

# QUROZYME™

Co enzyme Q10 60 mg, L-Carnitine L-Tartrate 1000 mg, Lycopene 2500 mcg, Zinc Oxide 12.5 mg Tablets

## Indication:

- ♂ Male Infertility
- ♂ Chronic Prostatitis
- ♂ Reduce prostate cancer risk

## Pharmacology:

### ♂ Ubidecarenone:

An antioxidant, an energy promoting agent, a membrane stabilizer and a regulator of mitochondrial permeability transition pores.

- In Male Infertility- Improves semen parameters (Sperm density, sperm motility, sperm morphology, sperm count)<sup>1</sup>.
- Moderate levels of circulating CoQ10 reduces prostate cancer risk<sup>2</sup>.
- Protective in renal lithiasis patients undergoing ESWL<sup>3</sup>.

### ♂ Lycopene:

The efficient singlet-oxygen (a reactive oxygen species) quencher.

- Decreases lipid peroxidation and DNA damage, spermatozoa is less vulnerable to oxidative damage<sup>4</sup>.

### ♂ L-Carnitine L-Tartrate:

Maintains an active oxidative phosphorylation.

- Improves sperm concentration, motility and vitality<sup>5</sup>.

### ♂ Zinc:

An essential element for growth and development, retards the oxidative process.

- Reduces symptoms in chronic prostatitis due to oxidative stress<sup>6</sup>.

## Dosage:

Two Tablets a day or as directed by Healthcare Practitioner.

## Storage:

Store protected from light & moisture under 30 C.

### References:-

1. The journal of urology; 182: 237-248: 2009
2. Cancer Epidemiol Biomarkers Prev; 20(4): 708-710: 2011
3. BJU International; 113: 942-950: 2014
4. International Urology and Nephrology; 34(3): 369-372: 2002
5. Zhonghua Nan Ke Xue; 13(2): 143-146: 2007
6. The Indonesian Journal of Internal Medicine; 45(4): 259-264: 2013



La Renon®



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## Clinical effectiveness:

### Article:- I

#### Coenzyme Q 10 supplementation in infertile men with idiopathic asthenozoospermia: an open, uncontrolled pilot study<sup>1</sup>.

##### ♂ Objective:

To clarify a potential therapeutic role of coenzyme Q 10 (Co Q 10) in infertile men with idiopathic asthenozoospermia.

##### ♂ Patient:

Infertile men with idiopathic asthenozoospermia.

##### ♂ Intervention:

Co Q 10 was administered orally; semen samples were collected at baseline and after 6 months of therapy. Main Outcome Measure (S): Semen kinetic parameters, including computer-assisted sperm data and Co Q 10 and phosphatidylcholine levels.

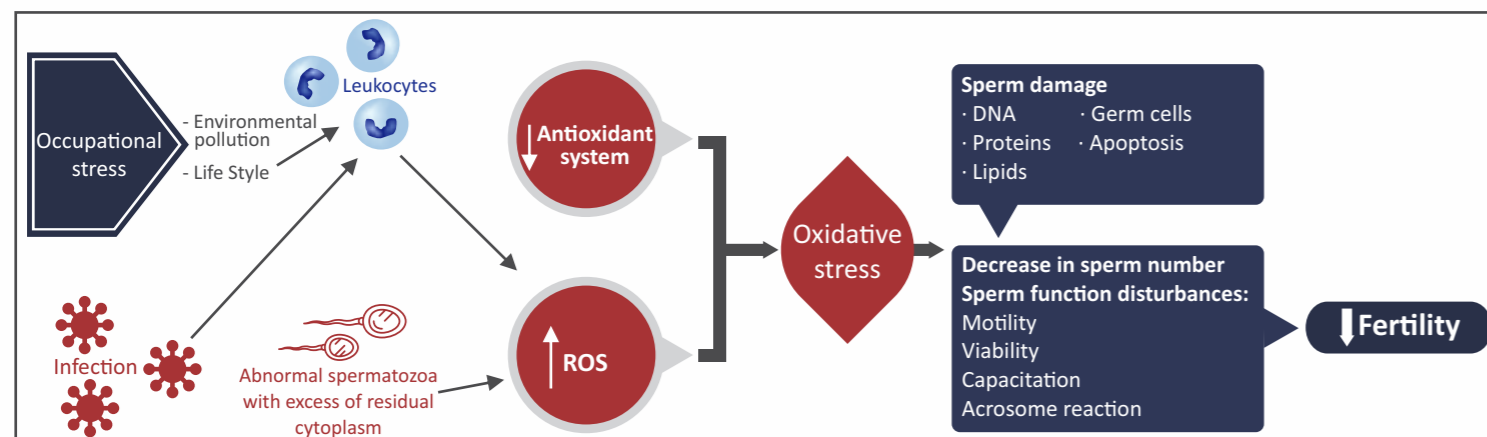
##### ♂ Result:

Co Q 10 levels increased significantly in seminal plasma and in sperm cells after treatment. Phosphatidylcholine levels also increased. A significant increase was also found in sperm cell motility as confirmed by computer-assisted analysis. A positive dependence (using the Cramer's index of association) was evident among the relative variations, baseline and after treatment, of seminal plasma or intracellular Co Q 10 content and computer-determined kinetic parameters.

##### ♂ Conclusion:

The exogenous administration of Co Q 10 may play a positive role in the treatment of asthenozoospermia. This is probably the result of its role in mitochondrial bioenergetics and its antioxidant properties.

