Cerebrolysin

Purity: >99% (HPLC on request)

DESCRIPTION:

Cerebrolysin (synonym FPE 1070) is a nootropic drug which consists of low-molecular peptides which possesses neuroprotective and neurotrophic repair properties. The active fragment of Cerebrolysin is made of proteins with very low molecular masses that do not exceed 10.000 daltons. This means they can penetrate the blood-brain (or blood-SCF) barrier and reach neurons directly, making the drug able to show organo-specific combined effects towards the brain. Cerebrolysin has been proven to have neurotrophic action similar to nerve growth factors, which cause peripheral and central neuronal stimulation. It improves efficiency within the brain's aerobic metabolic processes and improves intracellular peptide synthesis. The neuroprotective properties of this nootropic agent help to shield neurons from lactocidosis, to prevent the formation of free radicals, and have been studied in Parkinson's, Alzheimer's, MS, ALS, TBI, and stroke.

PROTOCOL:

Content & Potency: Provided as a 10ml ampoule

Vial reconstitution: As provided

Suggested dosage: Inject 1ml subcutaneously once daily for 40-80 days or 10-50ml intravenously infusion (infuse within 15 min) in normal saline (at least 100ml) once daily for 2-4 weeks or 5ml intramuscularly once daily for 2-4 weeks or 10ml intravenously bolus once daily for 2-4 weeks

CLINICAL RESEARCH:

Cerebrolysin in Alzheimer's disease: a randomized, double-blind, placebo-controlled trial with a neurotrophic agent

Cerebrolysin (Cere) is a compound with neurotrophic activity. It has been shown to be effective in the treatment of Alzheimer's disease (AD) in earlier trials. In this multicenter, randomized, double-blind, placebo-controlled, parallel-group study, patients were injected intravenously with placebo or 30mL Cere five days per week for four weeks. Effects on cognition and global function were evaluated with the Alzheimer Disease Assessment Scale —Cognitive Subscale (ADAS-Cog) and the Clinician Interview based Impression of Change with Caregiver Input scale (CIBIC+) 4, 12, 24 weeks after the beginning of the injections. 192 patients were enrolled, 95 were randomized to placebo, and 97 to Cere. At baseline, there was a significant difference between groups for age, age of onset of dementia, and the number of patients with hallucinations. At week 12 there was a significant difference on the CIBIC + (p=0.033) in favor of Cere. At baseline, there was a significant difference between groups for age, age of onset of dementia, and the number of patients with hallucinations. At week 12 there was a significant difference on the CIBIC + (p=0.033) in favor of Cere. The number of CIBIC+ responders (score < 4), was significantly higher (p=0.007), with 68 (76%) in the Cere group and 51 (57%) in the placebo group. Trends were noted in the Disability Assessment in Dementia scale and the Cornell Depression Scale. Adverse events were recorded in 73% of placebo and 64% of Cere patients. Most common adverse events were headaches, dizziness, weight loss and anxiety. Conclusions: Cere treatment was well tolerated and resulted in significant improvements in the global score two months after the end of active treatment.

M. Panisset, S. Gauthier, H. Moessler, M. Windisch