Efficacy and safety of a dietary supplement containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA) in women. Results of a randomized, double-blind, placebo-controlled clinical trial

**ABSTRACT**

**Background:** Few clinical trials have assessed the usefulness of *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA).

**Purpose:** To assess the efficacy of a dietary supplement (RJ-SP4AGA) containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* in post-menopausal women with AGA.

**Methods:** A randomized, double-blind, placebo-controlled clinical trial was performed in post-menopausal women with AGA, who received RJ-SP4AGA capsules or placebo capsules (two capsules/day during 16 weeks). At baseline, after 8 and 16 weeks, a phototrichogram analysis (anagen and telogen hair), a pull test (hair resistance to traction) and tolerability assessments were performed.

**Results:** A total of 40 Caucasian women were included, with a mean age of 58 years. After 16 weeks of treatment with RJ-SP4AGA capsules, anagen hair significantly increased and telogen hair significantly decreased (as mean %), with significant differences in comparison with placebo (*p* < 0.001). Hair resistance to traction also increased after 8 and 16 weeks in both groups. The RJ-SP4AGA capsules were well tolerated during treatment.

**Conclusions:** The dietary supplement RJ-SP4AGA capsules is useful in reverting the signs of AGA in post-menopausal women.

**Key words:** androgenetic alopecia (AGA), *Serenoa repens*, *Pygeum africanum*, lipid extract, 5-alpha reductase inhibitors, post-menopausal women, efficacy, tolerability, anagen phase, resistance to traction.
INTRODUCTION

Androgenetic alopecia (AGA) is the most common form of scalp hair loss, affecting 60 – 70% of the population worldwide, up to 80% of men and 50% of women in the course of their life. AGA is caused by a progressive reduction in the diameter, length and pigmentation of the hair, which worsen with time due to two potent androgens, testosterone (T) and, more significantly, its metabolite 5α-dihydrotestosterone (5α-DHT), on androgen-sensitive follicles.

By action of the enzyme 5α reductase, T is metabolized to DHT, which has 5 times more affinity for androgen receptors than T. It is for this reason that inhibition of 5α reductase is actually the best known target for treating AGA.

In AGA, there is progressive hair follicle miniaturization and conversion of terminal follicles into vellus-like follicles, which have a shortened hair cycle because their anagen phase is reduced and they produce hair shafts that are short and fine.

In women, AGA produces female pattern hair loss (FPHL), with diffuse thinning over the crown region and mid-frontal scalp, with maintenance of the frontal hairline (Ludwig pattern AGA), while in men it produces male pattern hair loss with bitemporal recession and vertex baldness.

To facilitate the diagnosis and differential diagnosis with other diseases, scalp dermoscopy is used routinely in patients with AGA, allowing staging of severity and to monitor the progress of the disease in time and its response to treatment.

Nowadays, obtaining specific and effective drugs for AGA treatments represents an important challenge. Medical treatments of AGA include topical minoxidil, antiandrogen agents and 5-alpha reductase inhibitors, with cure rates of between 35% and 48%.

Among 5-alpha reductase inhibitors, while finasteride and dutasteride are contraindicated in women due to the risk of adverse events, there is broad clinical experience with plant extracts from Serenoa repens and Pygeum africanum, with a well-established use for benign prostatic hyperplasia in men and for nonspecific pelvic syndrome, cystocele, premenstrual tension and post-partum bladder atony in women. Plant extracts from Serenoa repens and Pygeum africanum, with 5-alpha reductase inhibiting activity, are thus becoming, in both men and women, a feasible and safe option for the treatment of AGA.

Results of in vitro studies have demonstrated that Serenoa repens extracts, containing phytosterols as β-sitosterol and saponines, are able to inhibit type I and type II 5-alpha reductase and to decrease 5α-DHT in humans, and are also effective for the treatment of AGA.

Although less studied, extracts from the bark of Pygeum africanum, containing triterpenes and phytosterols, mainly β-sitosterol, have also shown 5-alpha reductase inhibitory properties.

Currently, as finasteride has already done in the past, the lipid extracts of both Serenoa repens and Pygeum africanum are moving from the treatment of benign prostatic hyperplasia to the treatment of cutaneous disorders such as AGA.

