Study Report

Perception Mapping of Indian Physicians on Use of Mecobalamin + folic acid for Diabetic Peripheral Neuropathy

Version No.: 1.1

The study was conducted according to the approved protocol and in compliance with the protocol, Good Clinical Practice (GCP), and other applicable local regulatory requirements.

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1 INTRODUCTION

Diabetic Peripheral Neuropathy (DPN) is a prevalent and challenging complication of diabetes mellitus, often characterized by severe pain, numbness, and other debilitating symptoms that significantly impair the quality of life of affected individuals. As a common microvascular complication of diabetes, DPN affects up to 50% of diabetic patients over their lifetime (Boulton et al., 2005; Vinik et al., 2003). The pathophysiology of DPN involves metabolic and vascular factors that lead to nerve damage, resulting in the characteristic symptoms of the condition (Cameron & Cotter, 1997).

Despite the availability of various treatment options, including pharmacological and nonpharmacological therapies, many patients continue to experience persistent symptoms (Bril et al., 2011). Conventional pharmacological treatments, such as anticonvulsants, antidepressants, and analgesics, often provide limited relief and are associated with significant side effects (Tesfaye et al., 2010). Nonpharmacological approaches, including physical therapy, lifestyle modifications, and alternative medicine, also show variable efficacy (Franconi et al., 2008).

Mecobalamin, a form of Vitamin B12, has garnered interest as a potential therapeutic option for DPN. Mecobalamin plays a crucial role in the maintenance of the nervous system and has been shown to promote nerve regeneration and repair (Kikuchi et al., 2003). Folic acid, a form of Vitamin B9, works synergistically with mecobalamin by participating in crucial biochemical pathways involved in DNA synthesis and repair, further supporting nerve health (Baik & Russell, 1999). The combination of mecobalamin and folic acid is hypothesized to provide a neuroprotective effect, thereby alleviating the symptoms of DPN.

However, the effectiveness of this treatment in the Indian context, as well as the perception and prescribing behaviors of Indian physicians, remains unclear. Studies conducted in different regions of the world have shown promising results, but there is a paucity of data specifically focusing on the Indian population (Yaqub et al., 2012; Sun et al., 2020). Given the high prevalence of diabetes in India and the associated burden of DPN, it is crucial to explore the potential benefits and limitations of mecobalamin and folic acid in this context (Mohan et al., 2007).

Further research is needed to understand the potential of mecobalamin and folic acid in the management of DPN in India. This study aims to fill this gap by mapping the perceptions, prescribing patterns, and experiences of Indian physicians regarding the use of mecobalamin and folic acid for DPN. By gathering and analyzing these insights, we hope to inform future clinical practice and guideline development, ultimately improving patient outcomes.

2 RATIONALE OF THE STUDY

The rationale for this study was to gather insights into the perspectives of Indian physicians on the use of mecobalamin and folic acid for managing DPN. Despite the growing interest in this treatment combination, there is limited data on its acceptance and utilization among healthcare professionals in India.

The purpose of this study was to understand perspectives of Indian physicians, identify potential barriers to its adoption, and the factors influencing clinical decisions. This information could help in tailoring educational initiatives and interventions to promote evidence-based management of DPN.

3 STUDY OBJECTIVE

The primary objective of this study was to evaluate the physicians' perspectives, prescribing patterns, and experiences of Indian physicians regarding the use of mecobalamin and folic acid in the treatment of DPN.

4 METHODS

This cross-sectional, questionnaire-based study was conducted to gather insights from Indian physicians on their use and perspectives of mecobalamin and folic acid for managing DPN. The study aimed to capture a comprehensive view of prescribing patterns, perceptions of treatment efficacy and safety, and barriers to the use of these supplements.

Indian physicians who manage patients with DPN were the target population for this study. Participants were identified and invited to participate through professional networks and medical associations. Prior to participation, detailed information about the study was provided to ensure informed consent.

A structured questionnaire consisting of 15 questions was designed to collect a range of information including demographic data, clinical practice patterns, perceptions of treatment efficacy and safety, and barriers to the use of mecobalamin and folic acid. The questionnaire was administered electronically, and responses were collected and securely stored. A target sample of Indian physicians was chosen to ensure a diverse and representative sample, allowing for meaningful statistical analysis of the survey data.

Statistical analysis was conducted to summarize findings and identify key trends. The responses were analyzed to evaluate the physicians' perspectives, prescribing patterns, and experiences with the use of mecobalamin and folic acid in the treatment of DPN. This study adhered to the ethical principles outlined in the Declaration of Helsinki. Ethical approval was sought from an Independent Ethics Committee. Participants were assured of their right to withdraw from the study at any time without any consequences. All responses were anonymized to ensure participant confidentiality.

5 RESULTS

A total of 61 HCPs participated in the survey. Below is the summary of the responses.

1. In your clinical practice, what percentage of diabetic patients you encounter with diabetic peripheral neuropathy (DPN)?

