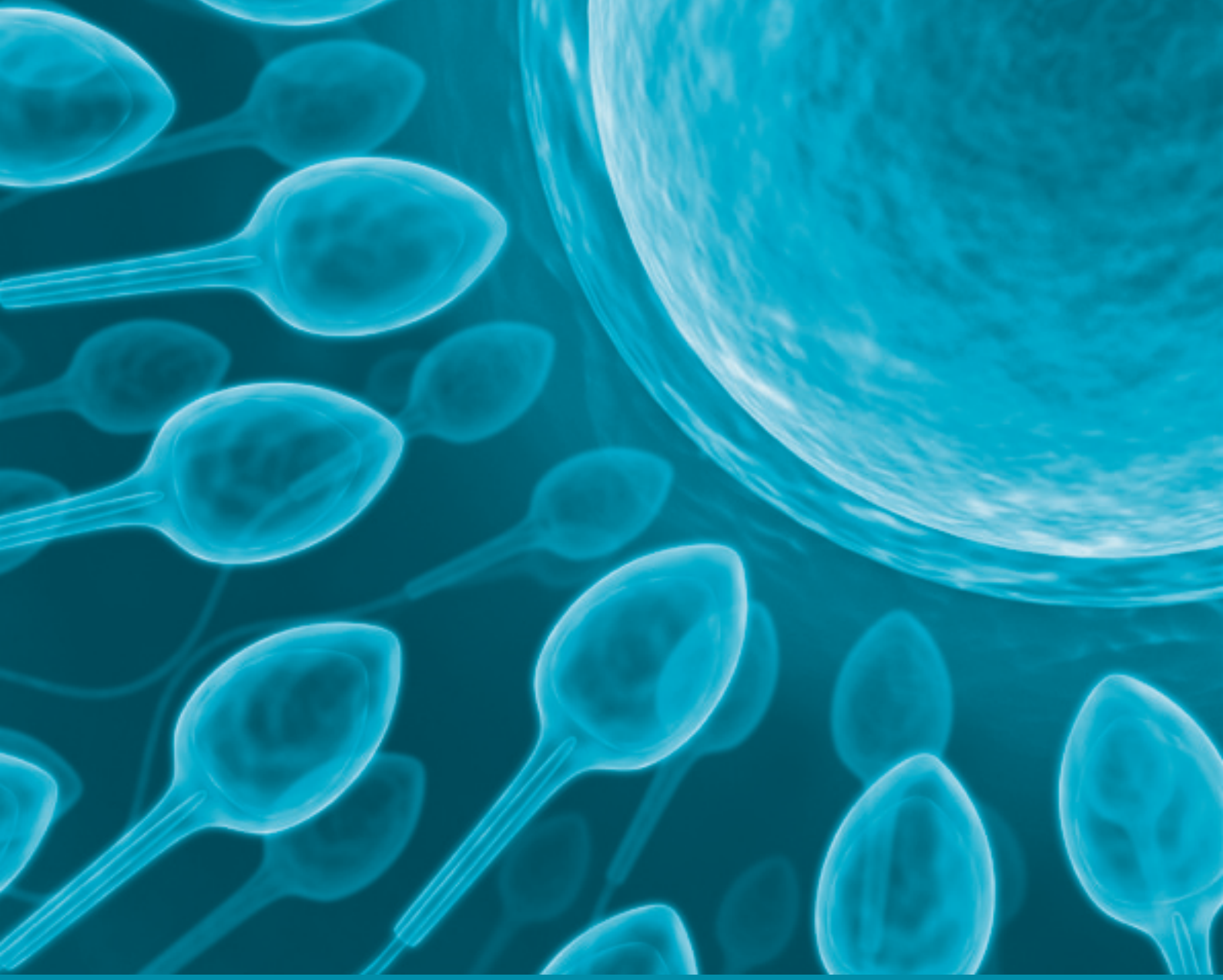
