

DON'T LET STONES BECOME YOUR HURDLE



GUSHOUT

Potassium Magnesium Citrate Tablets 978 mg and
Potassium Magnesium Citrate with Vitamin B6 Solution 200/450 ml

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Efficacy of Potassium Magnesium Citrate and Vitamin B6 in multiple Calcium Oxalate and Phosphate Urolithiasis - A 6 months follow up result.

Source : 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.

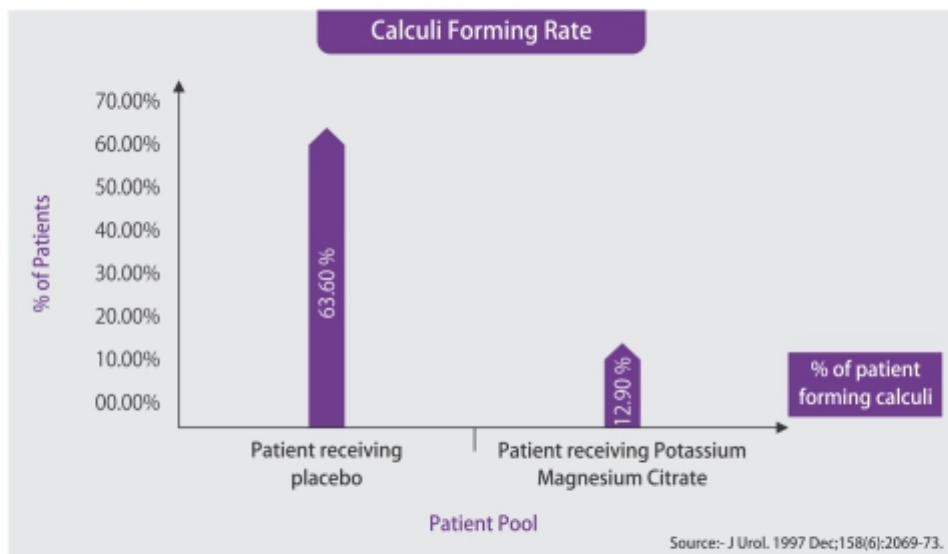
Result :

Parameters	Treatment	
	Before Treatment	After Treatment
Urinary Citrate excretion rate	221.79 mg/dl	604.04 mg/dl
Urinary pH	5.62	6.87
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 & phosphate urolithiasis.

Clinical Effectiveness :



Why Gushout???

- Citrate salts present in Gushout are an effective intervention in the treatment and prevention of kidney stones¹.
- 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 rate³.
- KMgCit is equally effective as potassium chloride in correcting thiazide - induced hypokalemia⁴.
- 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.

Drug Class : Urinary Alkalizer

Description :

Potassium Magnesium Citrate is an alkalinizing 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 and citrate complex in urine.
- This helps in reducing chances of calcium oxalate stone formation.
- Which in turn helps in decreasing 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.

Flavor of Solution : Orange

Dosage : As prescribed by the medicinal practitioner.

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