In this context, Laboratorio Reig Jofre, S.A., has developed and marketed an oral dietary supplement (RJ-SP4AGA capsules) containing a lipid co-extract from both plants, Serenoa repens and Pygeum africanum for reverting AGA, particularly targeted at post-menopausal women.

In an in vitro study performed in fibroblasts from human scalp, we demonstrated that the lipid co-extract from both Serenoa repens and Pygeum africanum named “Complex Alphablok S” (the active ingredient of RJ-SP4AGA capsules) was able to inhibit 5-alpha reductase activity by up to 68% in comparison with control untreated cultures.
METHODS

Study design and clinical protocol
A randomized, double-blind, placebo-controlled study was performed to assess the efficacy of RJ-SP4AGA capsules, containing the lipid co-extract “Complex Alphablok S” as its main active ingredient, in reducing hair loss in comparison with placebo in 40 post-menopausal women suffering from AGA (stage I – II of Ludwig’s scale) during a treatment period of 16 weeks.

The study design and clinical protocol were reviewed and approved by the clinical research ethics committee of the Institute of Skin and Product Evaluation, Milano, Italy (ISPE). The study was conducted at ISPE as well.

All subjects provided written informed consent before participating in the study. Full compliance by the participants with the study protocol was observed for the entire duration of the study.

Selection criteria
Forty Caucasian post-menopausal female women aged 50 to 65 years with general good health and suffering from AGA (stage I – II of Ludwig’s scale) were enrolled in this study. The women recruited had to be able to follow all the instruction of the study, attend all study visits and complete the informed consent process.

A general physical examination was conducted by physicians at the study period to confirm the women’s acceptable general health.

The main exclusion criteria included having a history of unusual skin reactions to skin care toiletry products or to cosmetics or sensitivity to any of the ingredients of the tested products; taking topical or systemic drugs that could affect the results of the tests (such as anti-inflammatory agents, corticosteroids, etc.), systemic diseases or skin disorders (such as eczema, psoriasis, severe acne, etc.) that could interfere in the evaluation of the product’s effects or increase the risks to the subjects’ health, use of adjuvant treatments for preventing hair loss (either topical and/or systemic), and participation in another clinical investigation, current or within a period of 30 days prior to inclusion in this study.

The following reasons were established for discontinuation of the study: the subject’s free choice, reasons unrelated to the treatment (such as onset of a disease or surgical procedure) and reasons related to the study treatment (such as adverse reactions, etc.).

Randomization and treatment with RJ-SP4AGA capsules
The patients were randomly assigned to receive RJ-SP4AGA capsules (active group) or placebo. Both products were manufactured by Laboratorio Reig Jofre (Reig Jofre Group S.A., Barcelona, Spain) according to international Good Manufacturing Practices.

The products under study (RJ-SP4AGA capsules and placebo capsules) were assigned to subjects following a randomized treatment schedule. The assignment of subject number and subsequent placement on the randomization chart were made in order of appearance at the study center in the first visit of the study. The products were given to the subjects in anonymous containers, without any information related to the treatment. The treatment assigned to each patient was only decoded at the end of the study.

The study treatment involved taking two capsules per day (one in the morning and one in the evening) during the entire 16-week study period.

During the study period, subjects were instructed to wash their hair using their usual shampoo and to wash their hair 4 hours before each study visit, without using any styling products.

For the whole duration of the study, the use of products for preventing hair loss, either topical or systemic, other than the products under study, was forbidden.

Study visits took place at baseline (visit 1) and after 8 (visit 2) and 16 weeks (visit 3). The assessment of hair quality during the study visits was performed in a temperature and humidity.
Eficacia y seguridad de un suplemento dietético que contiene un co-extracto lipídico de Serenoa repens y Pygeum africanum para el tratamiento de la alopecia androgenética (AGA) en mujeres. Resultados de un ensayo clínico controlado por doble ciego, placebo- controlado, aleatorizado.

Un ambiente controlado (24 ± 2°C; 50 ± 10% humedad relativa) en el IPSE (Institute of Skin and Product Evaluation, Milano, Italy).

En el estudio, se realizaron evaluaciones de cabello incluyendo análisis fototriquigrama y resistencia del cabello a la tracción (prueba del pull test), así como un análisis global de tolerabilidad.

