intestinal tract (diarrhea or constipation) are produced by iron therapy. These effects can be minimized in the iron-sensitive patient by reducing the dose and administering it with meals.

Precaution: Since oral iron products interfere with oral tetracyline antibiotics, these products should not be taken within two hours of each other.

DOSAGE

Usual Adult Dose: 1 Tablet twice a day with or after meals.
Or as directed by physician.

Usual Adolescent Dose: 1 Tablet twice a day with or after meals.
Or as directed by physician.
Children (6-12) 1 Tablet daily or as directed by physician.

HOW SUPPLIED

NDC-0063-1030-05 Bottles of 60 Tablets.
NDC-0063-1030-08 Bottles of 500 Tablets.

REID-PROVIDENT
LABORATORIES, INC.
ATLANTA, GEORGIA 30308

2/79

DESCRIPTION

Each tablet contains:	
Ferrous Fumarate	300 mg.
(Equivalent to 100 mg. Elemental Iron)	
Desiccated Liver	100 mg.
Ascorbic Acid	100 mg.
(as sodium ascorbate)	
Vitamin B_{12} (Cyanocobalamin)	12 mcg.
Thiamine Mononitrate (Vitamin B_1)	3 mg.
Folic Acid	0.5 mg.

ACTIONS AND INDICATIONS

For the prevention and treatment of iron deficiency anemia, particularly when it is associated with deficiencies of ascorbic acid and Vitamin B_1.

IRON: Iron deficiency anemia is a very common type of anemia. In most cases, the response to iron salts is prompt, safe, and predictable. Within limits the response is quicker and more certain to a larger dose of iron than smaller doses. FUMATRIN FORTE furnishes 100 mg. of Elemental Iron (as Ferrous Fumarate) to provide maximum responses.

Ferrous Fumarate is an improved iron salt which provides the highest percentage of all the iron salts. It is exceptionally well tolerated making it valuable for patients unable to tolerate other iron preparations. It is almost free of gastro-intestinal irrita-

tion allowing administration between meals for maximum iron absorption. The rate of hemoglobin regeneraton from Ferrous Fumarate has been found to be optimal when compared with Ferrous Sulfate.

ASCORBIC ACID: The role played by Vitamin C in anemia therepy is well-known. It enhances the conversion of Folic Acid to its active form, folinic acid. Ascoribc Acid promotes the reduction of ferric iron in food to the more readily absorbed ferrous form. An anemia which is usually hypochromic but occasionally megaloblastic in type is usually connected with a severe and prolonged Vitamin C deficiency.

FOLIC ACID: Most, if not all, cases of nutritional macrocytic anemia and of the megaloblastic anemias of pregnancy and infancy is immediately caused by a Folic Acid deficiency. It is also in part responsible for the macrocytic anemias of malabsorption syndromes: tropical and nontropical sprue. Folic Acid is frequently given initially in large oral doses of 5 to 15 mg. per day for these disorders. After body stores have been repleted, doses of as little as 0.5 mg. per day are usually adequate for maintenance. Each tablet of FUMATRIN FORTE contains 0.5 mg. of Folic Acid.

VITAMIN B_{12}: Vitamin B_{12} is essential for normal growth and nutrition. It is also essential in normal hematopoiesis, normal production of epithelial cells including those of the gastro-intestinal tract, and maintenance of myelin synthesis throughout the nervous system. Therefore, Vitamin B_{12} in FUMATRIN FORTE serves as a vitamin supplement to help normal blood formation where there is no question of faulty gastric secretion and lack of intrinsic factor. Vitamin B_{12} and Folic Acid are metabolically inter-related. There are evidences that Vitamin B_{12} influences the storage, absorption, and utilization of Folic Acid, and as deficiency of Vitamin B_{12} progresses, the requirements for Folic Acid increase. This may erroneously lead the physician to conclude that a patient suffers from a deficiency of the vitamin administered. Folic Acid can correct much of the hematological damage due to deficiency of Vitamin B_{12} but allows the neurological damage from Vitamin B_{12} deficiency to progress. Therefore, it is imperative that the physician determine the cause of megaloblastic anemia in each patient.

VITAMIN B_1: Thiamine Mononitrate (Vitamin B_1) is essential for energy release and regeneration mechanisms as related to nervous system metabolism. It also promotes appetite.

DESICCATED LIVER: Desiccated Liver provides all the hematopoietic elements of whole, fresh liver including the antipernicious anemia factor and other naturally occurring factors of the Vitamin B complex.

CONTRAINDICATIONS AND PRECAUTIONS

Folic Acid may obscure pernicious anemia in that the peripheral blood tissues may revert to normal while neurological manifestations may remain present.

Periodic laboratory studies are considered essential and are recommended. Iron therapy is contraindicated in the presence of hemochromatosis and hemosiderosis. In rare instances, adverse reactions such as those associated with the gastro-