

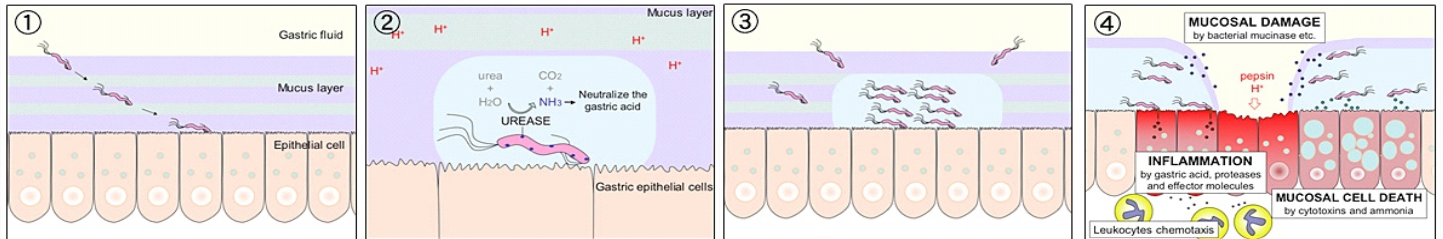
HEPAGRESS

Lactoferrin 100 mg and Bacillus Clausii 2 Billion CFU Capsules

INTRODUCTION

Helicobacter pylori infection is well known to be the most common human infection worldwide and it affects approximately 50% of the world's population. H. pylori have a very strong affinity for the epithelial lining of the stomach and duodenum, where it attaches and subsequently disrupts microvilli and tight junctions between adjacent cells.

H. PYLORI INFECTION



H. pylori penetrate the mucus layer of the host stomach and adhere to the surface of gastric mucosal epithelial cells.

Produce ammonia from urea by the urease, and the ammonia neutralizes the gastric acid to escape from elimination.

Proliferate, migrate and finally form the infectious focus.

Gastric ulceration is developed by the destruction of mucosa, inflammation and mucosal cell death.

INNOVATIVE NOVEL APPROACH FOR H.PYLORI INFECTION

HEPAGRESS

LACTOFERRIN

- Bovine Lactoferrin is a glycoprotein with multiple antimicrobial, antiviral and anti-fungal properties and it is widely distributed in mucosal secretions, such as saliva, tears and seminal fluid.
- It can improve the potency of traditional anti-microbial regimens by fighting antimicrobial resistance through the reduction of flagellar motility and consequently microbial colonization.

BACILLUS CLAUSII

- Bacillus species which are spore forming bacteria extremely stable to acidic conditions.
- Stimulate the cellular and humoral immune system resulting in health improvement during intestinal infection.

Hepagress provide satisfactory H. pylori eradication rate along with standard triple therapy of rabeprazole, clarithromycin and Tinidazole.

Hepagress inhibit the growth and motility of H. pylori and also reduces the incidence of the most common side effects related to anti-helicobacter pylori therapy.