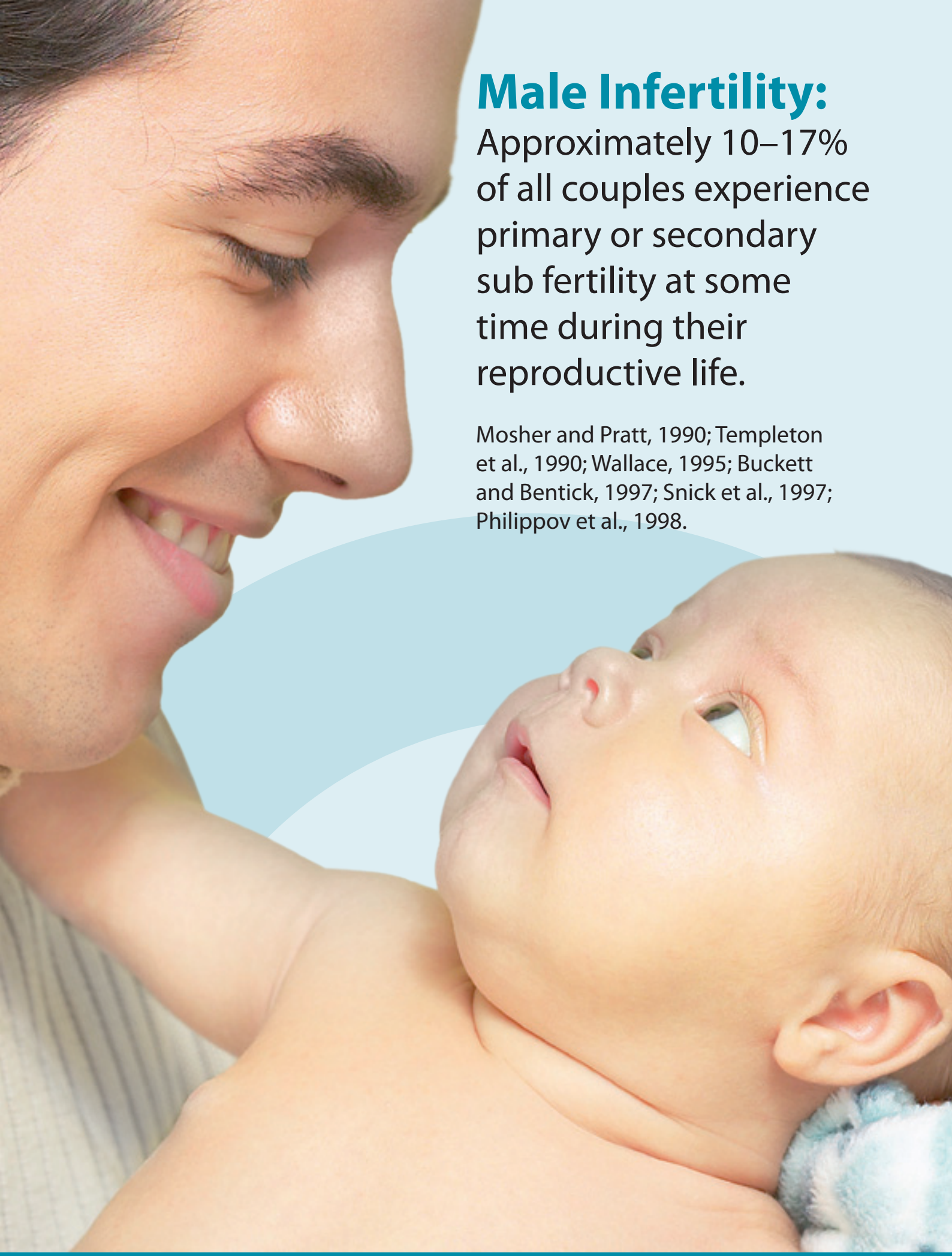