**Análisis fototriquigrama**

El análisis fototriquigrama se realizó utilizando el sistema TrichoScan, basado en el principio de microscopía epilumínica, incluyendo el Dermoscope de Fotofinder y el software Trichoscan Professional versión 2.0, para obtener el porcentaje de cabello en anagen (fase de crecimiento activo) y telogen (fase de reposo) en el área analizada por el software (0,651 cm²).

Para este fin, se tomaron y almacenaron imágenes de dermatoscopia y se compararon con el Dermoscope Fotofinder. Se usó la misma iluminación estándar y el mismo soporte para tomar todas las imágenes. La software fue capaz de medir las longitudes y superficies de las imágenes, como líneas, curvas planas, superficies circulares, rectángulos y polígonos.

El fototriquigrama se obtuvo después de tomar fotografías de la zona alopecica previamente definida de la escápula, realizando una tijera de cabello en cada visita del estudio. Una lámina frontal se montó en el dispositivo de registro para reducir la curvatura de la escápula y permitir una mejor definición de la imagen. Las imágenes contrastadas fueron utilizadas para diferenciar el cabello de la piel de la misma color. Se recomendó el uso de tinta en el cabello para este propósito. Después de tomar una tijera de cabello de un área de 1 cm² y tinte, una imagen digital con magnificación de 20 veces (área analizada de 0,651 cm²) fue tomada mediante un microscopio epiluminiscente.

Las imágenes digitales fueron analizadas por el software Trichoscan Professional versión 2.0, proporcionando el porcentaje de cabello en anagen y telogen en el área analizada.

**Prueba del pull test**

Un examen clínico de la resistencia del cabello a la tracción se realizó según una escala semiquantitativa de 4 puntos, realizando una constante tracción en un cabello de los diferentes sectores del cuero cabelludo: área temporal (ubicada 3 cm por encima de la línea de la oreja), área frontal (ubicada en la línea media, 4 cm desde la línea de la frente) y área occipital (ubicada en la línea media longitudinal, 4 cm desde la línea de la parte trasera del cabello).

La resistencia del cabello a la tracción se evaluó basado en el total de cabellos removidos de todas las áreas, de acuerdo con la siguiente escala semiquantitativa de 4 puntos: 0 = > 6 cabellos, 1 = 6 – 4 cabellos, 2 = 3 – 1 cabello, 3 = 0 cabello.

**Evaluación de la tolerabilidad**

La tolerabilidad de los productos bajo estudio también se evaluó durante el periodo total del estudio a través de la evaluación de la incidencia de reacciones adversas informadas por las mujeres según una escala de 4 puntos: 0 = mala tolerabilidad; 1 = tolerabilidad leve; 2 = tolerabilidad moderada y 3 = muy buena tolerabilidad.

**Objetivos**

El objetivo principal del estudio fue evaluar la eficacia de un tratamiento oral de 16 semanas con el complemento RJ-SP4AGA en comparación con el placebo, para reducir la pérdida de cabello en mujeres posmenopáusicas con AGA.

Como objetivo secundario, se evaluó el perfil de tolerabilidad del suplemento dietético RJ-SP4AGA.

**Análisis estadístico**

Se realizaron análisis descriptivos (dentro de paciente, n, media, mediana, desviación estándar, mínimo y máximo) para el estudio de las variables cuantitativas, y conteos de frecuencia por categoría para las variables cualitativas.
Following the results of normality tests (Kolmogorov-Smirnov test), data obtained at the three visits (baseline, at 8 and 16 weeks) were compared by means of Friedman’s Anova and Kendall’s coefficient of concordance for non-parametric dependent data. The tolerability scores obtained at 8 and 16 weeks were compared using the Wilcoxon test for non-parametric dependent data.

Comparisons of data obtained at a given visit between both treatments were performed using the Mann-Whitney U test for non-parametric and independent data. Statistical significance was set at a $p$-value of $p < 0.05$.

RESULTS

A total of 40 Caucasian healthy women were selected; all of them were randomized, they all completed the study, and they were included for efficacy and tolerability analyses.

Baseline demographic, analytical and clinical characteristics were homogeneous among subjects, with a mean age of 58.0 years in the active group and 58.1 in the placebo group.

