

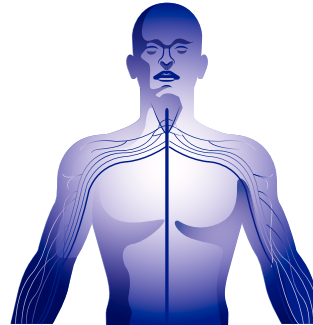
Live-well® MECOMIN FORTE

COMPOSITION:

Each tablet contains:	
Mecobalamin	500mcg
Vitamin B1 (Thiamine)	100mg
Vitamin B6 (Pyridoxine)	200mg

DESCRIPTION:

A grey coloured round shaped film coated tablet.



INDICATION:

For the treatment of nerve pain, numbness, tingling, burning sensation, loss of feeling and paralysis due to diabetes-related peripheral neuropathies such as diabetic nerve damage and polyneuritis (inflammation of multiple nerves).

PHARMACODYNAMIC:

Vitamin B1 (Thiamine) is an essential nutrient required for major metabolic processes and nerve transmission. Vitamin B6 (Pyridoxine) has analgesic properties and is also required for the formation of haemoglobin. Mecobalamin, the active form of vitamin B12, is a cofactor in the methionine synthase reaction. The enzyme converts homocysteine to methionine. Methionine is a precursor of S-adenosylmethionine (SAME). SAME is the principal transmethyating agent and is involved in, among many other things, the synthesis of myelin basic protein.

Abnormal myelin basic protein resulting in defective myelination, is thought to be responsible for many of the neurological effects of B12 deficiency. B12 deficiency results in decreased formation of thymidylc acid and purine nucleotides, precursors of DNA synthesis and which are necessary for normal cell division. Mecobalamin acts to repair and regenerate damaged nerve tissue in nerve disorders eg - axonal degeneration and demyelination (damage to the myelin sheath). Additionally, Mecobalamin promotes regeneration of the axon (portion of a nerve cell (neuron) that carries nerve impulses away from the cell body) and also promotes regeneration of the myelin sheath through myelination (phospholipid synthesis).

When diabetes occurs, uncontrolled high blood sugar damages the nerves and interferes with their ability to send signals, leading to diabetic neuropathy. Integral to the nerve healing process in diabetic neuropathy, Mecobalamin functions to increase the number of Schwann cells and myelinated nerve fibers and the diameter of axons - thereby promoting the regeneration of myelinated nerve fibers and the proliferation of Schwann cells to heal damaged nerves and protect against nerve damage to prevent both onset and recurrence of diabetes-related nerve damage. Left untreated, diabetic neuropathy can increase the risk of further related complications such as diabetic foot ulcers and infected sores that can turn gangrenous and lead to potential amputation of the lower limbs (commonly foot).

Live-well Mecomin Forte is a combination of the essential neurotropic vitamins B1 and B6, with Mecobalamin (active form B12). Their effect on the regeneration of nerves has been shown in various investigations using the nutrients individually and in combination. Mecobalamin – the active form of vitamin B12 ensures blood cell formation and prevents degenerative processes of the nervous system. Both the individual function and the beneficial biochemical links between the three nutrients justify their combined use for protection of nerve damage.

PHARMACOKINETICS:

Thiamine is widely distributed to most body tissue; it is not stored in the body. Thiamine is excreted in urine as unchanged form or as its metabolites, pyrimidine. Pyridoxine is converted to its active form pyridoxal phosphate and transformed to pyridoxic acid which is excreted in the urine.

Single-Dose Administration of Mecobalamin: After oral administration of single dose of 120 mcg and 1500 mcg of Mecobalamin to healthy adult subjects, dose-related peak plasma concentrations were both achieved after 3 hrs. From 40-90% of the cumulative amount of total B12 recovered in the urine by 24 hrs after oral administration were excreted within the first 8 hrs.

