

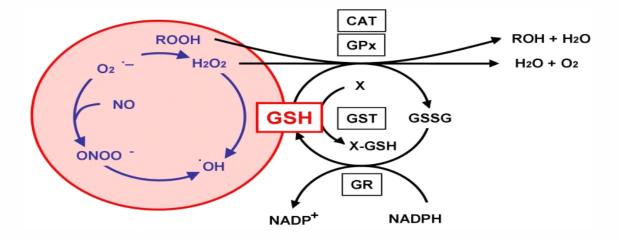
# THIOTRES

### Glutathione 500 mg Tablets & Glutathione 600 mg Injection

#### **RESEARCH SAYS THAT:**

- Glutathione (GSH) is an important intracellular antioxidant and its amount significantly reduced in chronic hepatitis C virus (CHC) patients. This is associated with increase oxidized GSH metabolite suggesting an increased GSH turnover<sup>1</sup>.
- Daily GSH regimen appears to be associated in cystic fibrosis(CF) patients with significant improvement in lung function<sup>2</sup>.
- Glutathione is an extremely important cell protectant, it directly quenches reactive hydroxyl free radicals, oxygen-centered free radical, radical centers on DNA and other bio-molecules which shows protective effects in diabetic nephropathy<sup>3</sup>.
- GSH significantly gets lower in diabetic cases and depleted in liver disease either due to non-alcohol or excessive alcohol intake<sup>4</sup>.

#### **GLUTATHIONE WORKING AS AN ANTIOXIDANT:**



#### **REDUCED GSH LEVEL IN DIFFERENT LIVER ALIMENT:**

Sr. No.	Group	GSH content (gm/mg protein)	
01	Normal Healthy Person	3.58 + 0.25	
02	Non-Alcoholic Liver Disease	2.93 + 0.13*	
03	Alcoholic liver Disease(Moderate Alcohol Intake)	3.16 + 0.16*	
04	Alcoholic Liver Disease (High Alcohol intake) (n=46)	2.17 + 0.15*@	
*Indicates p<0.05 when compared with normal healthy control and @ indicates p<0.05 when compared with alcoholic liver disease with moderate alcohol intake. Indian Journal of Clinical Biochemistry, 2005.			



## **CLINICAL EVIDENCE**

OBJECTIVE	STUDY DESIGN	RESULT AND OBSERVATION
Evaluate whether an antioxidant agent, glutathione prevents the development of NASH from Fatty liver(FL). (DOI:10.5005/jp-journals-10018- 1159)	5 patients with fatty liver (FL) and 10 patients with NASH have been enrolled in this study and 300 mg/day of glutathione given orally to patients with NAFLD everyday.	Before the treatment NASH group had higher level Serum 8-OHdG and Glutathione level than the FL. Levels of ALT, GGT and 8-OHdG decreased after the treatment in fatty liver(FL). Serum levels of ALT, 8-OHdG were decreased in NASH after treatment. Anti-oxidant therapy may prevent the progression of NAFLD to NASH through reduction of oxidative stress.
Determine the long-term effectiveness of oral GSH supplementation on body stores of GSH. (DOI 10.1007/s00394-014-0706-z)	A 6-month randomized, double-blinded, placebo-controlled trial of oral GSH (250 or 1,000 mg/day). (54 Adult)	GSH levels in blood increased after 1, 3 and 6 months versus baseline at both doses. A reduction in oxidative stress in both GSH dose groups was indicated by decreases in the oxidized to reduced glutathione ratio in whole blood after 6 months. Natural killer cytotoxicity increased [twofold in the high-dose group versus placebo at 3 months. Daily consumption of GSH supplements was effective at increasing body compartment stores of GSH.
Assess the efficacy of intravenous GSH in alcoholic hepatitis. (DOI: https://dx.doi.org/10.18535/jmscr/v 5i3.101)	A randomized control study is conducted on 100 patients suffering from the alcoholic hepatitis, out of the total 100 patients 50 is treated with intravenous glutathione 1200mg/day and another 50 is treated conventionally without glutathione.	The administration of intravenous (iv) glutathione in such patient population has demonstrated a significant improvement in some indices of liver function (SGOT, SGPT, GTT), suggesting the use of glutathione in alcoholic hepatitis.

## WHY THIOTRES???

- Reduced Oxidative stress and the presence of glutathione in NASH, prevent liver damage<sup>5</sup>.
- Glutathione (GSH) plays a major role in cellular protection against oxidative damage<sup>6</sup>.
- Reduced glutathione in Thiotres plays an important role against tissue oxidative damage, its depletion results in the accumulation of free radicals<sup>7</sup>.
- Depletion of gastric mucosal GSH may result in the accumulation of free radicals that can initiate membrane damage by lipid peroxidation<sup>7</sup>.
- Lower hepatic GSH levels are well known to occur in patients with alcoholic liver disease that can cause increase liver damage, in that case external supplementation is required<sup>8</sup>.

# THIOTRES

### Glutathione 500 mg Tablets & Glutathione 600 mg Injection

#### **DESCRIPTION:**

- Thiotres Tablets is the film coated tablet consisting of Glutathione 500mg.
- Thiotres Injection is a combo pack of Vial (containing 600mg of Glutathione) and Water for injection.

#### **INDICATIONS:**

Alcoholic Liver Disease, Liver Cirrhosis, Liver Damage in HIV/HCV co-infection, In Gastritis

#### **PHARMACOLOGY:**

- Glutathione (GSH) is a water-soluble tripeptide composed of the amino acids glutamine, cysteine, and glycine.
- The thiol group is a potent reducing agent. GSH detoxifies a variety of electrophilic compounds and peroxides via catalysis by glutathione S-• transferases (GST) and glutathione peroxidases (GPx).
- The tripeptide can exist intracellularly in either an oxidized (GSSG) or diminished (GSH) state and maintaining optimal GSH: GSSG • proportions in the cell are basic to survival, so tight regulation of the system is required.
- A deficiency of GSH puts the cell at risk for oxidative damage. .
- An imbalance of GSH is observed in a wide range of pathologies, including, cancer, neurodegenerative disorders, cystic fibrosis (CF), HIV and aging.

#### **DOSAGE:**

- **Thiotres Tablet:** One or Two tablets a day or as suggested by healthcare professional.
- Thiotres Injection: Depends on severity of disease, in mild to moderate condition 300-600 mg daily by slow intramuscular or intravenous injection.

#### **ADMINISTRATION:**

- Intravenous Drip Dissolve with 5ml sterile water for injection, the solution is further diluted into 250ml or 500ml with normal saline or 5% • glucose solution for intravenous infusion respectively.
- Intramuscular injection Dissolved with 5ml sterile water for injection. Inject the solution intramuscularly, preferable in gluteal region.

#### **STORAGE:**

Store in cool and dry place below 25°C.

#### REFERENCES:

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- 8. Alcoholism: clinical and experimental research; 28(1): 2004

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