Regarding efficacy assessments, the results obtained were favorable for RJ-SP4AGA capsules. In the phototrichogram analyses, a statistically significant increase in the percentage of anagen hair was observed after 16 weeks (49.5 ± 15.5% at baseline vs 55.6 ± 15.0% at 16 weeks, $p < 0.001$), while no statistically significant differences were observed with placebo throughout the study (49.3 ± 19.8% at baseline vs 48.8 ± 18.8% at 16 weeks) (Table 1) (Figure 1). After 16 weeks of treatment, the mean percentage of telogen hair was significantly lower in the active group than in placebo (44.4 ± 15.0 vs 48.8 ± 18.8, $p < 0.001$) (Table 1) (Figure 2 A). Telogen hair had decreased to 87.7% at 16 weeks, taking 100% as the baseline value at T0 (Table 1) (Figure 2 B).

In the evaluation of the hair’s resistance to traction (pull test), we detected a statistically significant increase in the hair’s resistance to traction after 8 and 16 weeks of treatment with both groups (1.6 ± 0.7 at baseline to 2.4 ± 0.5 at 16 weeks for the active group; 1.5 ± 0.7 at baseline to 1.9 ± 0.7 at 16 weeks for placebo), without significant differences between RJ-SP4AGA capsules and placebo (Table 1) (Figure 3 A). However, RJ-SP4AGA capsules increased the hair resistance to traction to 150% after 16 weeks of continued use, taking 100% as the baseline value at T0 (Table 1) (Figure 3 B).

In the overall assessment of tolerability, both the RJ-SP4AGA capsules and the placebo were safe and well tolerated during the whole study period, with similar mean scores between both groups, indicating optimum/good tolerability (2.9 ± 0.4 for RJ-SP4AGA capsules and 3.0 ± 0 for placebo, at 16 weeks).

Only in the active group, two patients reported very mild digestive discomfort (one of them during the whole study period) and another only during the last weeks of the study). Another subject in the active group noticed some mild stomach heaviness during the whole treatment period. No adverse events were reported in the placebo group.

DISCUSSION

AGA is a highly prevalent condition that can profoundly impair the quality of life of both men and women. In addition, in women, female
Efficacy and safety of a dietary supplement containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA) in women. Results of a randomized, double-blind, placebo-controlled clinical trial

Pattern hair loss has a strikingly overwhelming psychological effect, which leads to a need for successful treatments. In contrast to the high prevalence of AGA, approved therapeutic options are limited, with a paucity of pharmacologic treatments and numerous non-prescription products whose efficacy has not always been tested.

Despite the broad use of both plants, *Serenoa repens* and *Pygeum africanum*, few clinical trials have been conducted on the efficacy or safety of their extracts for the treatment of AGA, particularly in women.

Our study has assessed for the first time the efficacy and tolerability of a lipid co-extract of *Serenoa repens* and *Pygeum africanum* (“Complex Alphablok S”) in a randomized, double-blind, placebo-controlled clinical trial in post-menopausal women. The favorable results are in line with the *in vitro* results obtained in fibroblasts from human scalp, indicating a significant 5-alpha reductase inhibiting activity of the lipid co-extract. Overall, these results support the use of this extract, as 5-alpha reductase inhibitor, for the treatment of AGA, particularly in women, in whom other 5-alpha reductase inhibitors, such as finasteride or dutasteride, are contraindicated.

