The average adult contracts the flu or a cold two to four times each year; in children, the incidence is twice as high. Without medical intervention, common upper respiratory symptoms persist for five to ten days, during which, most patients experience a significant reduction in their quality of life.

The duration and intensity of symptoms depend on numerous factors including the nature of the pathogen and the status of the immune system. The goal of a treatment with Gripp-Heel® is to activate and support the defense mechanisms of the body, i.e., to strengthen the natural immune response when facing an infectious invasion. This results in milder symptoms and a shorter recovery time.

The therapeutic effects of Gripp-Heel® have been widely studied. Moreover, it has been scientifically proven to be as effective as conventional medicine in treating infections with or without fever such as the flu and common cold. Taken in prevention or at the first signs of a cold, Gripp-Heel® may prevent the development of complications due to colds and flu, as well as relieve symptoms such as a runny nose, sore throat, slight coughing, headaches, muscle aches, shivers and mild fever.

**Benefits of Gripp-Heel®**

- Scientifically demonstrated efficacy
- On the international market for over 35 years
- Stimulates the non-specific defense system (immunomodulator) and is effective for both viral and bacterial infections
- May be used at the first signs of infection or after the onset of symptoms
- Suitable for the entire family
- No known side effects (such as drowsiness) or contraindications
- May be combined with other natural or conventional medications and does not preclude alcohol intake as with certain cold remedies

**Dosage recommendation**

<table>
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<tr>
<th>Acute</th>
<th>1 tablet every 30-60 minutes for a maximum of 12 doses daily or 1 oral vial up to 3 times daily</th>
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<tbody>
<tr>
<td>General</td>
<td>1 tablet 3 times daily or 1 oral vial 3-7 times weekly</td>
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Allow tablet to dissolve slowly in the mouth or pour content of the ampoule in a small quantity of water, sip slowly and keep in mouth before swallowing.

Note: The above adult dosages should be adapted for children according to their age.

**Mechanism of action**

*In vitro* tests have demonstrated that Gripp-Heel® stimulates the phagocytic activity of human granulocytes up to 30%. In other words, Gripp-Heel® improves the fighting capacities of white blood cells, which destroy germs, by 30%! This effect was further enhanced to 41% when combining Gripp-Heel® and Engystol®. Moreover, Gripp-Heel® demonstrated an antiviral effect (a 20 to 40% reduction of infectivity) on an exceptional range of viruses.
Relieves cold and flu symptoms:
• Runny nose
• Sore throat
• Muscle aches
• Mild fever
• Etc.

Greetings,

Scientifically proven

Efficacy and tolerability
Studies confirm that Gripp-Heel® is as effective as conventional treatments (antitussives, expectorants, analgesics, and antibiotics) in the treatment of mild viral infections and acute upper respiratory infections. Further, the results show that compared to individuals treated with conventional medicine, patients treated with Gripp-Heel®:
• Exhibited greater compliance and tolerability
• Demonstrated faster relief of symptoms
• Recovered more rapidly

Other trials conducted on adults and children demonstrated that up to 70% of patients treated with Gripp-Heel® displayed initial improvement of symptoms as early as 1 to 3 days after therapy. The overall therapeutic efficacy was rated as “good” to “very good” in 90% of patients and tolerance as “excellent” or “good” in 99% of those treated with Gripp-Heel®.

Preventive effect
A clinical study demonstrated that Gripp-Heel® increased antibody response to components of influenza viruses which lead to a decreased incidence of the disease. This suggests that Gripp-Heel® can also be considered a valuable ally against infections such as influenza.

REFERENCES
1 University of Utah, University Health Care, Respiratory Disorders, Upper Respiratory Infection (URI, or Common Cold). Site visited on December 7th, 2005. [http://uuhsc.utah.edu/healthinfo/pediatric/Respiratory/uricold.htm]