Ubiquinol

Active (reduced) coenzyme Q10 200 mg with selenium 100 mcg · 60 softgels

INDICATION

Women and men preparing for conception, including couples having IVF or ICSI, and adults with heart failure or who want coenzyme Q10 support for the heart, alongside usual care.

2×
the clinical pregnancy rate in IVF/ICSI: 28.8% vs 14.1% (1)

70%
higher blood coenzyme Q10 than ubiquinone at 200 mg (10)

50%
fewer major cardiac events in heart failure (7)

2 softgels
once daily, with a meal

01 COMPOSITION AND DOSE

Ubiquinol (reduced coenzyme Q10)	**200 mg**
Selenium (as L-selenomethionine)	**100 mcg**
Mixed tocopherols (vitamin E)	**5 mg**

Per serving of 2 softgels, in MCT oil from coconut. Shell: bovine gelatin, purified water, beeswax, sunflower lecithin. **Contains coconut. Dose:** 2 softgels once daily with a meal; 60 softgels last 30 days. **Label use:** antioxidant support.

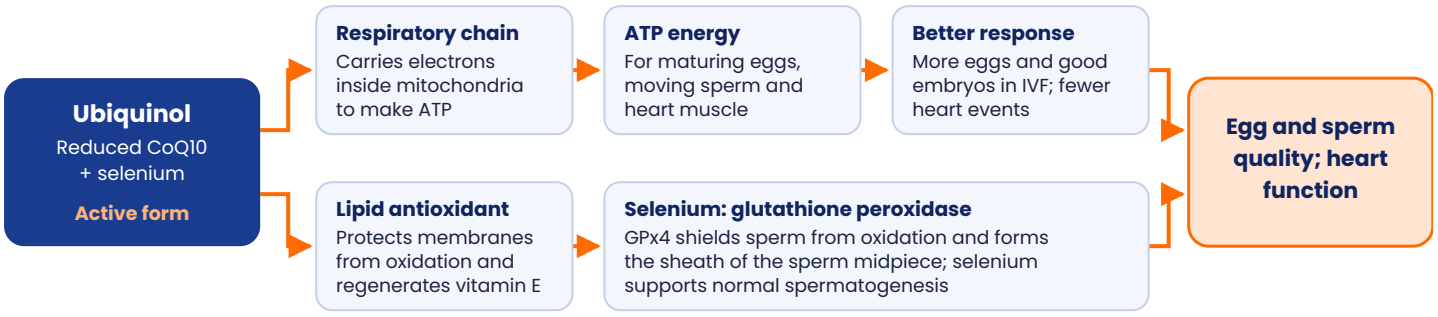
Why Ubiquinol, not Ubiquinone? Ubiquinol is the active, reduced form: at 200 mg a day, blood coenzyme Q10 was 70% higher than with ubiquinone (10, 14). Choose it for fertility and heart failure (trials used 200 mg or more); Draxer Ubiquinone 100 mg chewable suits statins, blood pressure and migraine.

HOW IT WORKS

Coenzyme Q10 carries electrons along the mitochondrial respiratory chain, the step that makes ATP. As ubiquinol it is also the main fat-soluble antioxidant in cell membranes, and it regenerates vitamin E (12).

Eggs, sperm and heart muscle all run on mitochondrial energy. Before IVF, coenzyme Q10 gave more eggs and better embryos (3); in men it raised ubiquinol inside sperm and improved motility (5).

Selenium builds glutathione peroxidase (GPx4), which shields sperm and forms the sheath of the sperm midpiece (13).



