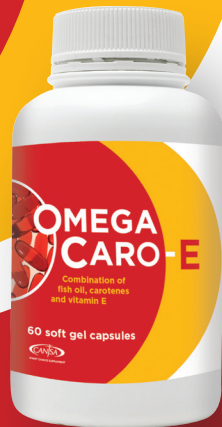


OMEGA CARO-E



The Smart Choice Supplement

Omega Caro-E contains fish oil, 11 different forms of carotenes and 5 different forms of vitamin E

Extensive research indicates that omega-3 fatty acids derived from cold water fatty fish and fish oil supply the human body with long chain fatty acids such as Eicosapentaenoic acid (EPA) and Docosahexaenoic acid (DHA). Our typical Western diet is high in saturated fat, salt and refined carbohydrates and poor in fatty fish as well as fruit and vegetables.

Omega-3 fatty acids reduce inflammation and help to lower the risk for chronic diseases such as heart disease, arthritis and cancer. Omega-3 fatty acids, especially DHA, are highly concentrated in the brain and appear to be particularly important for growth and development. Other possible effects of omega-3 fatty acids include protection against high blood lipid levels, skin disorders, Alzheimer's disease, macular degeneration of the eyes and depression. As the body cannot make its own omega-3 fatty acids, we have to depend on our diet to provide the omega-3 fatty acids essential for our well-being. The dietary intake of omega-3 fatty acids can be increased by supplementation with a product containing omega-3 fatty acids.



Two capsules of **Omega Caro-E** every day provides 500 mg omega-3 fatty acids, 6.0 mg carotenes, 16.2 mg tocotrienol and 3.8 mg tocopherol.

Omega Caro-E contains no artificial colourants, flavourants or preservatives.

OMEGA CARO-E



CONTACT DETAILS

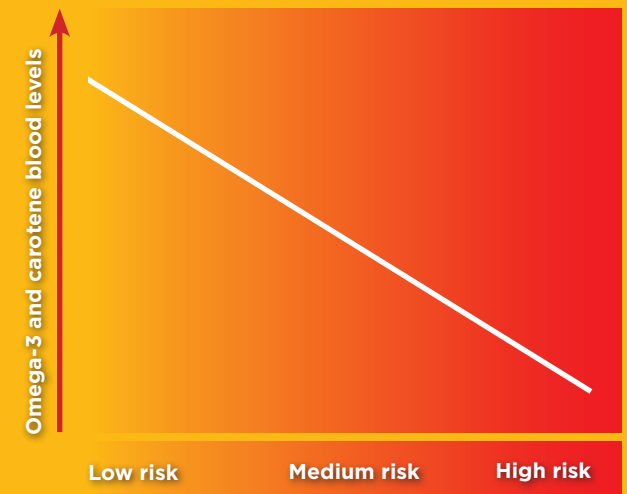
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A product developed by the Functional Foods Research Unit of the Cape Peninsula University of Technology. Patent Application No: PCT/ IB 2010 / 054654



Carotenes are plant derived colour pigments. In humans, carotenes such as beta-carotene are precursors for vitamin A, which is essential for good vision. Carotenes may act as antioxidants and display anti-inflammatory properties. Research suggests that diets rich in carotenes from fruit and vegetables may protect against heart disease and certain types of cancer. Carotenes also assist in the maintenance of skin, hair and nails. Food sources of carotenes include red palm oil as well as the yellow fruit and vegetables such as carrots, pumpkin, orange fleshed sweet potatoes, apricots and mangoes.

Vitamin E is the collective name for tocopherols and tocotrienols, which are fat soluble vitamins with antioxidant properties. Tocopherols protect cell membranes from oxidation while tocotrienols may protect against stroke, decrease platelet aggregation and demonstrate anti-inflammatory and anti-cancer activities. Green leafy vegetables such as spinach, broccoli and Brussels sprouts are examples of food sources for tocopherols while oils such as avocado oil, canola oil, wheat germ oil, red palm oil and soybean oil also contain tocopherols but only minute amounts of tocotrienols.



Increased **blood omega-3 levels** are associated with a decreased risk for degenerative diseases such as heart disease, type 2 diabetes, cancer, depression, arthritis and Alzheimer's disease. Research indicates that the blood omega-3 fatty acid levels of most Americans and many Europeans are very low. There is no reason to believe that South Africans' levels are any better¹. Supplementation with omega-3 fatty acid has been proven to increase your blood omega-3 levels hence lowering your risk to develop degenerative diseases.

Current research pointed out that the lower your **blood carotene levels** the higher your risk for developing cancer and certain other non-communicable diseases. Science indicates that South Africans consume less than half the recommended amount of fruit and vegetables per day². Carotenes are abundant in fresh fruits and vegetables and may play a fundamental role in reducing the risk of disease. It has been shown that blood carotene levels can be increased via supplementation with a spectrum of natural carotenes.

1. Opperman, A.M., Marais, D.W. & Benadé, A.J.S. 2010. Washout kinetics of eicosapentaenoic and docosahexaenoic acid from human plasma after supplementation with salmon oil. *South African Journal of Clinical Nutrition*, 29(3)(Suppl 2):S8.
2. Schneider, M., Norman, R., Steyn, N., Bradshaw, D. and South African Comparative Risk Assessment Collaborating Group. 2007. Estimating the burden of disease attributable to low fruit and vegetable intake in South Africa in 2000. *South African Medical Journal*, 97(8 Pt 2):717-23.