Table 1. Percentages of anagen hair during treatment (n = 40)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>T0 Mean ± SD</th>
<th>T8 Mean ± SD</th>
<th>T16 Mean ± SD</th>
<th>Difference T8-T0</th>
<th>Difference T16-T0</th>
<th>T0 vs T8 p-value (active vs placebo)</th>
<th>T0 vs T16 p-value</th>
<th>T8 vs T0 p-value (active vs placebo)</th>
<th>T16 vs T0 p-value</th>
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<tr>
<td>RJ-SP4AGA</td>
<td>50.7 ± 19.8</td>
<td>52.7 ± 18.6</td>
<td>51.3 ± 18.8</td>
<td>2.0</td>
<td>0.6</td>
<td>&gt;0.05</td>
<td>&gt;0.05</td>
<td>&gt;0.05</td>
<td>&lt;0.05</td>
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<tr>
<td>Placebo</td>
<td>49.5 ± 15.5</td>
<td>51.6 ± 16.4</td>
<td>55.6 ± 15.0</td>
<td>+2.1</td>
<td>+6.1</td>
<td>&lt;0.001</td>
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<td>Percentage of telogen hair (%)</td>
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<tr>
<td>RJ-SP4AGA</td>
<td>48.4 ± 16.4</td>
<td>48.5 ± 16.4</td>
<td>48.8 ± 18.8</td>
<td>+2.1</td>
<td>+6.2</td>
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<tr>
<td>Placebo</td>
<td>50.7 ± 19.8</td>
<td>52.7 ± 18.6</td>
<td>51.3 ± 18.8</td>
<td>+2.0</td>
<td>+0.6</td>
<td>&gt;0.05</td>
<td>&gt;0.05</td>
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<td>Pull test (4-point scale)</td>
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<tr>
<td>RJ-SP4AGA</td>
<td>2.1 ± 0.6</td>
<td>2.4 ± 0.5</td>
<td>2.4 ± 0.5</td>
<td>+0.5</td>
<td>+0.8</td>
<td>&lt;0.01</td>
<td>&lt;0.001</td>
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<tr>
<td>Placebo</td>
<td>1.5 ± 0.7</td>
<td>1.8 ± 0.6</td>
<td>1.9 ± 0.7</td>
<td>+0.3</td>
<td>+0.4</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
<td></td>
</tr>
</tbody>
</table>

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Borrás JM et al. Efficacy and safety of a dietary supplement containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA) in women. Results of a randomized, double-blind, placebo-controlled clinical trial.

**Figure 1.** Evaluation of anagen hair. A) Mean percentage of anagen hair. B) Mean percentage of anagen hair, considering 100% at baseline.
Efficacy and safety of a dietary supplement containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA) in women. Results of a randomized, double-blind, placebo-controlled clinical trial.

**Figure 2.** Evaluation of telogen hair. A) Mean percentage of telogen hair. B) Mean percentage of telogen hair, considering 100% at baseline.
Borrás JM et al. Efficacy and safety of a dietary supplement containing a lipid co-extract from *Serenoa repens* and *Pygeum africanum* for the treatment of androgenetic alopecia (AGA) in women. Results of a randomized, double-blind, placebo-controlled clinical trial

**Figure 3.** Pull test scores. A) Pull test scores at the three study visits. B) Mean percentage of hair resistance to traction, considering 100% at baseline.
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to shorten the growth or anagen phase of the hair cycle, causing the miniaturization of the follicles, and producing progressively finer hairs. Also in accordance with the increased hair growth, we observed a statistically significant reduction in telogen hair.

Finally and also relevantly, the administration of RJ-SP4AGA capsules was well tolerated during the whole study period, with only mild digestive adverse events being reported. Its good tolerability profile is in line with the well-established use of both *Serenoa repens* and *Pygeum africanum* in clinical practice and with their regulatory classification as a dietary supplement granted to them by the health authorities.

Although additional larger studies could be carried out with the product, assessing other variables such as quality of life, the results of this study support the use of RJ-SP4AGA capsules containing the lipid co-extract “Complex Alphablok S” as an efficacious and very well tolerated therapeutic strategy to revert hair loss in patients with AGA.

**Funding sources**
Reig Jofre Group, S.A., Barcelona, Spain

**Conflicts of interest**
Josep Maria Borrás is Medical Director of Reig Jofre. Núria Pique received fees from Reig Jofre to write the article. Carlos Nieto is Biological Development R&D Manager of Reig Jofre. Jordi González is Manager of the Topical and Oral Development Department of Reig Jofre.

**REFERENCES**

COMPLIDERMOL 5α

Fuerza y resistencia

Tratamiento completo para frenar la alopecia androgénética femenina

CHAMPÚ • LOCIÓN • CÁPSULAS

C.N. 157417.6  C.N. 157418.3  C.N. 308757.5
Complidermol 5α Cápsulas: El cabello y las uñas cumplen funciones de protección contra el frío y las agresiones físicas además de tener un papel estético fundamental. Para el mantenimiento de un pelo sano, es imprescindible el aporte equilibrado de una serie de sustancias que habitualmente deberían ingerirse en la dieta, pero que en ocasiones requieren de un aporte externo para cubrir las dosis diarias recomendadas. También las uñas pueden sufrir las consecuencias de una dieta pobre en alguno de los elementos fundamentales para su metabolismo. Complidermol 5α cápsulas presenta una completa formulación especialmente estudiada para corregir las deficiencias en elementos esenciales que puedan afectar el correcto metabolismo del cabello y las uñas.

