With age, organ function progressively decreases due to cell damage, caused mainly by oxidative stress; this generates loss of vitality and quality of life.

This deterioration in organ function predisposes to chronic degenerative diseases.

Damage by oxidative stress, chronic diseases, neurological cognitive deficiencies.

Migraine, Headache, Neuralgia, Sciatica, Depressive States, Acute and Chronic Stress, Diabetes Mellitus type II, lack of concentration and memory, Alzheimer and Parkinson initial stages, Attention Deficit Disorder (ADD) in adult patients and Aging.

The contribution of cellular cytokines and growth factors in embryonic extracts has a restorative and revitalizing effect at the cellular level, which increases the specific functionality of the organ to be treated.

Antioxidant enzymes neutralize free radicals, thereby reducing damage from oxidative stress.

Oral CELLOGRANE 7
Each 500-mg enteric coated tablet contains:
Opotherapiac cell extracts: Brain 15%, Hypothalamus 15%, Pituitary 15%, 10% formulated Enzyme Therapy 10%, embryonic ectoderm 10%, Thymus 10%, Placenta 10%; Glutamic Acid 2%, Phosphatidylserine 1%, Zymocell complex enzyme, superoxide dismutase, glutathione peroxidase, glutathione reductase, glutathione transferase, stabilizers and Maltodextrin 11%.

Injectable CELLOGRANE 7
Each 750-mg Lyophilized Vial contains:
Opotherapiac cell extracts: Brain 15%, 15% Hypothalamus, Pituitary 15%, enzyme therapy Zymocell 15%, 10% embryonic endoderm, Thymus 10%, mannitol 20% and stabilizers.

Each 10-ml/250-mg Solvent Vial contains:
Opotherapiac cell extracts: Placenta 10%, procaine 2%, Sodium chloride 0.9%; Enzyme complex: Superoxide dismutase, glutathione peroxidase, glutathione reductase, glutathione transferase, stabilizers and sufficient sterilized Water for injection.

Formula components reach the cells directly or indirectly, in the case of oral products, by bloodstream, and are selectively incorporated into the cells through various means of cellular transport.

It acts revitalizing the nervous system at the cellular level, improving its functionality and reducing the risk of degenerative diseases.

Orally: Two tablets in the morning and 2 at night, for at least six months.
Intramuscular: 2 ml daily for 5 days, rest for two days and restart with 2 ml daily for 5 days. Repeat treatment at 6 months.

Orally: Two tablets in the morning and 2 at night, for at least three months.
Intramuscular: 2 ml daily for 5 days. Repeat treatment at 6 months.

The tablets are taken in the morning on an empty stomach and at night before dinner (30 minutes before meals).

NOTE: The dose may be increased according to the clinical picture of the patient and the physician’s discretion; the results depend on the completion of treatment.

Contraindications
• Allergies to animal proteins
• Allergy to any of its components
• Pregnancy and lactation

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**Adjuvant treatment with:**

<table>
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<tr>
<th>Category</th>
<th>Therapeutic Class</th>
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| **Antihypertensive and heart failure** | Calcium antagonists: Nifedipine  
ACE inhibitors: Enalapril, Captopril  
ARB-II: Losartan, candesartan  
Beta-blockers: Atenolol, Metoprolol, Carvedilol, Bisoprolol  
Thiazide diuretics: Hydrochlorothiazide, chlorthalidone, indapamide, xipamide, Ameride (thiazide & K⁺ saver) |
| **Hypoglycemic**                | Biguanides: Metformin  
Inhibitors of alpha-glucosidase: Acarbose  
Sulfonylureas: glibenclamide, glimepiride, glyburide and tolazamide  
Injectable drugs (like GLP-1): Sitagliptin, Saxagliptin, and linagliptin  
Meglitinides: Repaglinide, nateglinide  
SGLT2 Inhibitors: Dapagliflozin  
Thiazolidinediones: Pioglitazone  
DPP IV inhibitors: Sitagliptin and vildagliptin  
Injectable insulin |
| **Diuretics**                   | Loop diuretics: Furosemide, Amlodipine  
Thiazide and analogues: IDEM (above)  
K⁺ Saver: Spironolactone  
Osmotic: Mannitol |
| **Statins**                     | Selective, competitive inhibitors of HMG-CoA reductase: atorvastatin, simvastatin, pravastatin |
| **Coronary vasodilators**       | Antianginal: Calcium antagonists - Nifedipine  
Competitive antagonist of beta 1 and beta 2 adrenergic receptors: Propranolol |
| **Heart failure**               | Digitalis: Digoxin |
| **Venous insufficiency**        | Venotonic and vasculoprotective drugs: Dosismin, Hidrosin, Horse Chestnut Seed |
| **Alzheimer**                   | Reversible inhibitor of the enzyme acetylcholinesterase: Donepezil, Galantamine |
| **Coronary vasodilators**       | NM2D receptor antagonist: Memantine |
| **Venous insufficiency**        | Neurometabolic stimulator: Piracetam |
| **Anticoagulants**              | Porcine-brain derived peptide preparation: Cerebrolysin |
| **Coronary vasodilators**       | Cholinesterase inhibitors: Rivastigmine |
| **Hormone Replacement Therapy** | Estrogen, Progesterone, Testosterone, Prasterone, Mesterolone, Fluoxymesterone |
| **Chemotherapy**                | Methotrexate, actinomycin D, vincristine, ifosfamide, Raltitrexed, Bevacizumab, Irinotecan, oxaliplatin, cetuximab, capecitabine, carboplatin, tamoxifen, cisplatin, Megestrol, Vinorelbine, Trastuzumab, leuprolrelin, Diethylstilbestrol, Nilutamide, epirubicin, among others. |
| **Antidepressants**             | Selective serotonin reuptake inhibitors (SSRIs): paroxetine, sertraline, fluoxetine, citalopram, escitalopram |
| **Anti-anemic**                 | Serotonin–norepinephrine reuptake inhibitors (SNRIs): venlafaxine, duloxetine, Desvenlafaxine |
| **Renal impairment**            | NASSA: Mirtazapine |
| **Erectile dysfunction (ED)**   | Tricyclic: amitriptyline, clomipramine, imipramine |
| **Iron**                        | MAOIs: Moelbeamide |
| **Dopamine-norepinephrine reuptake inhibitor (DNRRI): Bupropion** | Serotonin–norepinephrine reuptake inhibitor (SNRI): Reboxetine |
| **Erectile dysfunction (ED)**   | Alkaloids: Epinephrine, Norepinephrine, Dopamine |
| **Erectile dysfunction (ED)**   | Cyclic GMP-specific phosphodiesterase type 5 (PDE5): Sildenafil |