

# B-sub



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### Ingredients:

Vitamin B12 (Cyanocobalamin); Disintegrant: Croscarmellose sodium; Anti-caking agent: Silicon dioxide, Magnesium stearate; bulking agent, Binder: Microcrystalline cellulose; Sweetener: Pearlitol Flash; Acidifying; Citric Acid.

Sublingual tablets of B12 for quick dissolve.



The contents	Per 1 tablet	NRV% *
Vitamin B12	500 mcg	20,000%
As (cyanocobalamin)		

\*NRV= Nutrient Reference Value.

Adults & Children over 9 years old we recommend taking 1 sublingual tablet under the tongue until dissolved before swallowing.



The contents	Per 1 tablet	NRV% *
Vitamin B12	1000 mcg	40,000%
As (cyanocobalamin)		

\*NRV= Nutrient Reference Value.

Adults we recommend taking 1 sublingual tablet under the tongue until dissolved before swallowing.

### References:

<https://pubmed.ncbi.nlm.nih.gov/30632091/>  
<https://www.ncbi.nlm.nih.gov/books/NBK555964/>

Marketing Authorisation holder:  
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[www.pharmilano.it](http://www.pharmilano.it)

**Total or partial gastrectomy**

**Atrophic gastritis**

**Impairment of B12 absorption.**

**Long-term metformin use.**

**Chronic acid-reducing medication use.**

**Pernicious anemia**

Sublingual tablets of B12 for quick dissolve.

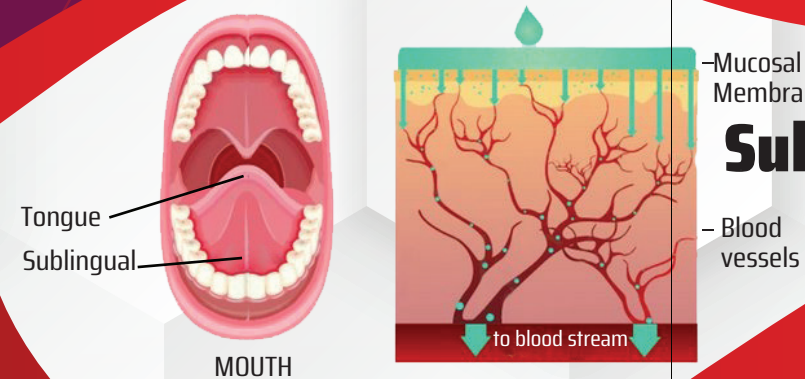


# B-Sub

B-sub is a synthetic compound of vitamin B12 used mainly to treat deficiencies of the vitamin. It has a role in several methylation reactions in the body. In the body, in the form of methylcobalamin, it acts as a cofactor in the conversion of homocysteine to methionine, and in the form of adenosylcobalamin, it plays a role in the conversion of methylmalonyl-CoA to succinyl-CoA. Both these reactions are vital for cell division and growth.

**Pernicious anemia** is a type of vitamin B12 anemia. A special protein, called **intrinsic factor (IF)**, binds vitamin B12 so that it can be absorbed in the intestines. Some people due to the lack of intrinsic factor **can't** absorb vitamin B12 when taken orally and targeted to be absorbed in the intestine.

**B-Sub** managed to get over this problem by direct absorption in the sublingual form to deliver the Vitamin as fast and efficiently as needed to the bloodstream.

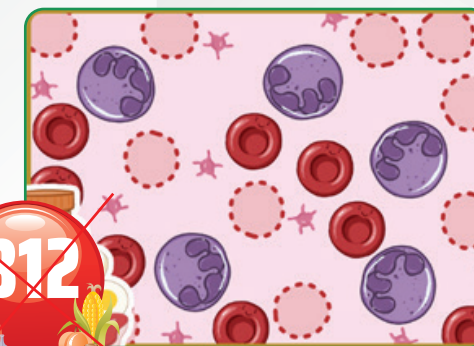


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## BACKGROUND

- \* LACK OF HEALTHY RED BLOOD CELLS CAUSED BY VITAMIN B12 DEFICIENCY
- TYPE OF MEGALOBlastic ANEMIA
- \* CAN BE CONSIDERED AN AUTOIMMUNE DISEASE



## RISK FACTORS

- \* FAMILY HISTORY
- \* N. EUROPEAN DESCENT
- \* CHRONIC GASTRITIS
- \* MEDICATIONS
- \* VEGETARIAN DIET
- \* GASTRIC SURGERY

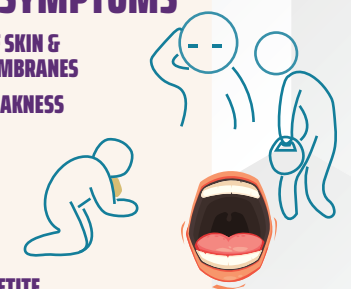


## PATHOPHYSIOLOGY



## SIGNS & SYMPTOMS

- \* PALENESS OF SKIN & MUCOUS MEMBRANES
- \* GENERAL WEAKNESS
- \* FATIGUE
- \* NAUSEA
- \* VOMITING
- \* GLOSSITIS
- \* LOSS OF APPETITE



**In a study** designed for the Comparison of **sublingual** vs. **intramuscular** administration of vitamin B12 for the treatment of patients with vitamin B12 deficiency 4281 patients treated with B12 supplements. Of them, 830 patients were treated with B12 IM injections and 3451 with Sublingual tablets. This is the largest study that documents therapy with SL preparations of VB12 as **sufficient** and **even superior** to the IM route.

**The Sublingual route overcomes the challenges of IM injections and should be the first-line option for patients with Vitamin B12 deficiency.**

**The sublingual route bypasses the first-pass metabolism and hence facilitates rapid absorption of the drug into the systemic circulation. Drug directly reaches the systemic circulation using blood vessels.**



Made in Italy

30 Sublingual tablets