PoriMore™

Improving Sperm Quality



Male Infertility:

Approximately 10–17% of all couples experience primary or secondary sub fertility at some time during their reproductive life.

Mosher and Pratt, 1990; Templeton et al., 1990; Wallace, 1995; Buckett and Bentick, 1997; Snick et al., 1997; Philippov et al., 1998.

Infertility Etiology

Table I. The causes of subfertility and their approximate frequencies (modified from Cahill and Wardle, 2002)

Cause	Frequency (%)
Male factor subfertility	
Sperm defects or dysfunction	30
Female factor subfertility	
Ovulation failure (amenorrhoea or oligomenorrhoea)	25
Tubal damage	20
Endometriosis	5
Cervical mucus defects or dysfunction	3
Uterine abnormalities (such as fibroids or abnormalities of shape)	(<1)
Unexplained subfertility	25
Coital failure or infrecuency	5

Total exceeds 100% as 15% of couples have more than one cause of subfertility.

I.M.W.Ebisch[1,2,3], C.M.G. Thomas[1,2], W.H.M.Peters [4], D.D.M.Braat[1] and R.P.M.Steegers-Theunissen[1,3,5,6,7]

Male Factors:

Factor	Prevalence
Unknown	
Varicocele	30-40%
Antisperm Antibodies.	3-12%
Hormonal Disorders.	<0.5%

Skakkebaek et al. 1994.