CLINICAL STUDIES

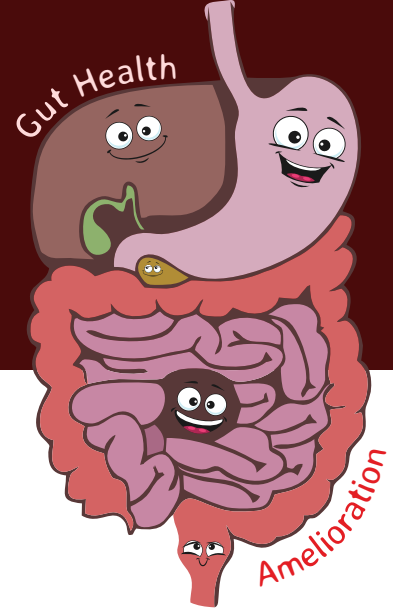
S. No.	STUDY DESIGN	INDICATION	RESULT AND OBSERVATION
1.	<p>A randomized, double-blind, placebo-controlled study is conducted. 59 healthy subject's positive for H. pylori infection were recruited.</p> <p>Subjects were randomized into two groups (bLF group 31 and control group 28) the bLF group received bLF tablets at a dosage of 200 mg b.i.d. for 12 weeks and the control group received placebo tablets without bLF.</p>	<p>Patients with H. pylori infection.</p>	<p>A Positive response was observed in 10 of 31 bLF-treated subjects (32.3%) and 1 of 28 control subjects (3.6%), indicating that the rate of positive response in the bLF group was significantly higher than that in the control group (bLF vs. control, $P < 0.01$).</p>
2.	<p>An Open, randomized, single-center study was conducted, includes 150 consecutive H. pylori-positive patients with dyspeptic symptoms and gastritis. Preliminary statistical analysis was performed when one half of the patients (n=74) were enrolled for H. pylori eradication therapy, Subjects received triple therapy with rabeprazole, clarithromycin and tinidazole plus lactoferrin for 7 days (group A), rabeprazole, clarithromycin and tinidazole for 7 days (group B), or rabeprazole, clarithromycin and tinidazole for 10 days (group C).</p>	<p>H. pylori-positive patients with dyspeptic symptoms and gastritis.</p>	<p>The 7-day treatment including lactoferrin (group A) was successful in 100% (24/24) of the patients. The eradication rates in groups B and C were 76.9% (20/26 patients; 95% CI, 61%–93%) and 70.8% (17/24 patients; 95% CI, 53%–89%), respectively.</p>
3.	<p>Randomized, double-blind, single-center, phase IIIB study conducted, 130 adult outpatients with H. pylori infection were assigned to receive one Enterogermina capsule or placebo three times daily for 2 weeks (1:1). During week 1, all patients received clarithromycin 500 mg, amoxicillin 1 g, and rabeprazole 20 mg twice daily.</p>	<p>Patients with H. pylori infection.</p>	<p>The incidence of diarrhea in week 1 was 29% in the B. Clausii group and 48% in the placebo group. The incidence of diarrhea remained lower with B. clausii than with placebo in week 2.</p>

Reference:

1. J Infect Chemother (2005) 11:265–269 | 2. J Clin Gastroenterol 2003;36(5):396–398 | 3. Infect Dis Ther, July 16, 2020

HEPAGRESS

Lactoferrin 100 mg and Bacillus Clausii 2 Billion CFU Capsules



DESCRIPTION

HEPAGRESS comes with Lactoferrin 100 mg and Bacillus Clausii 2 billion CFU capsule.

INDICATION

HEPAGRESS is indicated for the treatment of Helicobacter pylori infection.

MECHANISM OF ACTION

LACTOFERRIN

It is an endogenous glycoprotein that possesses antibiotic activity, its due to its ability to bind iron with greater affinity and prevent its utilization for the bacteria.

Lactoferrin possess significant bacteriostatic and bactericidal activity against multiple strains of H. pylori by inhibition of its growth at pH6.

It also possesses anti-inflammatory and immune-modulating properties, antioxidant activity and a significant inhibitory effect on the in-vivo attachment of H. pylori to the stomach.

It also binds to and disrupts some bacterial cell membranes.

BACILLUS CLAUSII

Bacillus clausii can inhibit the growth of pathogens in the gastrointestinal tract via three distinct mechanisms:

Colonization of free ecological niches, which are no longer available for the growth of other microorganisms;

Competition for epithelial cell adhesion, which is particularly relevant for spores in the initial or intermediate germination phase;

Production of antibiotics and/or enzymes secreted into the intestinal environment, especially peptide antibiotics, which are mainly active on Gram-positive bacteria but also enzymes that exhibit lytic activity against Pseudomonas aeruginosa.

B. clausii also possess antimicrobial and immunomodulatory activities.

It also reduces the duration and frequency of diarrhea.

DOSAGE

The Recommended dose is two capsules per day or as suggested by healthcare professional.

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