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Weekly Practice Builder

WPB 13/9

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Bio-FCTS™

Bioflavonoids are a class of plant secondary metabolites commonly used for their wide variety of biological properties. They impact allergic and inflammatory responses, possess anti-microbial properties, and function as antioxidants to protect against free-radical damage. Components of **Bio-FCTS™** are known to support immune function and protect against capillary fragility. **Bio-FCTS™** may prove helpful in providing support for those with tissue damage and inflammation issues, as well as circulation and immune response challenges. Patients with less than optimal diets or those consuming certain classes of medications including barbiturates, oral contraceptives, antibiotics, corticosteroids, or hormonal replacement therapy may have increased needs for vitamin C and bioflavonoids. **Bio-FCTS™** is a fortified bioflavonoid product available exclusively through Biotics Research Corporation. **Bio-FCTS™** supplies potent phytonutrient and glandular sources specifically known for their bioactivity. In addition to vitamin C, **Bio-FCTS™** provides quercetin, and a proprietary blend of buckwheat culture, green tea extract (catechins) and citrus bioflavonoids, along with neonatal thymus (bovine) and neonatal spleen (bovine) concentrates. Once again, Biotics Research Corporation brings you "*The Best of Science and Nature*".

Research Pertaining to Other Topics of Interest

More on Vitamin D deficiency and Rheumatoid Arthritis (RA). Clinical data was obtained from over 4,700 Japanese patients with RA who participated in the Institute of Rheumatology Rheumatoid Arthritis observational cohort study. Serum vitamin D levels were evaluated, with <20 ng/ml defined as deficiency and <10 ng/ml defined as severe deficiency. Associations of vitamin D deficiency with patient characteristics were examined using multivariate logistic regression. Among all patients, the mean (SD) serum 25(OH)D level was 16.9 ng/ml. The prevalence of vitamin D deficiency and severe deficiency was 71.8% and 11.5%, respectively. Vitamin D deficiency appears to be common in Japanese patients with RA, as is the case for patients of other ethnicities. Female gender, younger age, high HAQ disability score, low serum levels of total protein and total cholesterol, high serum ALP levels, and NSAID use appear to be associated with vitamin D deficiency in Japanese patients with RA.

American Nakajima A et al. Prevalence of and factors associated with vitamin D deficiency in 4,793 Japanese patients with rheumatoid arthritis. Clinical Rheumatology. Feb 2013