

VOGLIGRESS™ M 0.2 / 0.3

Voglibose & Metformin (SR) Tablets 0.2 mg + 500 mg / 0.3 mg + 500 mg

DESCRIPTION:

VOGLIGRESS-M is orally available tablet contains Voglibose and Metformin combination which provides synergistic action for effective management of diabetes mellitus.

COMPOSITION:

Vogligress-M 0.2

Each uncoated Bilayer Tablet contains

Voglibose 0.2 mg

Metformin 500 mg

(As Sustained Release)

Vogligress-M 0.3

Each uncoated Bilayer Tablet contains

Voglibose 0.3 mg

Metformin 500 mg

(As Sustained Release)

INDICATIONS:

Type 2 Diabetes Mellitus

MODE OF ACTION:

Voglibose:

Voglibose is an alpha-glucosidase inhibitor which reduces intestinal absorption of starch, dextrin, and disaccharides by inhibiting the action of alpha-glucosidase in the intestinal brush border. Inhibition of this enzyme halts the decomposition of disaccharides into monosaccharides and slows the digestion and absorption of carbohydrates so that reduction in post prandial blood sugar level.

Metformin:

Metformin is a biguanide with antihyperglycemic effects :

Metformin may act via 3 mechanisms:

1. By reducing hepatic glucose production through inhibition of gluconeogenesis and glycogenolysis.
2. By increasing insulin sensitivity in muscle, improving peripheral glucose uptake and utilization.
3. By delaying intestinal glucose absorption.

DOSAGE:

Vogligress-M 0.2: One tablet Twice or thrice a day

Vogligress-M 0.3: One tablet Twice or thrice a day

PRESENTATION:

Vogligress-M is available as a strip of 10 tablets

La Renon Healthcare Pvt. Ltd.

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HELLO
MY NAME IS

YOU CAN CALL ME ON

YOU CAN MAIL ME ON



With,

VOGLIGRESS™ M^{0.2}/_{0.3}

Voglibose & Metformin (SR) Tablets
0.2 mg + 500 mg / 0.3 mg + 500 mg

La Renon®

Effective Management Of Diabetes

Keynotes

2 fold increase in risk of Cardiovascular mortality when 2h Post prandial hyperglycemia level is >140 mg/dl even under conditions of normal fasting plasma glucose and normal HbA1c

2h plasma glucose is a better predictor of CVD and all-cause mortality than Fasting Plasma Glucose

Normalizing postprandial hyperglycemia is more difficult than normalizing fasting hyperglycemia

The CV toxicity of postprandial hyperlipidemia is mediated by oxidative stress, which is directly proportional to increased postprandial hyperglycemia. Therefore, prescribing drugs that effectively target postprandial hyperglycemia would be an ideal choice

Therapeutic Rational for Voglibose & Metformin Combination

METFORMIN MONOTHERAPY FAILURE

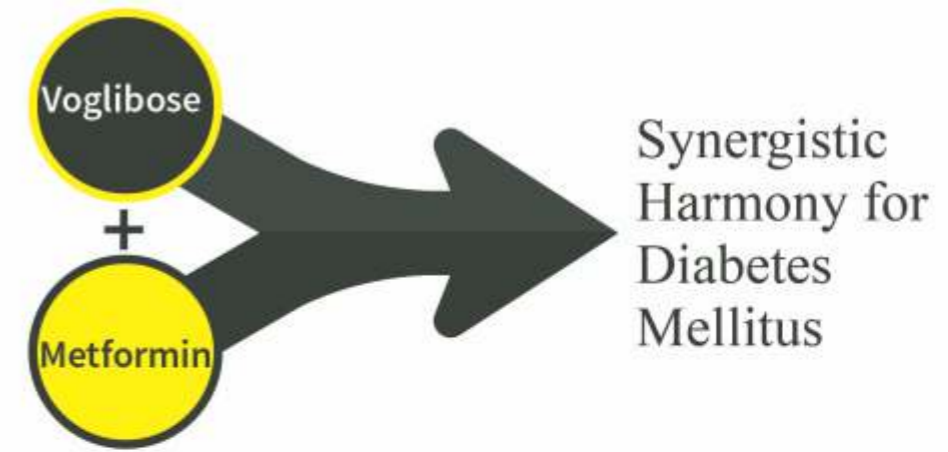
Metformin alone does not affect insulin secretion and its effects on overall glycemic control are achieved mainly by the reduction of fasting plasma glucose and not post-prandial glucose levels

EFFECT ON PPHG

Significant reduction in postprandial hyperglycemia.
Improvement in lipid profile.

RISK

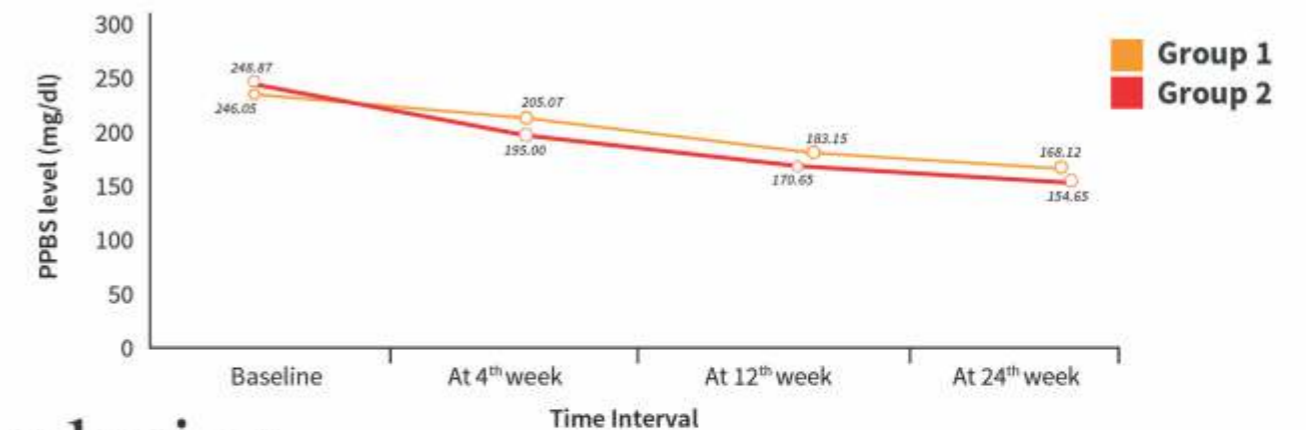
Low risk of hypoglycemia
Helps in reducing body weight in obese patients



Clinical Study:

Comparison of Metformin monotherapy Vs. Voglibose + Metformin Combination Therapy

Patients	Treatment	Dosage	Parameters	Outcomes
80 Patients of Diabetes Mellitus	Group 1: Metformin	Voglibose 0.2/0.3 mg TID	Fasting Blood Sugar	Reduction
	Group 2: Voglibose + Metformin	Metformin 500 mg OD/BD	Post Prandial Blood Sugar	Highly Significant Reduction
			HbA1c Level	Reduction



Conclusion

Highly significant reduction in Post Prandial Blood Sugar level in Voglibose + Metformin combination therapy as compared with Metformin monotherapy



Ref:
1) Current practice journal; Vol. 1: Issue 4: 2014
2) World journal of pharmaceutical research; volume 5: Issue 3: 2016