

GLUTAHENZ® I.V.

L-Alanyl-L-Glutamine Infusion 20%

DESCRIPTION:

L-Alanyl L-Glutamine Infusion is a clear, colorless to almost colorless solution

INDICATIONS:

GLUTAHENZ IV, the dipeptide form added to TPN are credited with helping in the recovery of trauma, surgical and other critically ill patients like in case of

- ICU patients
- Severe burn patients
- GI surgery patients
- Bowel obstruction patients
- Severe pancreatitis patients
- Cancer chemotherapy or Severe vomiting patients
- High output fistula patients

MECHANISM OF ACTION:

The glutamine dipeptides, have demonstrated immunomodulatory, anticatabolic/anabolic and gastrointestinal mucosal protective and antioxidant activities when used in TPN. The anticatabolic/anabolic action of the glutamine can be explained by their effects in sparing skeletal muscle L-glutamine stores. Moreover, L-glutamine is the preferred respiratory fuel for enterocytes and colonocytes, maintaining the integrity of the intestine. L-glutamine can help in ameliorating oxidative stress by serving as precursor to glutathione.

CLINICAL FEATURE:

This Clinical study was investigated the effect of intravenous l-alanyl-l-glutamine 0.5 mg/kg/day infusion given postoperatively for 10 days in patients with suspected invasive fungal rhinosinusitis who were undergoing endoscopic debridement. It resulted in a better response accompanied with a decrease in ICU length of stay and complication rate.

Outcome Parameters	Treatment Group(n=7)	Control Group (n=7)	Significance (P<0.05)
Length of ICU stay [mean (SD)]	14 (3)	20 (3)	0.003*
Complications [n (%)]	2 (29)	6 (86)	0.03*

DOSAGE:

1.5-2.0 ml of GLUTAHENZ IV per kg body weight/day Equivalent to 0.3-0.4 g N (2)- L-Alanyl L Glutamine per kg body weight.

ADMINISTRATION:

The ratio of Glutahenz IV and carrier solution should be 1:5 (e.g. 100 ml GLUTAHENZ IV + at least 500 ml amino acid solution). It can be administered along with TPN and also may be administered alone 1:1 ratio, with NS (e.g. 100 ml GLUTAHENZ IV + at least 100 ml NS).

INFUSION RATE:

0.5ml/min; the 50 ml bottle to be utilized in 2 hrs.

PRESENTATION:

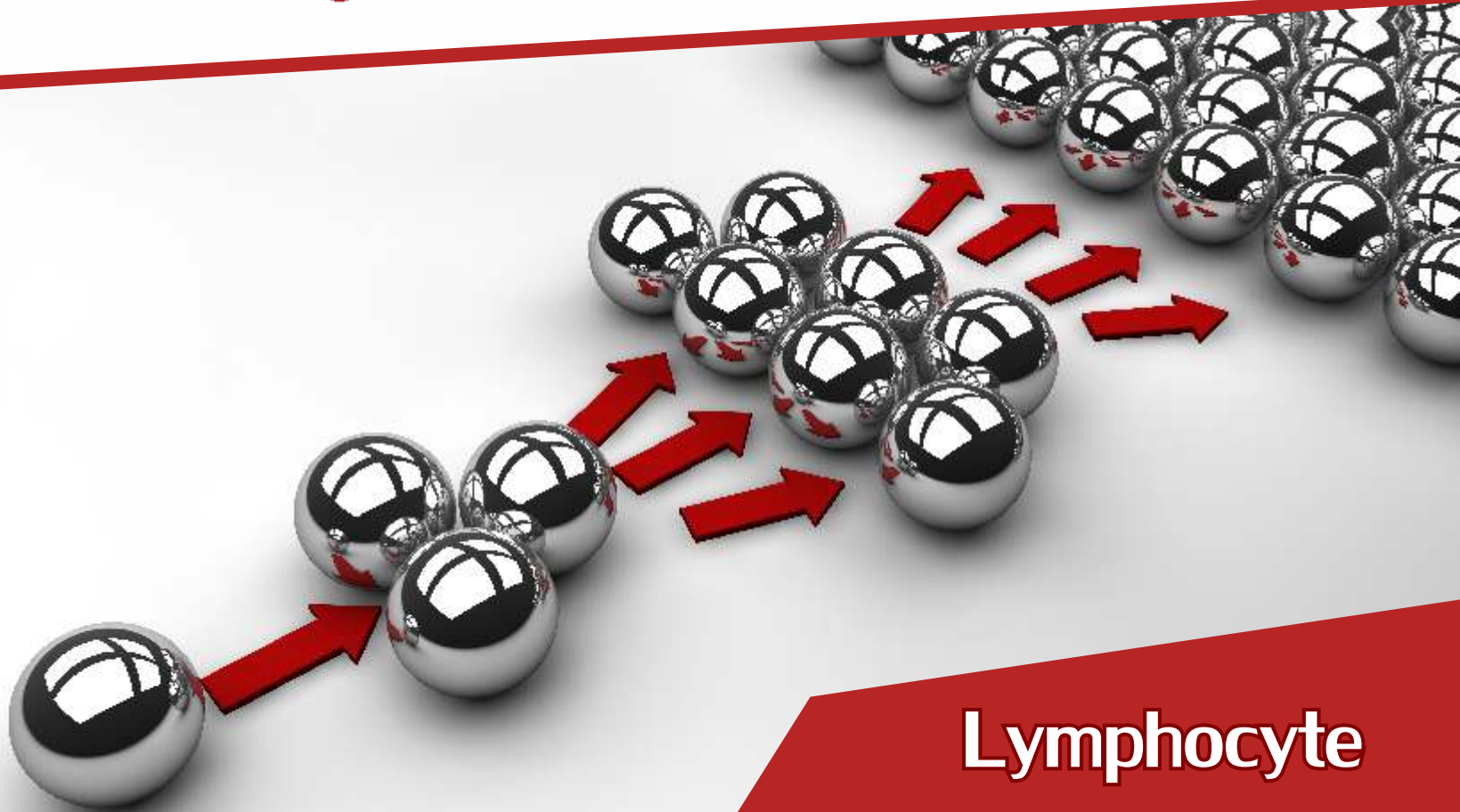
50 ml glass bottle.



