



QUERCETIN, MADE BETTER

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NATURALI

HEALTH - FOOD

**QUERCEFIT**<sup>®</sup>  
QUERCETIN INDENA PHYTOSOME<sup>®</sup>

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

Please note that the physiological activity of the ingredient described herein is supported by the referenced clinical trial reports. Marketers of finished products containing the ingredient described herein are responsible for determining whether the claims made for such products are lawful and in compliance with the laws of the country in which they will market the products.

**QUERCEFIT**<sup>®</sup>

# WHAT IS QUERCEFIT?

QUERCEFIT<sup>®</sup> is the patent pending<sup>1</sup> food grade delivery system of quercetin from *Sophora japonica* L., formulated with Indena Phytosome<sup>®</sup> proprietary technology to optimize the biological absorption of the flavonoids, supporting the overall wellbeing in many conditions. Compared to the unformulated quercetin, bioabsorption and solubility are greatly optimized so it can be used at lower dosages retaining its efficacy.<sup>2</sup>

## IMMUNITY HEALTH, SENOLYTIC FUNCTION AND COVID-19

Human studies<sup>3,4</sup> show that QUERCEFIT<sup>®</sup> helps maintaining immune system health and modulates cytokines cascade, thus improving the conditions of those exposed to Covid-19, precisely thanks to its senolytic function: the product supplementation helps the health condition of people in the initial phases of SARS-CoV-2, without substituting the standard treatments envisaged by the medical protocols. In fact, the severity of illness often depends by the way the initial phases are faced.

A recent human study<sup>5</sup> involving 120 high exposure healthcare workers show that QUERCEFIT<sup>®</sup> supplementation helps maintaining health conditions in 75% people working in a COVID-19 infectious environment.

The completion of a preliminary investigation<sup>6</sup> on human health support in case of Covid-19 infection - now performed on 100 subjects - confirmed that just after one week, the administration of QUERCEFIT<sup>®</sup> in addition to the Standard Care significantly increased clearance of the virus (68% QUERCEFIT<sup>®</sup> vs 24% Standard Care), reduced symptoms occurrence (52% QUERCEFIT<sup>®</sup> vs 24% Standard Care), improved crucial biomarkers (great optimization in particular for LDH).

Such evidences show once more the efficacy of quercetin, formulated with Indena Phytosome<sup>®</sup> delivery system, in being a favourable supplementation in situations where possible exposition to SARS-CoV-2 risks is higher.

## THE NATURAL REMEDY IN THE ALLERGY ERA

A recent randomized, placebo-controlled, double-blind parallel-group study<sup>7</sup>, aimed to investigate the effects of a 4-week oral intake of quercetin Indena Phytosome<sup>®</sup> on physiological parameters and relative subjective feelings in Japanese adults who complained of discomfort in the eyes and nose.

After the subjects were given 250 mg of QUERCEFIT<sup>®</sup> twice daily or the placebo for 4 weeks they experienced a favourable healthy status for their eyes and nose. Furthermore, the quality of life of these subjects significantly improved and it has been proven a beneficial effect on immune and inflammatory processes in the upper respiratory tract, main way in for allergens and pathogens.

Taking inspiration from the interesting Japanese study outcomes, a new investigation<sup>8</sup> has been designed to deep dive the role of quercetin as a beneficial supplementation when allergic ocular discomfort may occur.

The results show that dietary supplements may play a relevant role in the future

# S P E C I F I C A T I O N S

- 34-42% quercetin by HPLC
- suggested dose: 250 mg once or twice a day
- yellow powder for use in nutritional supplements
- compliant with main worldwide markets food regulations (BELFRIT, US, EU)
- high tolerability when assuming antiplatelet agents, anticoagulants or living with diabetes.<sup>9</sup>

treatment of allergic conjunctivitis, thanks to proved evidence of their effectiveness and safety.