Sustancias dermoactivas: Extractos lipídicos de Pygeum Africanum y Sabal Serrulata (también denominada Serenoa Repens). Con demostrada actividad inhibidora de la 5α reductasa, enzima que facilita el paso de Testosterona a Dihidro-Testosterona (DHT). Impiden la regresión de los folicúulos pilosos y reducen la secreción sebácea.


Oligoelementos: Hierro y cinc, iones implicados en el mantenimiento de un correcto trofismo de pelo y uñas. La combinación de los elementos mencionados hacen de Complidermol 5α cápsulas un producto recomendado para aquellas personas que presenten una carencia de nutrientes esenciales para el cabello o uñas.

Modo de empleo Cápsulas: De 1 a 2 cápsulas al día durante un mínimo de dos meses. Las cápsulas se ingerirán preferentemente enteras y con abundante líquido. Para facilitar su deglución, también pueden abrirse y verterte su contenido, removiendo hasta dispersarlo, en una pequeña cantidad de líquidos, zumos de frutas, etc. Advertencias: No superar la dosis diaria expresamente recomendada. No recomendado en mujeres embarazadas o en periodo de lactancia. Complidermol 5α cápsulas no debe utilizarse como substitutivo de una dieta equilibrada. No recomendado en trastornos de la absorción o eliminación de cistina. Presentación: Caja que contiene 60 cápsulas de gelatina.

Composición por cápsula:

<table>
<thead>
<tr>
<th>Sustancia</th>
<th>Por cápsula</th>
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<tbody>
<tr>
<td>L - Cistina</td>
<td>500 mg</td>
</tr>
<tr>
<td>Extracto lipídico de Sabal Serrulata</td>
<td>50 mg</td>
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<td>Extracto lipídico de Pygeum Africanum</td>
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</tr>
<tr>
<td>Isoflavonas de Soja</td>
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<td>Nicotinato de Tocopherol</td>
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<td>Pantotenato Cálcico</td>
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</tr>
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<tr>
<td>Biotina</td>
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<tr>
<td>Hierro (Fumarato Ferroso)</td>
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</tr>
<tr>
<td>Cinc (Óxido de Zinc)</td>
<td>7,5 mg</td>
</tr>
</tbody>
</table>

Otros ingredientes: Silice coloidal, celulosa microcrystalina y butilhidroxiánisol

Composición Loción: Isoflavonoides solubilizados 5%, Extracto de Pygeum Africanum 2%, Extracto de Serenoa Repens 2%, Extracto de Ginkgo Biloba 1%, Pantenol 1%, Biotina 0,01%. Excipientes c.s.

Modo de empleo Loción: Aplicar sobre las raíces del cabello de 8 a 12 pulsaciones, dos veces al día (mañana y noche), repartiéndolas por todo el cuero cabelludo, y masajear ligeramente. No enjuagar y dejar secar. Aplicar diariamente durante un periodo mínimo de 2 meses. No engrasa el cabello.

Composición Champú: Isoflavonoides solubilizados 2,5%, Extracto de Pygeum Africanum 1%, Extracto de Serenoa Repens 1%, Extracto de Ginkgo Biloba 0,5%, Pantenol 0,5%, Biotina 0,01%. Tensioactivos suaves c.s.

Modo de empleo Champú: Aplicar el champú sobre el cabello mojado. Realizar un ligero masaje para eliminar la suciedad. Aclarar y repetir la operación dejando actuar el champú durante unos minutos. Aclarar abundantemente con agua. Utilizar un mínimo de 2 o 3 veces por semana.

Precauciones: Evitar el contacto con los ojos.

Presentaciones: Complidermol 5α loción: Frasco difusor con 120 ml. Complidermol 5α champú: Frasco con 200 ml.

LABORATORIOS MEDEA, S.A. Gran Capitán, 10. 08970 - Sant Joan Despí (Barcelona).