

# FOLANERVE capsule

### Formulation:

One capsule of Folanerve contains Thiamine Mononitrate (Vitamin B<sub>1</sub>) 200mg, Riboflavin (Vitamin B<sub>2</sub>) 25mg, Pyridoxine HCl (Vitamin B<sub>6</sub>) 300mg, Cyanocobalamin (Vitamin B<sub>12</sub>) 500mcg, Folic Acid 5mg and Taurine 200mg.

# **Description:**

Thiamine mononitrate is small white or colorless crystals or an almost white crystalline powder with a characteristic odor. It is sparingly soluble in water, freely soluble in boiling water, and slightly soluble in alcohol and methyl alcohol.

Riboflavin is a yellow to orange-yellow crystalline powder with a slight odor. It is very slightly soluble in dilute alkali solution.

Pyridoxine HCl is a white or almost white crystalline powder. It is soluble in 1 in 5 Water and 1 in 115 of alcohol, practically insoluble in chlorofoam and ether.

Cyanocobalamin is a dark red crystalline or amorphous powder. In the anhydrous form it is very hygroscopic and when exposed to air it may absorb about 12% of water.

Folic Acid is a yellow to orange brown, almost odourless crystalline powder. It is practically insoluble in water and most organic solvents.

Taurine is a white crystal or crystalline powder and is soluble in water.

# Indications:

It is indicated in the treatment and prevention of Vitamin B-complex, Folic Acid and taurine deficiency state. It is also indicated for hemolytic anemia such as macrocytic anemia.

# **Dosage and Administration:**

One capsule daily or as prescribed by a physician.

#### For Patients:

Please refer to your Physician for the recommended Dosage and Administration

### **Contraindications:**

Hypersensitivity to B vitamins and Taurine.

### **Adverse Effects:**

Long term administration of large doses of Pyridoxine is associated with the dvelopment of severe periphery neuropathies in doses in excess of 2g daily. Large doses of Riboflavin result in yellow discoloration of the urine which may interfere with certain laboratory test.

#### **Precautions:**

Large doses of Pyridoxine weakens the levodopa. Folic acid administration may produce hematologic remission while neurological damage progresses. Cyanocobalamin should not be given to patients without first confirming the diagnosis and should not be used to treat megaloblastic anemia of pregnancy. Administration of doses greater than 10 mcg daily may produce a hematological response in patients with folate deficiency, indiscriminate use may mask the precise diagnosis.

# **Drug interactions:**

Concomitant administration of Folic acid with oral contraceptives, anti-TB drugs, phenytoin, sulfasalazine delays the absorption of Folic acid. Absorption of Cyanocobalamin from gastro-intestinal tract may reduced by aminoglycosides, Aminosalicylic acid, anticonvulsant, biguanides, chloramphenicol, cholestyramine, cimetidine, colchicines, potassium salts, methyldopa and oral contraceptives.

# Caution:

Food, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

# Storage:

Store at temperatures not exceeding 30°C. Protect from light.