

“ The Acid Neutralizer ”



Sobisis[®]

Sodium Bicarbonate Tablets 500 mg

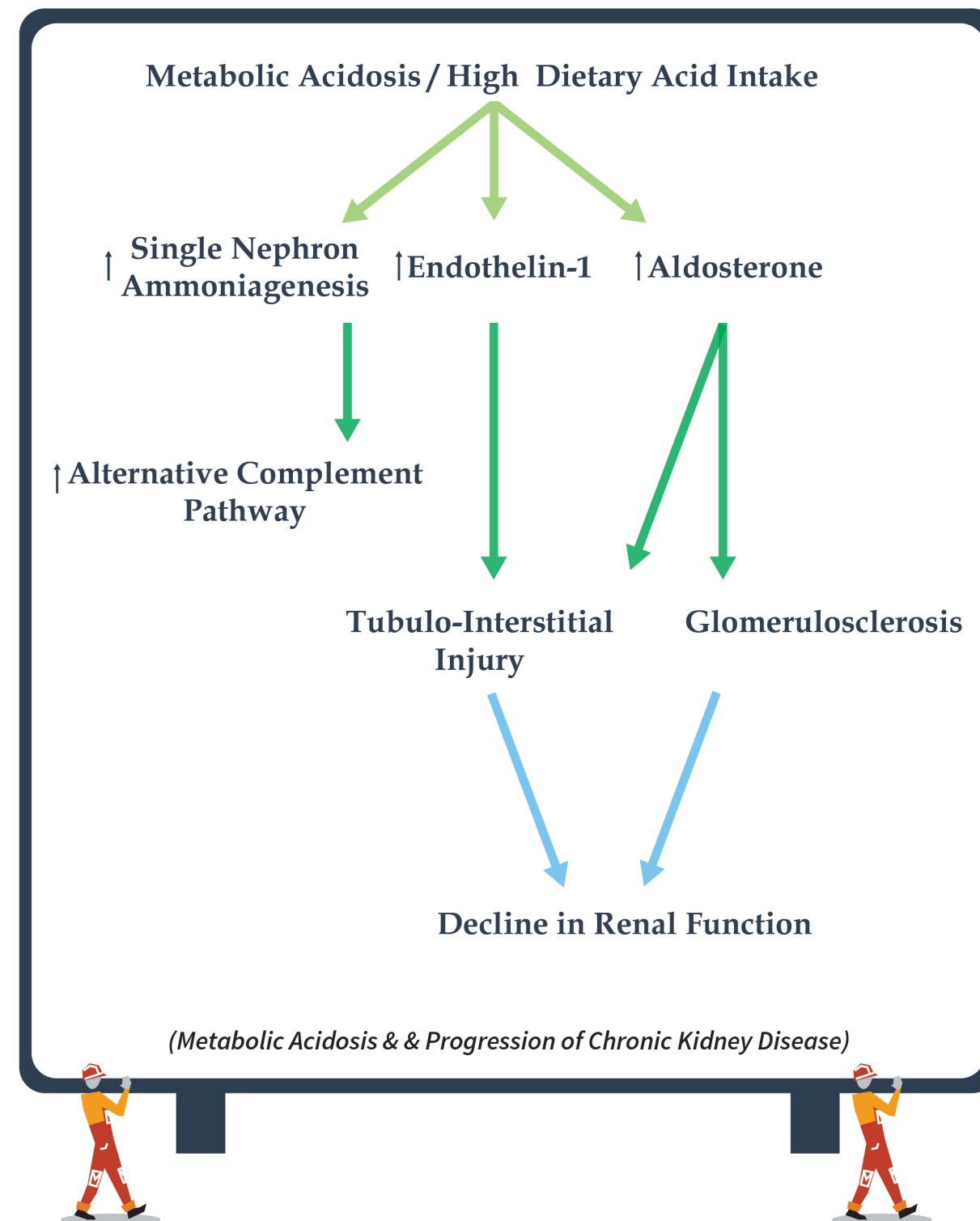
Sobisis[®]- Forte

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La Renon[®]

Metabolic Acidosis & Progression of Chronic Kidney Disease

- Metabolic acidosis is a common complication of chronic kidney disease (CKD).
- The pathogenesis associates the lack of bicarbonate production with the accumulation of organic/inorganic acids and the development of tubule-interstitial damage through ammonium retention and complement deposition.
- The empiric use of oral sodium bicarbonate represents an interesting therapeutic option.
- The availability of oral sodium, in its diverse forms, represents an inexpensive and simple way of treating an entity that could hasten the progression of kidney disease, as well as protein catabolism, bone disease and mortality.

