

Pave the Way

FIDOTOX IN REMOVING PBUT*





Specially Formulated Oligosaccharide Enriched Inulin 10 g and Betaine 0.3 g Oral Powder

Introduction:

Under normal conditions, Uremic Toxins are excreted by the kidneys, but their concentrations increase progressively with the progression of CKD. These are associated with negative effects on almost every organ system, though most notably on the cardiovascular system (CVS).

Cardiovascular disease (CVD) is highly prevalent in the population with chronic kidney disease. As per one study, 33% of CKD patients have concomitant CVD. Cardiovascular mortality is responsible for approximately half of all death among CKD patients.

Protein bound uremic toxins are associated with CKD progression and are independent cardiovascular risk factors in both Non dialysis and Dialysis patients. In fact as compared to a healthy individual, the amount of the protein bound uremic toxins are somewhere around 17-54 times higher in CKD patients.

Factors contributing to the rise in serum uremic toxins in chronic kidney disease:

Kidney-disease-specific features	Mechanism	
Decreased urinary excretion	Injured proximal tubule cells limiting the active excretion of toxins	
Increased dietary protein entering the colon	Decreased protein assimilation in the small intestine	
Increased 'toxin-producing' gut microbiota	Increased colonic ammonia and pH	
	Increased drug therapy	
	Increased protein in the colon	
	Decreased dietary fiber	

Gut - Derived Protein Bound Uremic Toxins and its association with CVD in Patients with CKD

Name	Source	Class
p-cresyl sulfate	Phenylalanine, tyrosine	Protein-bound
Indoxyl sulfate	Tryptophan	Protein-bound
Indole-3 acetic acid	Tryptophan	Protein-bound

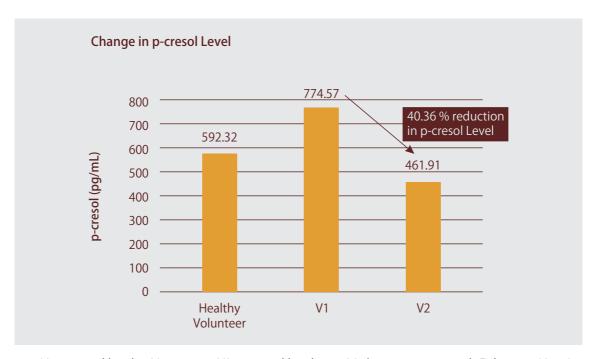
P-cresyl sulfate & Indoxyl sulfate, the major protein-bound uremic toxins, reduce endothelial proliferation and also inhibit endothelial repair mechanisms. These are valuable predictors of cardiovascular events, infections and all-cause mortality in hemodialysis patients. There is also a significant association of serum PCS with vascular disease in CKD patients.

p-Cresyl Sulphate and Indoxyl Sulphate have appeared to be novel and important surrogates in CKD patients.

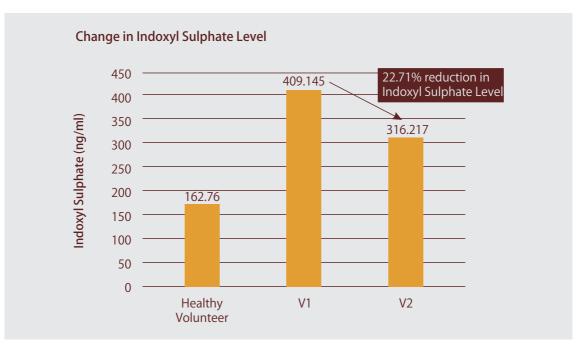
FIDOTOX - Paving the Way in Managing Protein Bound Uremic Toxins

First Indian clinical experience

A multicenter study conducted on Indian Hemodialysis patients for 28 days.



V1-p-cresol level at Visit 1
 V2- p-cresol level post 28 days treatment with Fidotox at Visit 2
 p-cresol was significantaly reduced from 774.57 pg/ml to 461.91 pg/ml. Change in p-cresol concentration was 312.66 pg/ml.



V1-Indoxyl Sulphate level at Visit 1
 V2- Indoxyl Sulphate level post 28 days treatment with Fidotox at Visit 2

Indoxyl Sulphate was also significantaly reduced from 409.14 ng/ml to 316.21 ng/ml. Change in Indoxyl Sulphate concentration was 92.93 ng/ml.





Specially Formulated Oligosaccharide Enriched Inulin 10 g and Betaine 0.3 g Oral Powder

Description:

Fidotox is Patent applied and Novel Approach for the management of Uremic toxin in CKD and Hemodialysis Patients. Fidotox is an ideal combination of Inulin (a prebiotic dietary fiber) and Betaine used to reduce protein bound uremic toxins, specially p-cresol and Indoxyl Sulphate.

How does FIDOTOX work?

Fidotox contains dietary fiber "Inulin" which is resistant to digestion in the small intestine. Upon delivery to the colon, Inulin is broken down to short chain fatty acids, providing energy to both the microbes and the host. With an increased energy supply, the microbes can incorporate dietary protein for growth rather than breaking them down to uremic solutes.

Fidotox alters the colon's microbial population in such a way as to decrease the production of undesirable solutes.

Fidotox decreases colonic transit time, presumably allowing less time for the microbes to break amino acids down to waste solutes.

Fidotox reduces homocysteine level by converting homocysteine to methionine thereby increasing homocysteine metabolism.

Indication:

Fidotox is indicated to decrease protein bound uremic toxins specially p-cresyl Sulphate & indoxyl sulphate in chronic kidney disease and Hemodialysis patients.

Dosage:

1 sachet/day or under medical advice of physician/ certified dietician.

Dissolve the contents of sachet in 100 ml water. Stir thoroughly before consuming.

USP of FIDOTOX:

