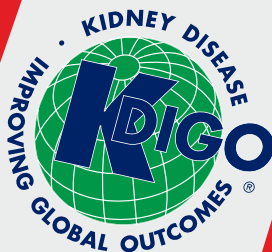


Now



**KDIGO 2024  
Guideline Endorses,  
VLPD (Very Low  
Protein Diet) + Keto  
Amino Acids in CKD  
Stage 3 to 5 patients**

**VOLUME 105 | ISSUE 4S | APRIL 2024**  
[www.kidney-international.org](http://www.kidney-international.org)

In adults with CKD who are willing and able, and who are at risk of kidney failure, consider prescribing, under close supervision, a very low-protein diet (0.3–0.4 g/kg body weight/d) supplemented with essential amino acids or ketoacid analogs (up to 0.6 g/kg body weight/d).

Reference : Kidney International (2024) 105 (Suppl 4S), S117–S314

# RENOLOG / RENOLOG-DS

Alpha Keto Amino Acid Tablets / Alpha Keto Amino Acid Double Strength Tablets

La Renon

# RENOLOG / RENOLOG-DS

## Alpha Keto Amino Acid Tablets / Alpha Keto Amino Acid Double Strength Tablets

### BACKGROUND

Ketoacid (KA) analogues of essential amino acids (EAAs) provide several potential advantages for people with advanced chronic kidney disease (CKD). Because KAs lack the amino group bound to the carbon of an amino acid, they can be converted to their respective amino acids without providing additional nitrogen. According to the updated Kidney Disease Outcomes Quality Initiative (KDOQI) nutrition guideline, a very low protein diet (VLPD) providing 0.3–0.4 g dietary protein/kg/day supplemented with ketoanalogues (KAs) of essential amino acids may be considered as another dietary regimen to reduce the risk of ESKD.

### DESCRIPTION

- **Renolog** is a combination of 5 Alpha ketoamino acid and 5 essential amino acids.
- **Renolog-DS** is double strength of traditional alpha Ketoanalogue tablets to reduce high pill burden in CKD patients and increase their adherence to the therapy.

### INDICATION

Prevention and Treatment of damages due to faulty or deficient protein metabolism in Chronic Kidney Disease patients.

### MECHANISM OF ACTION

On absorption alpha Ketoanalogue get converted to their respective amines by taking up the Nitrogen from non-essential amino acids, thus reducing the nitrogenous waste load on the kidneys and fulfilling the nutritional requirement.

### BENEFITS

- Reduction of uremic symptoms, which are largely due to an accumulation of degradation products of the protein metabolism.
- Preservation of the residual renal function and therefore slowing down the rate of progression of the chronic kidney disease and delaying the onset of dialysis.
- Preservation of the nutritional status, despite the marked reduction of the daily protein intake.
- Improvement of metabolic complications due to renal insufficiency (e.g. proteinuria, disturbances in calcium-phosphate, carbohydrate and lipid metabolism).

### DOSAGE

- **Renolog-DS** : 1 Tablet/10 kg body weight/day along with meal, divided in 3 equal dosage.
- **Renolog** : 1 Tablet/5 kg body weight/day along with meal, divided in 3 equal dosage.

### USP / RATIONALE

- Reduced Tablet Size and Better Palatability
- Better Patient compliance and adherence
- Improves treatment outcomes
- Minimizes Medication error

*\*Reduced Tablet size compared to other Marketed Double strength Ketoanalogue  
References : 1. Am J Kidney Dis. 2015 May;65(5):659-73. | 2. Sci Rep. 2023; 13: 15459.*

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