02 EVIDENCE, WITH REFERENCES

Study	Design and people	Intervention	Main result
Florou 2020 (1)	Meta-analysis, 5 RCTs, 449 women	Coenzyme Q10 in IVF/ICSI	Clinical pregnancy 28.8% vs 14.1% (OR 2.44)
Lin 2024 (2)	Meta-analysis, 6 RCTs, 1,529 women with diminished ovarian reserve	Coenzyme Q10 before IVF/ICSI	Clinical pregnancy OR 1.84; more eggs; 40% fewer cancelled cycles (OR 0.60); miscarriage OR 0.38
Xu 2018 (3)	RCT, 169 women under 35 with poor ovarian reserve	600 mg/day for 60 days before IVF	Eggs retrieved 4 vs 2; more top-quality embryos; no embryo to transfer 8% vs 23%
de Ligny 2022 (4)	Cochrane review, 90 RCTs, 10,303 men	Antioxidants for men	Clinical pregnancy OR 1.89 (20 RCTs); live birth OR 1.43 (12 RCTs)
Balercia 2009 (5)	Double-blind RCT, 60 men with poor motility	200 mg/day, 6 months	Forward motility 10.4% to 15.1%; ubiquinol in sperm cells almost doubled
Cakiroglu 2014 (6)	Before–after study, 62 men	Ubiquinol 200 mg/day, 6 months (this form and dose)	Progressive motility 26.5% to 37.0%; more normal forms
Q-SYMBIO 2014 (7)	Double-blind RCT, 420 patients with heart failure	300 mg/day with standard care, 2 years	Major cardiac events 15% vs 26%; deaths 10% vs 18%
Al Saadi 2021 (8)	Cochrane review, 11 RCTs, 1,573 people with heart failure	Coenzyme Q10 vs placebo	Deaths 42% lower (RR 0.58, 1 trial); heart-failure admissions 38% lower (RR 0.62)
KiSel-10 2013 (9)	Double-blind RCT, 443 adults aged 70 to 88	200 mg + selenium 200 mcg/day, 4 years	Cardiovascular deaths 5.9% vs 12.6%; lower NT-proBNP; better heart function
Langsjoen 2014 (10)	Crossover study, 12 healthy adults	Ubiquinol vs ubiquinone 200 mg/day, 4 weeks each	Blood CoQ10 4.3 vs 2.5 mcg/mL: 70% higher

EU health claims: selenium contributes to normal spermatogenesis, and selenium and vitamin E to the protection of cells from oxidative stress (11). **Evidence base:** most trials used ubiquinone, often at higher doses; live-birth gains are not yet confirmed (1, 4).

For health professionals. This product is a food supplement and is not intended to diagnose, treat, cure or prevent any disease.

WHO BENEFITS MOST

Before IVF or ICSI
Low AMH, poor response to stimulation or a cancelled cycle.
Start 2 to 3 months before stimulation

Poor sperm motility
Low motility or few normal forms on semen analysis.
Expect: better motility by 3 to 6 months

Trying to conceive
Both partners preparing for natural conception, IUI or IVF.
Start together, 3 months before trying

Heart failure, older adults
Heart failure on standard treatment; adults over 70.
Expect: benefit builds over 1 to 2 years

HOW TO USE IT IN PRACTICE

- **Starting:** 2 softgels together, once daily with a meal; in the morning if sleep is disturbed.
- **Monitoring:** men: semen analysis at baseline and at 3 months. Women: AMH and antral follicle count as part of IVF work-up. Heart: symptoms, blood pressure, and INR if on warfarin.
- **Review:** fertility at 3 months, continuing through the IVF cycle; heart failure at 6 months with the cardiology team.
- **With prescribed treatment:** alongside IVF stimulation, clomifene or letrozole, and all heart-failure medicines; it adds to them and replaces none.
- **With Draxer products:** GynoEssence for PCOS/PMOS; Vitamin D3 + K2 when vitamin D is low; Magnesium Glycinate with Zinc for the male partner. Do not add Ubiquinone.
- **Supporting nutrients:** selenium contributes to normal spermatogenesis; selenium and vitamin E protect cells from oxidative stress (11).

SIDE EFFECTS AND SPECIAL GROUPS

Common	None expected at this dose.
Uncommon	Mild stomach upset, nausea or loose stools; insomnia has been reported (15). Take with food, in the morning.
Selenium	100 mcg is well within the 255 mcg/day upper level (16).
Overdose	None reported. Coenzyme Q10 up to 1,200 mg/day, six times this dose, was well tolerated (17). Selenium excess: hair loss, brittle nails, garlic breath (16).
Under 18	Not recommended; adult product.
Kidney, liver	Not studied; use on the prescriber's advice.