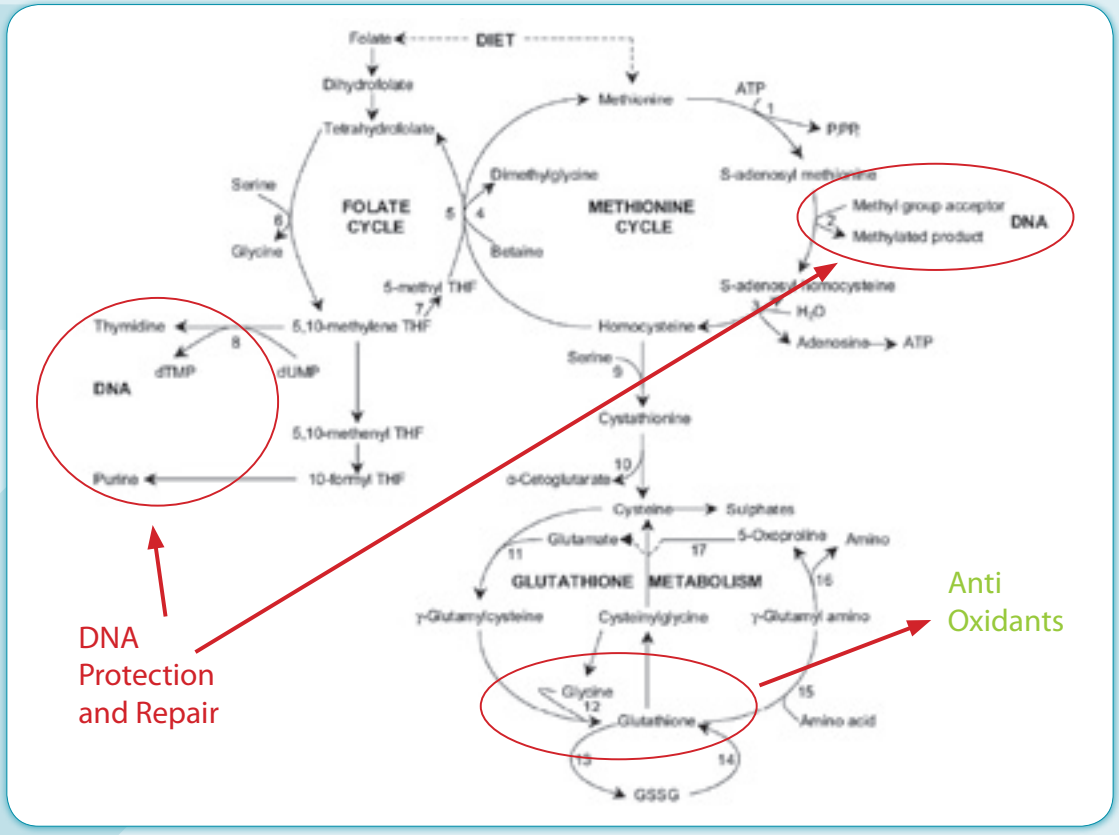
PoriMore™

Improving Sperm Quality

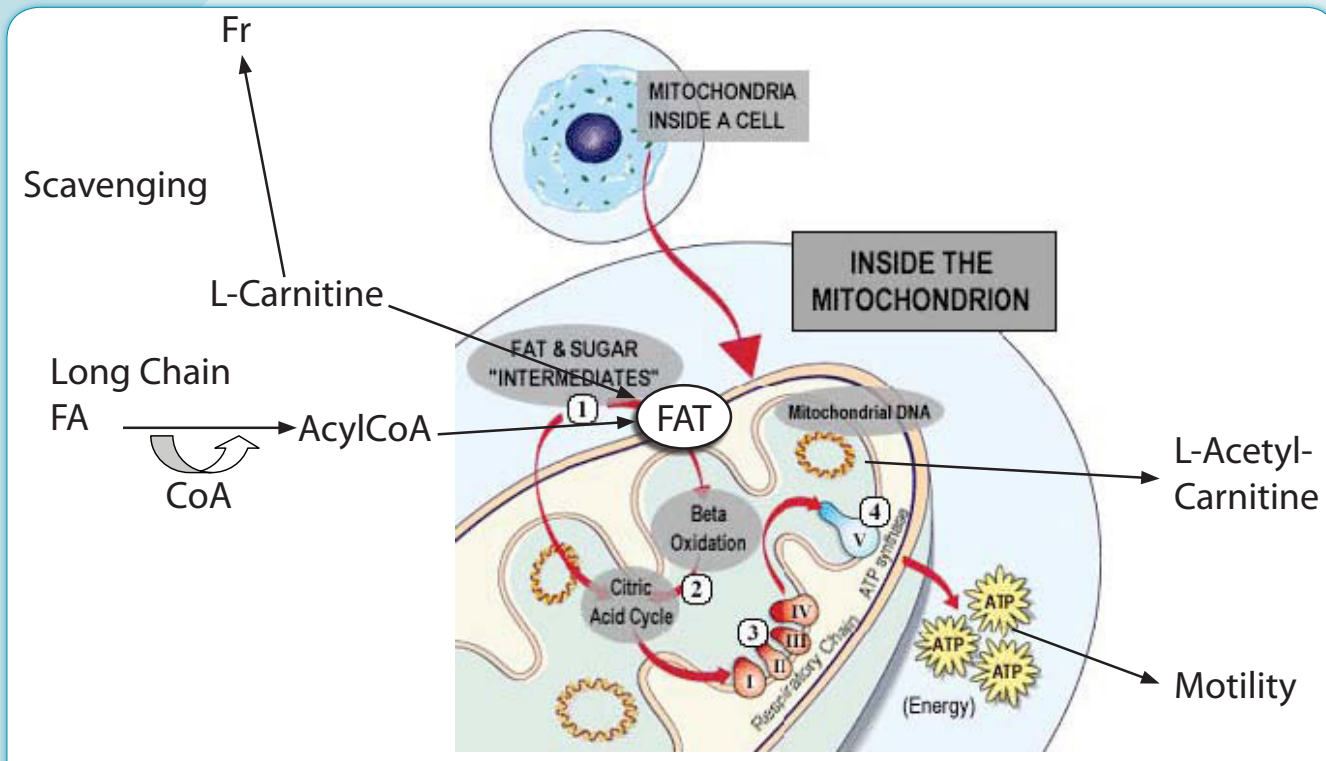
Content:

הרכיב	מינון לטבליה	מינון יומי (6 טבליות)
L-Carnitine	333 mg	2000 mg
Acetyl L-Carnitine	167 mg	1002 mg
Vitamin C	84 mg	500 mg
Vitamin E (natural, D-Alpha Tocopheryl Succinate)	67 IU	400 IU
Vitamin B12	16.5 mcg	99 mcg
Coenzyme Q10	10 mg	60 mg
Zinc (as picolinate)	5 mg	30 mg
Folic Acid	84 mcg	500 mcg
Selenium (as methionine)	33 mcg	200 mcg

Folic Acid:



L-Carnitine and L-Acetyl-Carnitine:



- 2,000 times higher in the epididymal Fluid than circulating blood.
- β-Oxidation of long chain fatty acids- Sperm energy reservoir.

