

Name of Product:

Mecobamin

Description of Product:

Methylcobalamin is a type of vitamin B12. Vitamin B12 comes in several kinds including hydroxyl-, cyano-, and adenosyl-, but only the methyl form is used in the central nervous system. Some people have genetic defects that preclude them from naturally producing methylcobalamin (B12), which may result in demyelination. It may be helpful to supplement vitamin B12 in the form of methylcobalamin.

Vitamin B12 deficiency is caused by a wide range of factors including low gastric acidity (common in older people), lack of intrinsic factor, and poor absorption from the intestines caused by some gastrointestinal disease. Prolonged methylcobalamin deficiency can lead to nerve degeneration and irreversible neurological damage.

Mecobamin tablet is available in white, round shape tablet and embossed with 'NOVA'. Each tablet contains 500.00 mcg of methylcobalamin. Total weight of each tablet is 300.00 mg $\pm$ 15.00 mg.

Active ingredients/compositions:

Methylcobalamin	500.00 mcg in 300.00 mg
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Indication:

For the treatment of numbness, pain, and paralysis due to peripheral neuropathies such as diabetic neuropathy and polyneuritis.

Dosage and administration:

Oral administration

Take 1 tablet, 2 - 3 times daily.

Contraindication:

Methylcobalamin is contraindicated in those hypersensitive to any component of a vitamin B₁₂-containing product.

Undesirable effects / side effects:

Not known.

Drug interaction:

Antibiotics: The use of antibiotics may alter the intestinal microflora and may decrease the possible contribution of B₁₂ by certain inhabitants of the microflora (e.g., *Lactobacillus* species) to the body's requirement for the vitamin. This may particularly be a problem for vegetarians. Garlic, onions, leeks, bananas, asparagus and artichokes, among other vegetables and fruits, contain inulins which promote the growth of certain colonic bacteria, including *Lactobacillus* species.

Cholestyramine: Cholestyramine may decrease the enterohepatic reabsorption of B₁₂.

Colchicine: Colchicine may cause decreased absorption of B₁₂.

Colestipol: Colestipol may decrease the enterohepatic reabsorption of B₁₂.

H₂ blockers (cimetidine, famotidine, nizatidine, ranitidine): Chronic use of H₂ blockers may result in decreased absorption of vitamin B₁₂ naturally found in food sources. They are unlikely to affect the absorption of supplemental B₁₂.

Metformin: Metformin may decrease the absorption of vitamin B₁₂. This possible effect may be reversed with oral calcium supplementation.

Nitrous oxide: Inhalation of the anesthetic agent nitrous oxide can produce a functional vitamin B₁₂ deficiency. Nitrous oxide forms a complex with cobalt in methylcobalamin, the cofactor for methionine synthase, resulting in inactivation of the enzyme.

Para-aminosalicylic acid: Chronic use of the anti-tuberculosis drug may decrease the absorption of B₁₂.

Potassium chloride: It has been reported that potassium chloride may decrease the absorption of dietary B₁₂ in some.

Proton pump inhibitors (lansoprazole, omeprazole, pantoprazole, rabeprazole): Chronic use of proton pump inhibitors may result in decreased absorption of vitamin B₁₂ naturally found in food sources. They are unlikely to affect the absorption of supplemental B₁₂.

Storage Conditions:

Store in cool and dry place.
Keep away from direct sunlight.

Signs & treatment of Overdose:

High doses can produce stomachaches and diarrhea.

Warning and Precautions:

Store in cool and dry place.
Keep away from direct sunlight.
Keep out of reach of children.
(Jauhi dari kanak-kanak.)

Manufactured by and Distributed by:

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