need for this procedure. The need for testing percent iron saturation will be ongoing, as is the supplementation.

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Description:

One serving (2 capsules) contains 50 mg of Zinc Picolinate and a 450 mg proprietary blend of Molybdenum Citrate, Inositol Hexaphosphate (IP6) and cilantro.

Recommendations:

2 to 3 capsules, two times per day for 45 days or as otherwise directed by a health care professional. The iron free mineral formula should be used through the entire forty-five day program.

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References:

1. **Nutrients 2019 Aug 13;11(8):1885** Iron and Zinc Homeostasis and Interactions: Does Enteric Zinc Excretion Cross-Talk With Intestinal Iron Absorption?
2. **Biometals. 2012 Aug;25(4):657-64.** Acute Inhibition of Iron Bioavailability by Zinc: Studies in Humans
3. **Eur J Clin Nutr 2018 Jan;72(1):130-135** Zinc and Multivitamin Supplementation Have Contrasting Effects on Infant Iron Status: A Randomized, Double-Blind, Placebo-Controlled Clinical Trial
4. **Nutrients 2014 Sep 4;6(9):3460-73** Oral Zinc Supplementation Decreases the Serum Iron Concentration in Healthy School children: A Pilot Study.
5. **Chemosphere. 2020 Apr;244:125543** Biochar Efficacy for Reducing Heavy Metals Uptake by Cilantro (*Coriandrum Sativum*) and Spinach (*Spinacia Oleracea*) to Minimize Human Health Risk
6. **FASEB J. 2019 Oct;33(10):11072-11081** Spleen Iron, Molybdenum, and Manganese Concentrations Are Coregulated in Hpcidin-Deficient and Secondary Iron Overload Models in Mice
7. **The American Journal of Clinical Nutrition, Volume 26, Issue 6, June 1973, Pages 657–672** Proposed role of copper—molybdenum interaction in iron-deficiency and iron-storage diseases
8. **The American Journal of Clinical Nutrition, Volume 25, Issue 10, October 1972, Pages 1022–1037, Review:** Relationships of copper and molybdenum to iron metabolism
9. **J Nutr. 1994 Apr;124(4):580-7** Inositol Phosphates Inhibit Uptake and Transport of Iron and Zinc by a Human Intestinal Cell Line
10. **Am J Clin Nutr. 1999 Aug;70(2):240-6.** Inositol Phosphates With Different Numbers of Phosphate Groups Influence Iron Absorption in Humans
11. **Afr J Tradit Complement Altern Med. 2017 Jan 13;14(2):92-102** EVALUATION OF THE CHELATING EFFECT OF METHANOLIC EXTRACT OF CORIANDRUM SATIVUM AND ITS FRACTIONS ON WISTAR RATS POISONED WITH LEAD ACETATE
12. **Folia Morphol (Warsz). 2020 Jun 9** Protective Effect of Coriandrum Sativum Extract Against Inflammation and Apoptosis in Liver Ischemia Reperfusion Injury



Supplement Facts

Serving Size: 2 Capsule
Servings Per Container: 60

Amount Per Serving		%DV
Zinc (Picolinate)	50mg	454%
Molybdenum (Mo Citrate)	450mcg	1,000%
Proprietary Blend	520mg	*
Inositol Hexaphosphate(IP6). Cilantro Leaf.		

*Daily Value (DV) not established

Other Ingredients: Cellulose, Silica, Gelatin.

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The U.S. Food and Drug Administration have not evaluated statements made herein. This product is not intended to diagnose, treat or prevent disease.