In particular, there are evidences that supplementation with QUERCEFIT<sup>®</sup> may favourably mitigate unbalanced ocular conditions and as stand alone supplementation to preserve eye health over time after allergic symptomatology. In a controlled human study on discomforts during allergy season, after 30 days of supplementation with QUERCEFIT<sup>®</sup> plus the standard management (SM) versus the SM alone, it has been demonstrated:<sup>10</sup>

- up to 50% reduction of day intermittent discomforts frequency
- up to 70% reduction of night intermittent discomforts frequency
- maintenance of breath function (Peak Expiratory Flow) at physiological levels in mild-persistent discomforts

In another controlled human study focussing on local skin discomforts, QUERCEFIT<sup>®</sup> was administered for just 3 days, then followed by a local histamine skin stimulus.

Compared to the control, only the healthy volunteers administered with the extract showed statistically significant:<sup>11</sup>

- dose-dependent control of all main local conditions;
- skin conditions amelioration and capillary filtration reduction

## BETTER PERFORMANCE, FASTER RECOVERY

In a controlled human study<sup>12</sup> on healthy triathlon athletes, QUERCEFIT<sup>®</sup> demonstrated to support optimal physical performance and prompt recovery:

- statistically significant results in each single triathlon test (swimming, biking, running);
- higher triathlon time reduction (-11.3%) compared to control (-3.9%) after just 14 days of oral supplementation;
- reduced discomfort related to sport activity;
- lower oxidative stress (PFR) 1 hr after the final run
- healthy blood levels maintenance, with a reduced UBR and LDH after prolonged sport activity.

### References

<sup>1</sup> International patent application number PCT EP2018/054533 filed on 23/02/2018.

<sup>2</sup> Riva A. *et al.*, Eur J Drug Metab Pharmacokinet. 2018 Oct 16. doi: 10.1007/s13318-018-0517-3.

<sup>3</sup> Di Piero *et al.*, International Journal of General Medicine 2021;14 2359–2366.

<sup>4</sup> Di Piero *et al.*, International Journal of General Medicine 2021;14 2807–2816.

<sup>5</sup> Di Piero *et al.*, Frontiers in Pharmacology DOI=10.3389/fphar.2022.1096853

<sup>6</sup> Rondanelli, M. *et al.* Life 12.1 (2022): 66.

<sup>7</sup> Yamada S. *et al.*, Eur Rev Med Pharmacol Sci. 2022 Jun;26(12):4331-4345.

<sup>8</sup> Mazzolani F. *et al.*, Austin J Allergy. 2022; 8(1): 1042.

<sup>9</sup> Cesarone, M. R., *et al.*, Minerva medica (2019).

<sup>10</sup> Riva A. *et al.*, Minerva Cardioangiol. 2018 Sep 13. doi: 10.23736/50026-4725.18.04795-3.

<sup>11</sup> Manuscript submitted.

<sup>12</sup> Riva A. *et al.*, Minerva Medica 2018 august;109(4):285-9.



HEADQUARTERS - INDENA S.p.A.  
Viale Ortles, 12  
20139 Milan - Italy  
tel. +39 02 574961

INDENA BIOTECHNOLOGY (Shanghai) Co., Ltd.  
Unit 810, Plaza 336, No.336 Middle XiZang Road  
Shanghai 200001 - China  
tel. +86 21 2281 5900

INDENA Brasil Ltda  
Rua Bandeira Paulista, 600  
CEP 04532-001  
São Paulo - Brazil  
tel. +55 1 127 690 624

INDENA JAPAN Co., Ltd.  
KDDI Bld. 21F, 1-8-1 Otemachi  
Chyoda-Ku Tokyo 100-0004 - Japan  
tel. +81 3 3243 9924

INDENA S.A.S.  
7, Rue Lamennais  
75008 Paris - France  
tel. +33 1 45229128

INDENA USA Inc.  
Two Union Square  
601 Union Street, Suite 330  
Seattle, WA 98101 - USA  
tel. +1 206 340 6140

[indena.com/us](https://www.indena.com/us)