Repeated-Dose Administration of Mecobalamin: The percentage of increase in the plasma concentration of total B12 were determined in healthy subjects given an oral daily dose of 1500 mcg of Mecobalamin for 12 consecutive weeks. The changes in the plasma level were also measured in the same patients for a period of the first 4 weeks after the last administration.

The plasma concentration increased for the 4 weeks after administration, reaching twice as high as the initial concentration. Therefore it was followed by a gradual increase up to about 280% of that before administration at 12th week of the dosing, and then declined. But it was maintained at approximately 180% of the level before dosing 4 weeks after the last administration. Vitamin B12 is extensively bound to specific plasma proteins called transcobalamins; transcobalamin II appears to be involved in the rapid transport of the cobalamins to tissues.

Vitamin B12 is stored in the liver and is secreted in the bile and reabsorbed via the enterohepatic circulation. Some of the B12 secreted in the bile is excreted in the feces. Also, oral B12 that is not absorbed is excreted in the feces. Reabsorption of B12 via the enterohepatic circulation requires the intrinsic factor. If the circulating level of B12 exceeds the B12 binding capacity of the blood, the excess is excreted in the urine.

DOSAGE & ADMINISTRATION:

Adult-Take 1 TABLET 3 TIMES A DAY after meal or as recommended by a pharmacist or doctor.

CONTRAINDICATION:

Known hypersensitivity to vitamins B1, B6 or B12. Should not be used in patients on Levodopa therapy.

WARNINGS AND PRECAUTION:

Mecobalamin should if possible not be given to patients without first confirming the diagnosis. Regular monitoring of the blood is advisable.

PREGNANCY AND LACTATION:

If you are pregnant or breastfeeding, please consult your doctor or healthcare professional before taking this product.

INTERACTION:

Loop diuretics (furosemide, ethacrynic acid, bumetanide): Chronic use of loop diuretics may result in thiamine deficiency. Concomitant intake of thiamine with food that contains sulfites may inactivate thiamine. Concomitant intake of thiamine with tea, coffee and decaffeinated coffee may inactivate thiamine. This can be reversed by taking supplements. Pyridoxine reduces the effects of levodopa, but this does not occur if a dopa decarboxylase inhibitor is also given. Pyridoxine reduces the activity of altretamine. It has also been reported to decreased serum concentrations of Phenobarbital and phenytoin. Many drugs may increase the requirement of pyridoxine; such drugs include hydralazine, isoniazid, penicillamine, and oral contraceptives. Absorption of Vitamin B12 from the gastrointestinal tract may be reduced by neomycin, aminosalicic acid, histamine H2-antagonists, and colchicines. Serum concentrations may be decreased by concurrent use of oral contraceptives.

ADVERSE REACTION:

Adverse effects seldom occur following administration of vitamin B1, but hypersensitivity reactions have occurred, this is mainly after parenteral administration. Long-term administration of large doses of pyridoxine (in excess of 2g daily) is associated with the development of severe peripheral neuropathies. Adverse reaction of Mecobalamin Gastrointestinal: Symptoms eg, anorexia, nausea or diarrhea may occur infrequently. Dermatological: Skin rash may occur rarely. Others: Headache, hot sensation and hypersensitivity to Mecobalamin or any component of the tablet. Prolonged use of larger doses of Mecobalamin is not recommended to patients whose occupation requires handling of mercury or its compounds.

OVERDOSAGE:

Treatment is symptomatic and supportive.

PRESENTATION:

Bottle packing 6, 7, 9, 10, 12, 15, 20, 30, 40, 50, 60, 70, 80, 90 tablets per bottle

MANUFACTURER & PRODUCT REGISTRATION HOLDER:

Pahang Pharmacy Sdn. Bhd. Registration No. 197101000448 (10826-K) Lot 5979, Jalan Teratai, 5 ½ Mile Off Jalan Meru, 41050 Klang, Selangor, Malaysia.

Date of Revision: 21st July 2025