Andrea Lanzi et al,2004, Fertility and sterility 81(6).

Zinc and Fertility

Table II. The functions of zinc in male reproduction

Aspect of male reproduction	References
Testicular steroidogenesis	Favier (1992), Hamdi et al. (1997)
Testicular development	Hamdi et al. (1997)
Oxygen consumption	Eliasson et al. (1971)
Of spermatozoa	Huacuja et al. (1973)
Nuclear chromatin condensation	Kvist (1980)
Acrosome reaction	Riffo et al. (1992)
Acrosin activity	Steven at al. (1982)
Sperm chromatin stabilization	Kvist et al. (1980)
Testosterone synthesis	Leake et al. (1984)
Conversion of testosterone to 5α-dihydrotestosterone	Netter et al. (1981)

Table III. Effects of zinc supplementation on subfertility

Effect of zinc supplementation	References
Accelerate the onset in sexual function	Halsted et al. (1972)
Improves sperm count	Marmar et al. (1975), Hartoma et al. (1977), Mahajan et al. (1982), Wong et al. (2002)
Improves sperm motility and morphology	Marmar et al. (1975), Caldamone et al. (1979)
Improves testosterone concentration	Antoniou et al. (1977), Hartoma et al. (1977), Mahajan et al. (1982)
Improves sexual potency	Antoniou et al. (1977), Mahajan et al. 1982)

CoQ10 and Male Fertility

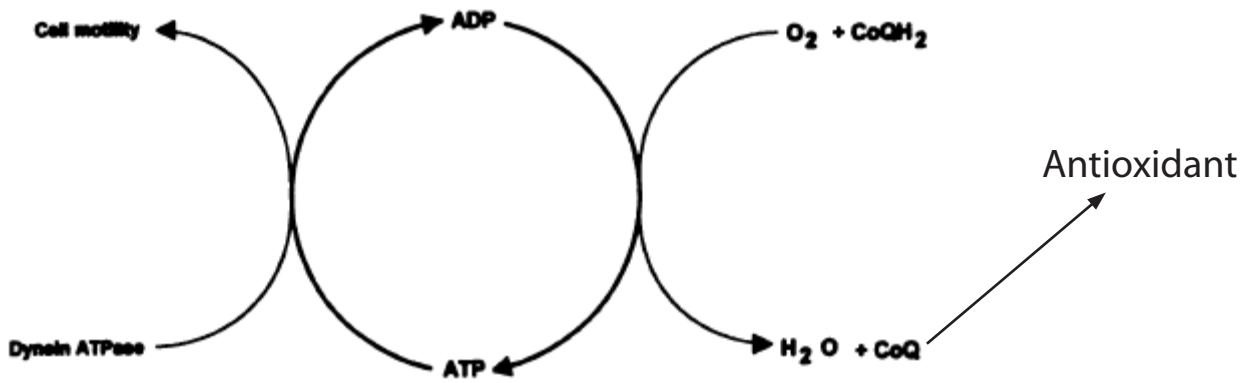


Fig.3. Schematic illustration of the autoregulatory mechanism of ATP concentration in spermatozoa.

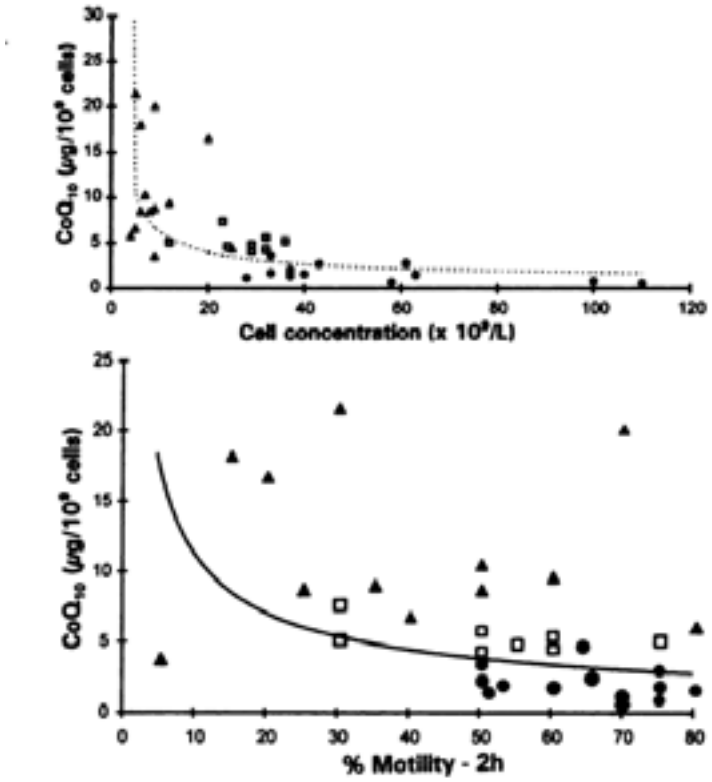


Fig.2. Cell concentration of coQ10 vs sperm count (top) or motility (% of motile cell; bootom).
Nonlinear regression analysis was used to find the line of best fit (top, P<0.001; bottom P<0.025). Symbois as in Fig.1.

Antonio Giovanni Angelitti[1], Luigi Colacicco[2], Cinzia Calla[2], Mario Arizzi[3], and Silvio Lippa[2,4]
CLIN.CHEM.4/12, 217-219 (1995)

Selenium and Vitamin E

Table 2. Results of treatment on the basis of semen analisys improvement or drug-induced spontaneous pregnancy

Quality of improvement	Number of cases	Semen analysis before treatment	Semen analysis after treatment
Motility improvement of at least 5%	144 cases (20.5%)1	Normal motility mean 10%-30%	Normal motility mean 15%-35%
Motility improvement of at least 10%	155 cases (22.5%)	Normal motility mean 10%-30%	Normal motility mean 20%-40%
Improvement motility and morphology	42 cases (6%)	Normal morphology mean, normal motility mean 1%, 10%-30%	Normal morphology mean, normal motility mean 6%, 15%-35%
Morphology (only) improvement	144 cases (20.5%)	Normal morphology mean 1%	Normal morphology mean 6%
Spontaneous pregnancy	144 cases (20.5%)	Normal morphology mean, normal motility mean 1%, 10%-30%	No semen analysis was done after spouse pregnancy
No differece in semen analysis	144 cases (20.5%)	Normal morphology mean, normal motility mean 1%, 10%-30%	Normal morphology mean, normal motility mean 1%, 10%-30%

Mohammad K;
Moslemi[1,2];
Samaneh Tavanbakhsh[3]