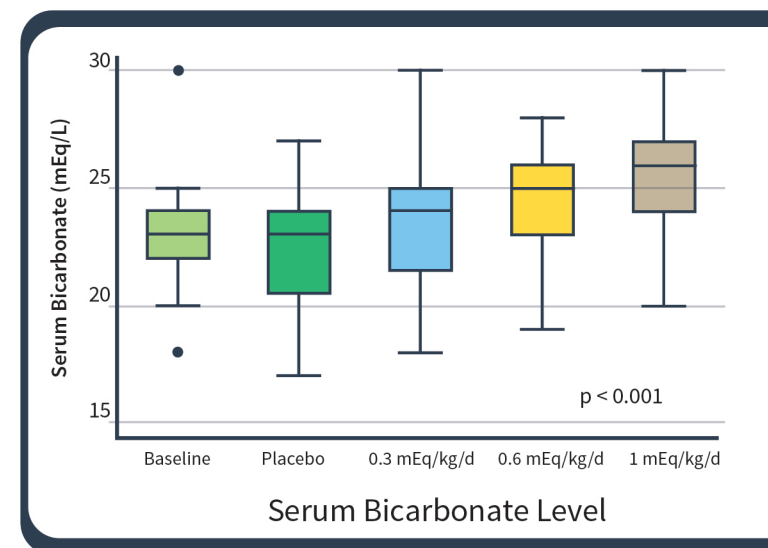


Clinical Evidences

A) Effects of Oral Sodium Bicarbonate in Patients with CKD

Metabolic acidosis contributes to muscle breakdown in patients with CKD

- 20 adults with estimated GFR 15–45 ml/min per 1.73 m² and serum bicarbonate 20–24 mEq/L were treated during successive 2-week periods with placebo followed by escalating oral NaHCO₃ doses (0.3, 0.6, and 1.0 mEq/kg per day)
- Each 0.1 mEq/kg per day increase in dose produced a 0.33 mEq/L (95% confidence interval=0.23–0.43 mEq/L) higher serum bicarbonate.
- Sit-to-stand time improved after 6 weeks of oral NaHCO₃ (23.861.4 versus 22.261.6 seconds for 10 repetitions, P=0.002)
- Higher NaHCO₃ doses were not associated with increased BP or greater edema.



Conclusion

NaHCO₃ supplementation produces a dose-dependent increase in serum bicarbonate and improves lower extremity muscle strength after a short-term intervention in CKD patients with mild acidosis

B) The effect of sodium bicarbonate on cytokine secretion in CKD patients with metabolic acidosis

- Inflammation, which is common in CKD, may be related to acidosis.
- Thirteen patients with CKD 4–5 and acidosis were treated with Oral sodium bicarbonate started at a dose ranging from 1 to 3 g per day based on the initial serum bicarbonate level.

Results

- Serum bicarbonate increased (18.6 ± 0.4 mequiv./l to 21.3 ± 0.3 mequiv./l, P = 0.001)
- The secretion of the anti-inflammatory cytokine IL-10 decreased (2.75 ± 0.25 ng/ml to 2.29 ± 0.21 ng/ml, P = 0.041)

Conclusion

Sodium bicarbonate decreases IL-10 secretion & so that Correcting metabolic acidosis in CKD during stage of 4-5

References

- 1) Clin J Am Soc Nephrol 8:2013
- 2) Y. Ori et al. / Biomedicine & Pharmacotherapy 71 (2015) 98–101
- 3) Chen and Abramowitz BMC Nephrology 2014, 15:55



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ACID
EXIT →



Description:

Sodium bicarbonate is a chemical compound with the formula NaHCO_3 . It is a salt composed of sodium ions and bicarbonate ions. It is used for cases of acidosis, or when insufficient sodium or bicarbonate ions are in the blood. Metabolic acidosis is a common complication associated with progressive loss of kidney function. The diminishing ability of the kidneys to maintain acid-base homeostasis results in acid accumulation, leading to various complications. To manage metabolic acidosis Sodium bicarbonate is used as an alkali therapy.

Composition:

Each Tablet of SOBISIS[®] & SOBISIS[®]-FORTE contains 500mg& 1000mg of Sodium bicarbonate.

Indication:

SOBISIS[®] & SOBISIS[®] -FORTE is indicated for the chronic management of Metabolic Acidosis in CKD patient and as following-

- Diabetic Ketoacidosis
- Urinary Alkalization
- Dyspepsia
- Hyperkalemia
- Asystole

Mechanism of Action:

Sodium bicarbonate dissociates to provide bicarbonate ions which neutralize hydrogen ions concentration and raises blood and urinary pH

Alkalizer, systemic—Increases the plasma bicarbonate, buffers excess hydrogen ion concentration, and raises blood pH, thereby reversing the clinical manifestations of acidosis.

Alkalizer, urinary—Increases the excretion of free bicarbonate ions in the urine, thus effectively raising the urinary pH. By maintaining alkaline urine, the actual dissolution of uric acid stones may be accomplished.

Dosage:

The recommended starting dose for moderate metabolic acidosis is 325 to 2000 mg orally 1 to 4 times a day. One gram provides 11.9 mEq (mmol) each of sodium and bicarbonate.

Presentation:

SOBISIS[®] & SOBISIS[®]-FORTE is available as a strip of 10 tablets in Alu-PVDC blister packing.

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