## Harmful effects of Reactive Oxygen Species (ROS) on Male Fertility:



### References:-

1. Fertil Steril. 2004 Jan;81(1):93-8.
2. Andrologia.1994;26:155-159.

### Article:- II

#### L- carnitine in idiopathic asthenozoospermia: a multicenter study<sup>2</sup>.

##### ♂ Objective:

The aim of the study was to evaluate any possible effect of L-carnitine on spermatozoa motility in a group of patients with unexplained asthenozoospermia in four different infertility centres.

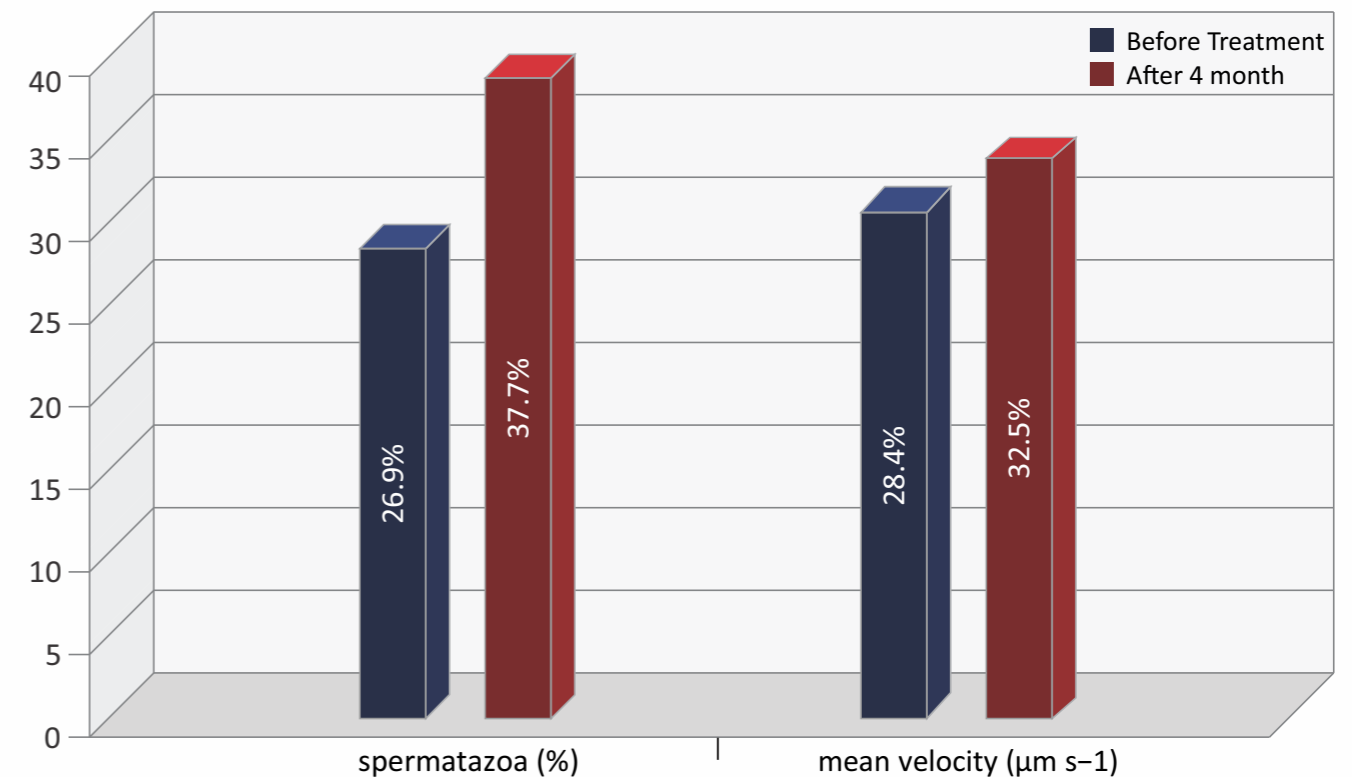
##### ♂ Method:

One hundred patients received 3g/Day of oral L-carnitine for 4 months. Sperm parameters were studied before, during and after this treatment. Motility was also studied by means of a computer-assisted sperm analysis.

##### ♂ Result:

The results of the study indicate that L-carnitine is able to increase spermatozoa motility, both in a quantitative and in a qualitative manner (per cent motile spermatozoa increased from 26.9±1.1% to 37.7 ± 1.1% per cent spermatozoa with rapid linear progression increased from 10.8 ± 0.6% to 18.0 ± 0.9% mean velocity increased from 28.4 ± 0.6 μm s<sup>-1</sup> to 32.5 ± 0.8 μm s<sup>-1</sup> linearity index increased from 3.7 ± 0.1 to 4.1±0.1, especially in the subgroup of patients with poor rapid linear progression of spermatozoa (per cent of motile spermatozoa increased from 19.3± 1.9% to 40.9± 1.4%, and per cent of spermatozoa with rapid linear progression increased from 3.1±0.4% to 20.3±1.6%). An increase in spermatozoa output was also observed (total number of ejaculated spermatozoa increased from 142.4 ± 10.3 10<sup>6</sup> to 163.3 ± 11.0 × 10<sup>6</sup>).

### L- Carnitine Efficacy in spermatogenesis<sup>2</sup>.



Opening up a Ray of Hope