International Journal of General Medicine 2011:4 99-104

B12 (Cobalamin) and Male Fertility

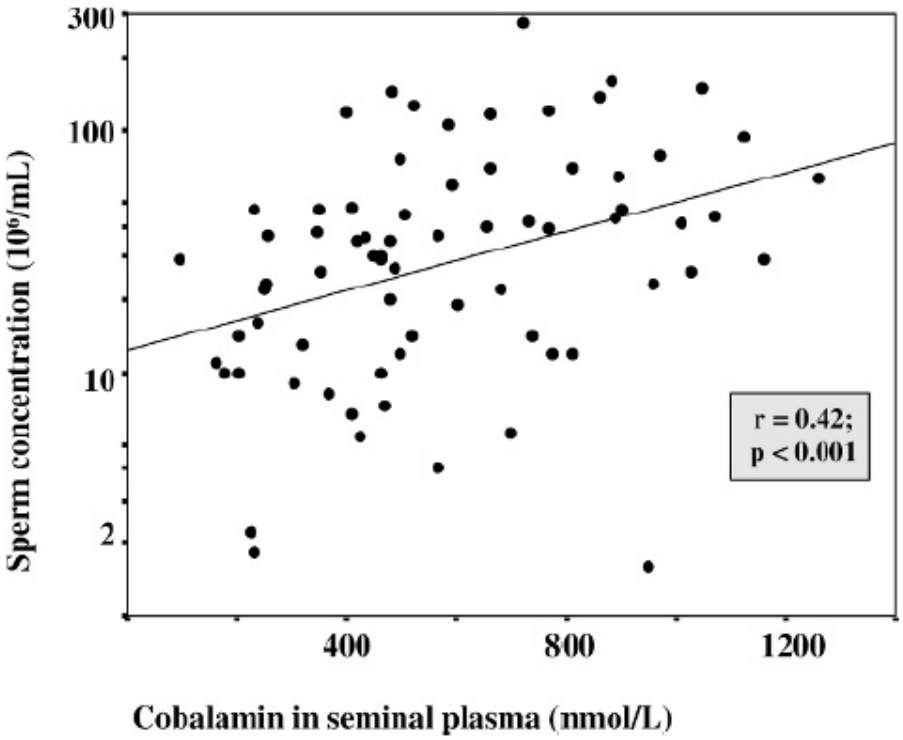
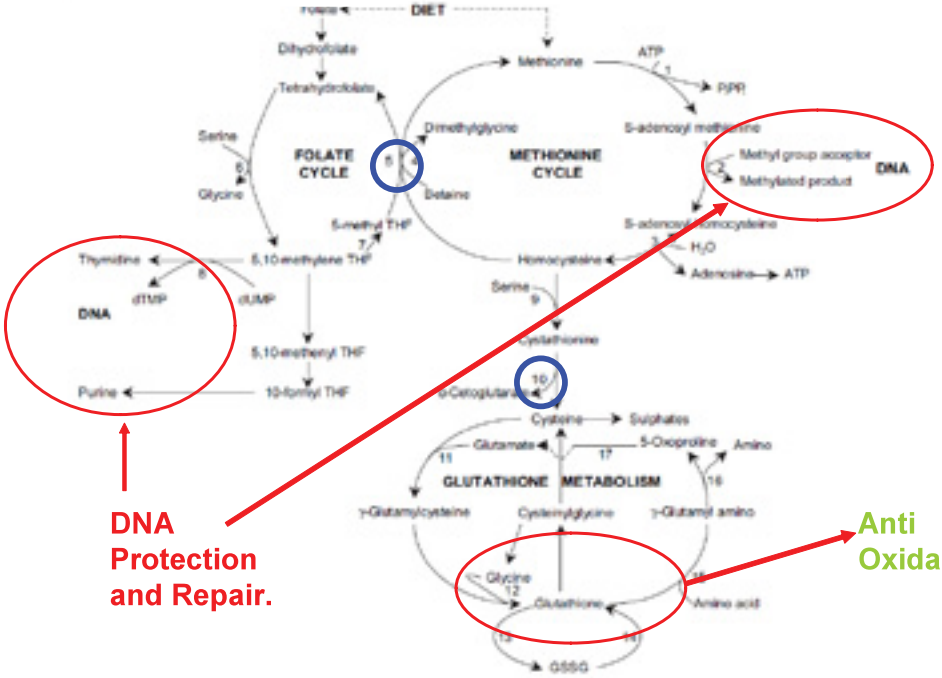


Figure 2. Correlation between log tranformed cobalamin concentration in seminal plasma and log transformed sperm concentrations.