03 INTERACTIONS AND CAUTIONS

- **Warfarin:** INR changes reported; a controlled trial found none (15, 18). Check INR when starting or stopping.
- **Antihypertensives:** a small added fall in blood pressure is possible (19).
- **Insulin and glucose-lowering medicines:** monitor glucose at first (15).
- **Statins:** safe together; coenzyme Q10 eased statin muscle aches (20).
- **Chemotherapy or radiotherapy:** only with the oncology team's agreement (15).
- **Other selenium supplements:** keep total selenium below 255 mcg a day (16).

04 PREGNANCY AND BREASTFEEDING

Before conception: suitable, and the main use.

Pregnancy: not established in early pregnancy; continue after a positive test only on the prescriber's advice. From 20 weeks, coenzyme Q10 200 mg a day lowered pre-eclampsia (14.4% vs 25.6%; 235 women) with no safety concerns (21).

Breastfeeding: not established; use on the prescriber's advice. The label precaution is the standard one.

05 WHEN NOT TO RECOMMEND

- Children and adolescents under 18 years
- Vegetarians and vegans (bovine gelatin); coconut allergy
- With another coenzyme Q10 product
- Signs of selenium excess (16)
- Infertility without assessment, or breathlessness, chest pain or ankle swelling without a diagnosis: refer

PATIENT COUNSELLING CHECKLIST

- ☐ 2 softgels together, with a meal
- ☐ Every day; in the morning if sleep is poor
- ☐ For fertility, start 3 months before trying
- ☐ Both partners can take it
- ☐ Keep taking your prescribed medicines
- ☐ On warfarin? Have your INR checked
- ☐ Do not take another CoQ10 product
- ☐ Pregnant? Ask your doctor before continuing

Product details. 60 softgels (30 days). Store below 30°C in a dry place, away from direct light; keep the lid closed. Shelf life 24 months from manufacture; see pack for expiry. Food supplement made for Draxer Therapeutics by a partner manufacturer. Keep out of reach of children.

References

1. Florou P, et al. J Assist Reprod Genet 2020;37:2377–87.
2. Lin G, et al. Ann Med 2024;56:2389469.
3. Xu Y, et al. Reprod Biol Endocrinol 2018;16:29.
4. de Ligny W, et al. Cochrane Database Syst Rev 2022;(5):CD007411.
5. Balercia G, et al. Fertil Steril 2009;91:1785–92.
6. Cakiroglu B, et al. Nephrourol Mon 2014;6:e16870.
7. Mortensen SA, et al. JACC Heart Fail 2014;2:641–9.
8. Al Saadi T, et al. Cochrane Database Syst Rev 2021;(2):CD008684.
9. Alehagen U, et al. Int J Cardiol 2013;167:1860–6.
10. Langsjoen PH, Langsjoen AM. Clin Pharmacol Drug Dev 2014;3:13–7.
11. Commission Regulation (EU) No 432/2012: authorised health claims.
12. Crane FL. J Am Coll Nutr 2001;20:591–8.
13. Ursini F, et al. Science 1999;285:1393–6.
14. Zhang Y, et al. Food Funct 2018;9:5653–9.
15. NCCIH (US National Institutes of Health). Coenzyme Q10.
16. EFSA NDA Panel. Tolerable upper intake level for selenium. EFSA J 2023;21:7704.
17. Hidaka T, et al. Biofactors 2008;32:199–208.
18. Engelsen J, et al. Thromb Haemost 2002;87:1075–6.
19. Zhao D, et al. Adv Nutr 2022;13:2180–94.
20. Qu H, et al. J Am Heart Assoc 2018;7:e009835.
21. Teran E, et al. Int J Gynaecol Obstet 2009;105:43–5.