
REXOM™ WINA B COMPLEX TABLET

Name and Strength of Active Ingredient(s):

Each tablet contains:

Thiamine Hydrochloride (Vitamin B ₁).....	10mg
Riboflavin Sodium Phosphate (Vitamin B ₂).....	3mg
Nicotinamide (Vitamin B ₃).....	25 mg
Calcium Pantothenate (Vitamin B ₅).....	1mg
Pyridoxine Hydrochloride (Vitamin B ₆).....	1mg
Cyanocobalamin (Vitamin B ₁₂).....	5mcg

Product Description

Yellow, round, biconvex and top scored.

Pharmacodynamics

Vitamin B1 (Thiamine)

Thiamine (as the coenzyme, thiamine pyrophosphate) is associated with carbohydrate metabolism. Thiamine pyrophosphate also acts as a co-enzyme in the direct oxidative pathway of glucose metabolism. In thiamine deficiency, pyruvic and lactic acids accumulate in the tissues. The pyruvate ion is involved in the biosynthesis of acetylcholine via its conversion to acetyl co-enzyme A through a thiamine-dependent process. In thiamine deficiency, therefore, there are effects on the central nervous system due either to the effect on acetylcholine synthesis or to the lactate and pyruvate accumulation. Deficiency of thiamine results in fatigue, anorexia, gastro-intestinal disturbances, tachycardia, irritability and neurological symptoms. Gross deficiency of thiamine (and other Vitamin B group factors) leads to the condition beri-beri.

Vitamin B2 (Riboflavin)

Riboflavin is phosphorylated to Flavin mononucleotide and Flavin adenine dinucleotide which act as co-enzymes in the respiratory chain and in oxidative phosphorylation. Riboflavin deficiency presents with ocular symptoms, as well as lesions on the lips and at angles of the mouth.

Vitamin B3 (Nicotinamide)

The biochemical functions of nicotinamide as NAD and NADP (nicotinamide adenine dinucleotide phosphate) include the degradation and synthesis of fatty acids, carbohydrates and amino acids as well as hydrogen transfer. Deficiency produces pellagra and mental neurological changes.

Vitamin B5 (Calcium Pantothenate)

Pantothenic acid is incorporated into co-enzyme A and is involved in metabolic pathways involving acetylation which includes detoxification of drug molecules and biosynthesis of cholesterol, steroid hormones, mucopolysaccharides and acetylcholine. CoA has an essential function in lipid metabolism.

Vitamin B6 (Pyridoxine)

Pyridoxine, once absorbed, is rapidly converted to the co-enzymes pyridoxal phosphate and pyridoxamine phosphate which play an essential role in protein metabolism. Convulsions and hypochromic anaemia have occurred in infants deficient in pyridoxine.

Vitamin B12 (Cyanocobalamin)

Vitamin B12 is present in the body mainly as methyl-cobalamin and as adenosyl-cobalamin and hydroxocobalamin. These act as co-enzymes in the trans methylation of homocysteine to methionine; in the isomerisation of methylmalonyl co-enzyme to succinyl co-enzyme and with folate in several metabolic pathways respectively. Deficiency of Vitamin B12 interferes with haemopoiesis and produces megaloblastic anaemia.

Pharmacokinetics

Vitamin B1 (Thiamine)

Thiamine is absorbed from the gastro-intestinal tract and is widely distributed to most body tissues. Amounts in excess of the body's requirements are not stored but excreted in the urine as unchanged thiamine or its metabolites.

Vitamin B2 (Riboflavin)

Riboflavin is absorbed from the gastro-intestinal tract and in the circulation is bound to plasma proteins. It is widely distributed. Little is stored and excess amounts are excreted in the urine. In the body riboflavin is converted to Flavin mononucleotide (FMN) and then to Flavin adenine dinucleotide (FAD).

Vitamin B3 (Nicotinamide)

Nicotinic acid is absorbed from the gastro-intestinal tract, is widely distributed in the body tissues and has a short half-life.

Vitamin B5 (Calcium Pantothenate)

Pantothenic acid is readily absorbed from the gastro-intestinal tract and is widely distributed in the body tissues. About 70% of pantothenic acid is excreted unchanged in the urine and about 30% in the faeces.

Vitamin B6 (Pyridoxine)

Pyridoxine is absorbed from the gastro-intestinal tract and converted to the active pyridoxal phosphate which is bound to plasma proteins. It is excreted in the urine as 4-pyridoxic acid.

Vitamin B12 (Cyanocobalamin)

Cyanocobalamin is absorbed from the gastro-intestinal tract and is extensively bound to specific plasma proteins. A study with labelled Vitamin B12 showed it was quickly taken up by the intestinal mucosa and held there for 2 - 3 hours. Peak concentrations in the blood and tissues did not occur until 8 - 12 hours after dosage with maximum concentrations in the liver within 24 hours. Cobalamins are stored in the liver, excreted in the bile and undergo enterohepatic recycling. Part of a dose is excreted in the urine, most of it in the first eight hours.

Indications

For prophylaxis and treatment of vitamin B deficiency.

Recommended Dose

1 – 2 tablets daily

Route of Administration

Oral

Contraindications

Known sensitivity to any of the ingredients.

Warning and Precautions

No special warnings.

Interactions with Other Medicaments

The Pyridoxine hydrochloride may reduce the effectiveness of levodopa.

Pregnancy & Lactation

Considered safe in recommended dose.

Side Effects

Toxic effects are unlikely since any excess vitamin B is excreted.

Symptoms and Treatment of Overdose

Excess vitamin B is readily excreted, therefore no serious problems are anticipated for the administration of vitamin B in this form.

Effects on Ability to Drive and Use Machine

None known.

Storage condition

Store below 30°C. Keep container tightly closed. Protect from heat and light.

Dosage Forms and Packaging Available

REXOM WINA B COMPLEX TABLET is packed in Alu-PVC and Alu-PVDC blister pack. Each blister are packed into 3 x 10's, 10 x 10's and 100 x 10's, in a carton along with a package insert.

REXOM WINA B COMPLEX TABLET is also packed in 60's per container.

Registration Number:

MAL19911365X

Manufactured by & Product Registration Holder:

KCK Pharmaceutical Industries Sdn. Bhd.

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16 April 2021