I.M.W.Ebisch[1,2,3], C.M.G.Thomas[1,2], W.H.M.Peters[4], D.D.M.Braat[1] and R.P.M.Steegers-Theunissen[1,3,5,6,7]
Human Reproduction Update, Vol.13, No.2 pp. 163–174, 2007

B12 dependent enzymes (Blue Circles)

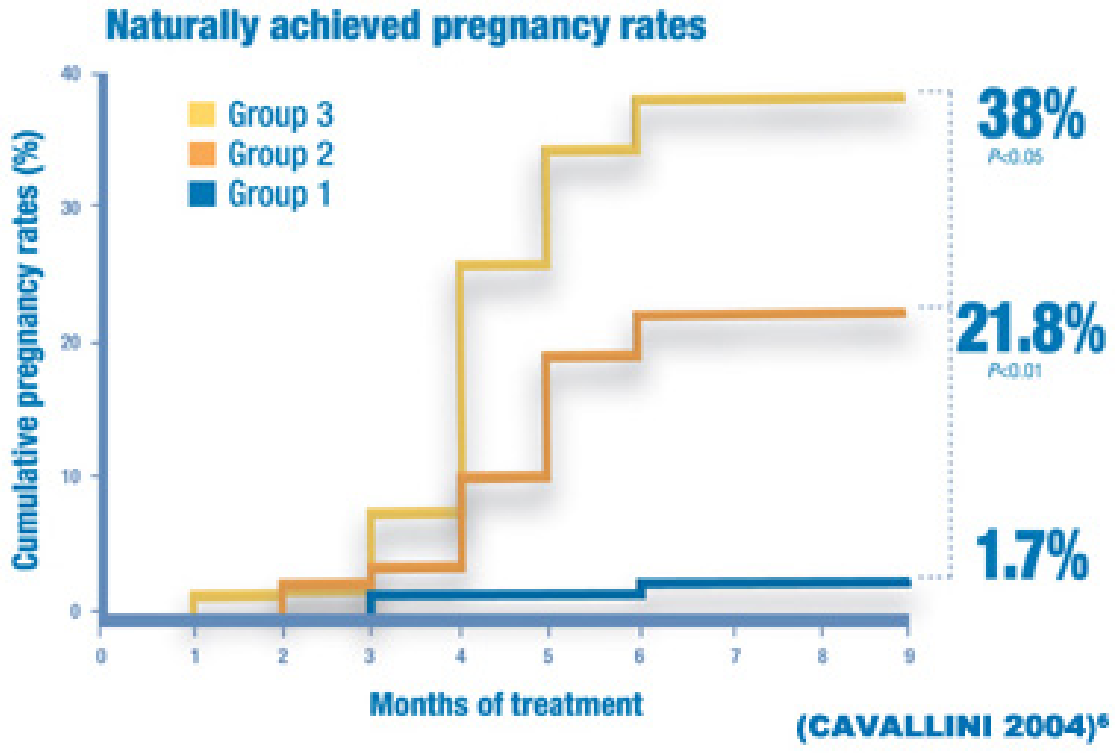


Other ingredients:

Active Ingredient	Mode of Action
Vitamin C and E	Potent Anti-Oxidants
Q-10	Anti-Oxidant and energetic ingredient
Selenium	Essential for enzyme forming and activity
Vitamin B12	Essental for the meiosis and mitosis

Human Reproduction Update, Vol.13, No.2 pp. 163-174, 2007
I.M.W.Ebisch[1,2,3], C.M.G.Thomas[1,2], W.H.M.Peters[4], D.D.M.Braat[1] and R.P.M.Steegers-Theunissen[1,3,5,6,7]

Efficacy



Analysis of Total Motile Sperm and Forward Motile Sperm per Ejaculate ($n=10^6$)[7]

Therapy group	From (to)	To (T+6)
Total Motile Sperm/ Ejculate	11.876	30.654 (P=0.042)
Forward Motile Sperm/Ejculate	7.456	25.149 (P=0.044)

Cavallini G, Ferraretti AP, Gianaroli L et al. Cinnoxicam and L-carnitine/acetyl-L-carnitine treatment for idiopathic and varicoceleassociated oligoasthenospermia. J Androl. 2004 Sep-Oct;25(5):761-770.

How long will the patients need to take Porimore®?

We recommend Porimore® for at least six months. Raising sperm count and optimizing sperm quality is slow because it takes sperm a long time to mature. Sperm take approximately 74 days to mature and an additional 20 days to become capable of fertilization. Therefore, it takes six months to optimize sperm quality, and six months is recommended as the usual course of supplementation and the initial order quantity.