La Renon®

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Lymphocyte
Proliferator

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Call me on: _____
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CLINICAL PERSPECTIVES OF GLUTAHENZ IV:

1

CANCER PATIENTS

In amelioration of insulin resistance and improvement of plasma glutathione levels

2

BURN PATIENTS

Improved wound healing, reduced infections, shorter hospital stay

3

TRAUMA PATIENTS

Reduced pneumoniae in trauma patients with Glutamine with TPN

4

COMPLICATED SURGICAL PATIENTS

Reduced Nosocomial Infection

5

SEVERE ICU PATIENTS

Glutamine with TPN in severe ICU patients, reduced 6-month mortality reduced catheter related infections

6

ACUTE PANCREATITIS

Lower incidence of complications, prevention of pancreatic infections

7

CHEMORADIOTHERAPY

Reduce the severity of oral mucositis

8

ABDOMINAL SURGERY

To decrease the infectious rate, reduce length of hospital stay and improve nitrogen balance

9

SEVERE TRAUMATIC BRAIN INJURY (TBI)

lower the risk of alimentary tract hemorrhage and lung Infection, shorten the stay in NICU

10

SEPTIC PATIENTS

Improve negative nitrogen balance and beneficial effect on transferrin level

1. CANCER PATIENTS UNDERGOING MAJOR SURGERY:

- Preoperative fasting, preoperative mechanical bowel preparation (MBP), surgery and anesthesia start a series of stress responses followed by disturbed glucose metabolism.
- Furthermore, an important finding of study was the preservation of glutathione serum level and insulin sensitivity in the glutamine group of patients as compared to the control group.
- Preoperative IV alanyl-glutamine is helpful in amelioration of insulin resistance and improvement of plasma glutathione levels in the early postoperative period.
- Calculate Insulin resistance by HOMA Test.
- There was an increase in insulin resistance as indicated by increased HOMA-IR test in both groups in the immediate and in the 24 h postoperative samples (P value < 0.05) as compared with the preoperative value. But there was a significant increase in HOMA-IR test values in the control group as compared to the glutamine group in both postoperative samples (P value <0.05).

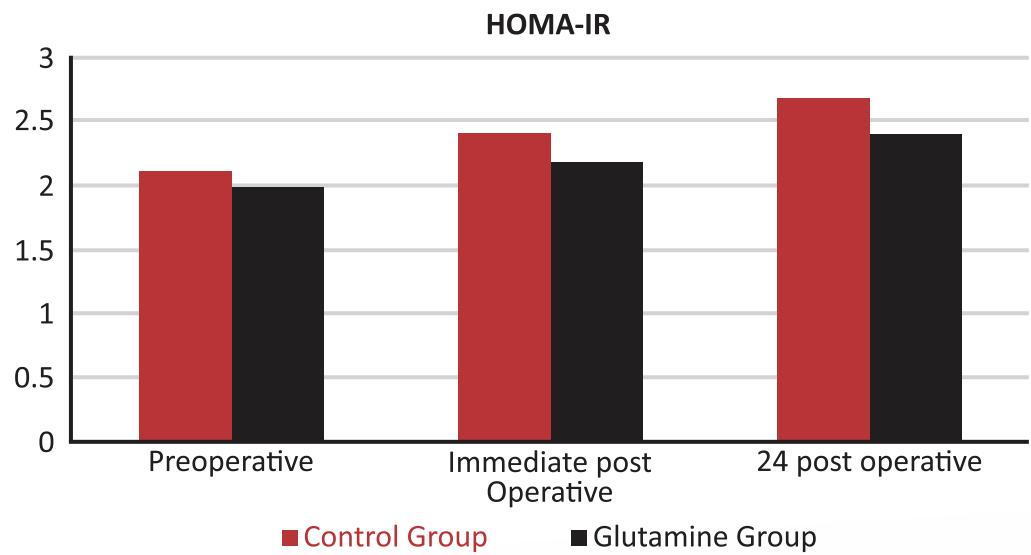


Figure: HOMA-IR in two groups

2. IV GLUTAMINE IN SEVERELY BURNED PATIENTS:

- 31 patients with severe burns (50 % of body surface) , standard enteral diet
- Randomized to supplemental intravenous glutamine (0.57 g/kg.d) or control amino acids

RESULTS:

- Improved prealbumin
- Reduced CRP
- Reduced gram negative bacteremia : 1/12 vs 6/14 (p=0.04)

Reference:
1) Ghada M.N. B et al. Egyptian Journal of Anaesthesia (2013) 29, 319–324
2) Wischmeyer et al, Crit Care Med 2001