



QUINOHIKE

Ubidecarenone (Co-Enzyme Q10) 200 mg Capsules

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Background

Statin use is frequently associated with muscle-related symptoms. Statin-associated muscle symptoms occur in 7–29% of statin treated patients. Statin-induced myopathy, a main adverse effect of statins, is one of the primary reasons for statin discontinuation that contributes to adverse cardiovascular outcomes. Besides the positive pleiotropic effects of statins, there are potential unwanted effects such as inhibition of coenzyme Q10 (CoQ10). Coenzyme Q10 is used as a supplement to reduce the muscle related side effects. Some studies suggest that taking CoQ10, concomitantly with statins will help to decrease myopathy symptoms in patients.

Description

- **QUINOHIKE** contains Co-Enzyme Q10 200 mg HPMC Capsules.
- CoQ10 is also known as Ubidecarenone or Ubiquinone.
- ☑ CoQ10 is synthesized intracellularly in the human body using tyrosine as the fundamental building block.
- CoQ10 is one of the key substances in myocardial energetic metabolism, and is also important for cell membrane stability.

Indication

QUINOHIKE is indicated in patients for Coenzyme Q10 Deficiency.

Mechanism of Action

- ☑ The primary role of CoQ10 is as a vital intermediate of the electron transport system in the mitochondria.
- Adequate amounts of CoQ10 are necessary for cellular respiration and ATP production.
- Due to its involvement in ATP synthesis, CoQ10 affects the function of all cells in the body, making it essential for the health of all tissues and organs.
- ☑ CoQ10 supplementation helps to decrease oxidative stress by neutralizing reactive oxygen species and minimizing oxidative damage to cells and tissues.

Advantages

- Z Reduces Statin-associated muscle symptoms or myopathy.
- ☑ Improves Mitochondrial Functions.
- ☑ Decreases Oxidative Stress.
- ☑ Improves renal function in CKD patients.
- \boxdot Safe and well tolerated.

Dosage

QUINOHIKE : 1 Capsule a day orally or as prescribed by the doctor.

References: 1.Atherosclerosis. 2020 Apr:299:1-8. 2.Med Sci Monit. 2014; 20: 2183–2188.

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