



GUSHOUT[®] TABLETS

Potassium Magnesium
Citrate Tablets 978 mg



GUSHOUT[®] SYRUP

Potassium Magnesium
Citrate with Vitamin B6 Syrup

DRUG CLASS : Urinary Alkalizer

DESCRIPTION :

Potassium Magnesium citrate is an alkanizing agent which increases the pH of urine to 6-7. It prevents the formation of kidney stone.

INDICATION :

- > For treatment of calcium oxalate and uric acid kidney stones.
- > Prevention of recurrence of urinary stones.
- > Renal tubular acidosis.
- > Hypocitraturic calcium oxalate nephrolithiasis of any etiology.
- > Uric acid lithiasis with or without calcium stones.
- > Thiazide induced hypokalemia and hypomagnesemia in hypercalciuric nephrolithiasis.

MECHANISM OF ACTION :

Restores the
citrate
level in urine.

This citrate
gets chelated
with calcium and
forms calcium &
Citrate complex
in urine.

This helps
in reducing
chances
of calcium
oxalate stone
formation.

Which in turn
helps in ding
chances of
calcium stone
formation.

VITAMIN B6 :

It lowers homocysteine levels. By inhibiting the production of oxalate, vitamin B6 prevent calcium oxalate kidney stone recurrence.

DOSAGE :

As prescribed by the medicinal practitioner.

STORAGE :

Store in well closed container.
Keep out of the reach of children.

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I am.....

Call me on.....

Mail me at.....



GUSHOUT[®]

Potassium Magnesium Citrate Tablets 978 mg &
Potassium Magnesium Citrate with Vitamin B6 Syrup 200/450 ml

La Renon[®]



Efficacy of Potassium magnesium Citrate & vitamin B6 in multiple calcium oxalate & Phosphate Urolithiasis- A 6 months follow up result.

S.V. Krishna et. al; Korean J Urol 2014;55:411-416

PATIENT POOL :

247 patients with recurrent idiopathic hypocitraturia with or without hyperuricosuria and randomized controls were studied prospectively for 3 years.

CONTROL GROUP 1 :

Consists of 61 patients (24.7%) who had moderate to severe hypocitraturia with or without hyperuricosuria and were recurrent stone formers but discontinued prophylaxis because of drug intolerance within 1 month of therapy.

CONTROL GROUP 2 :

Consists of 53 patients (21.5%) who were first-time stone formers and who had mild hypocitraturia with or without hyperuricosuria and were not put on prophylactic therapy and were followed for 3.16±0.08 years.

CONTROL GROUP 3 :

Consists of 133 patients (54.8%) who were recurrent stone formers who had moderate to severe hypocitraturia with or without hyperuricosuria and were put on prophylaxis therapy and were followed for 3.16±0.08 years. All patients were followed up at 6-month intervals for 3 years.

RESULT :

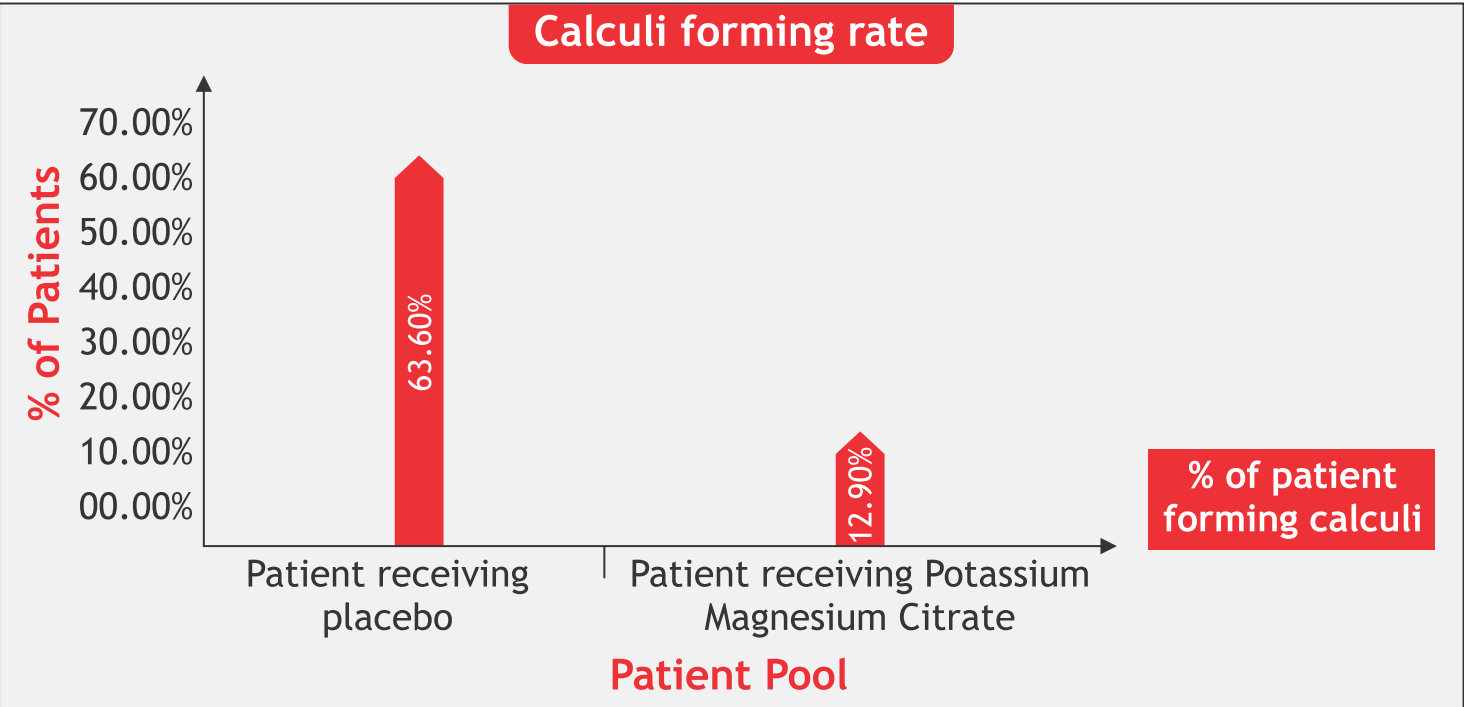
Sr No	Parameters	Treatment	
		Before treatment	After treatment
1	Urinary Citrate excretion rate	221.79 mg/dl	604.04 mg/dl
2	Urinary pH	5.62	6.87
3	Stone recurrence rate	3.23/patient/year	0.35/patient/year

CONCLUSION :

Potassium magnesium citrate prophylaxis was effective in reducing the recurrence of calcium oxalate and phosphate urolithiasis.



Clinical Effectiveness :



Source:- J Urol. 1997 Dec;158(6):2069-73.

WHY GUSHOUT???

- > Citrate salts present in Gushout are an effective intervention in the treatment and prevention of kidney stones.
- > The therapy restores normal urinary citrate excretion and increases urinary pH to the range optimal for the control of calcium stone formation¹.
- > Does not appear to induce lesion in gastric mucosa².
- > Also significantly decreases stone recurrence rate¹.
- > KMgCit is equally effective as potassium chloride in correcting thiazide-induced hypokalemia³.
- > Citrate therapy significantly reduced the incidence of new stone growth compared to control⁵.

REFERENCES :

1. Korean J Urol 2014;55:411-416.
2. Aliment Pharmacol Ther 1998;12: 105-110.
3. Kidney International, Vol. 57 (2000), pp. 607-612.
4. J Urol. 1997 Dec;158(6):2069-73.
5. Cochrane Database Syst Rev; 10: 2015 Oct 6.