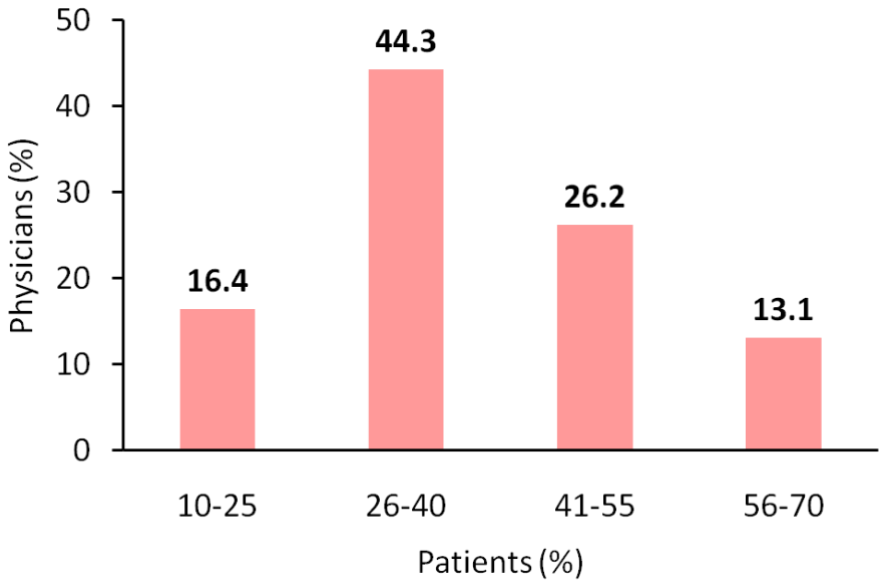
a.10-25%

b. 26-40%

c. 41-55%

d. 56-70%

e. >70%



- The survey of physicians regarding the prevalence of DPN among their diabetic patients revealed varied experiences.
- The largest group of physicians, comprising 44.3% of respondents, reported encountering DPN in 26-40% of their diabetic patients.
- The second most common response, given by 26.2% of physicians, indicated that 41-55% of their diabetic patients had DPN.
- A smaller proportion of physicians (16.4%) observed DPN in 10-25% of their diabetic patients.

- The least common response was from 13.1% of physicians who reported seeing DPN in 56-70% of their diabetic patients.
- Notably, the results did not include data for the >70% category, indicating there were no diabetic patients who encountered >70% with DPN.

2. In your routine clinical practice for which type of patients of neuropathy you prefer to use neuron revivors as treatment?

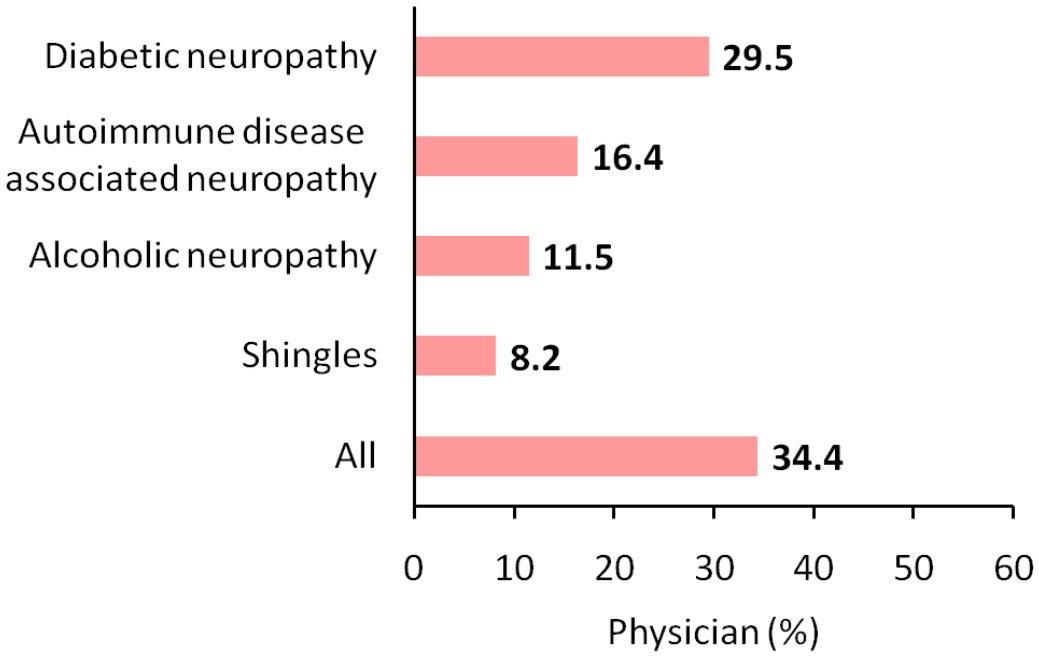
a. Diabetic neuropathy

b. Autoimmune disease associated neuropathy

c. Shingles

d. Alcoholic Neuropathy

e. All



- Approximately 34.4% of physicians preferred to use neuron revivors for all types of neuropathy listed.
- About 29.5% of physicians specifically preferred neuron revivors for diabetic neuropathy.

- Additionally, 16.4% of physicians favored using neuron revivors for autoimmune disease-associated neuropathy.
- Furthermore, 11.5% of physicians preferred neuron revivors for alcoholic neuropathy.
- Finally, 8.2% chose to use neuron revivors for shingles-related neuropathy.

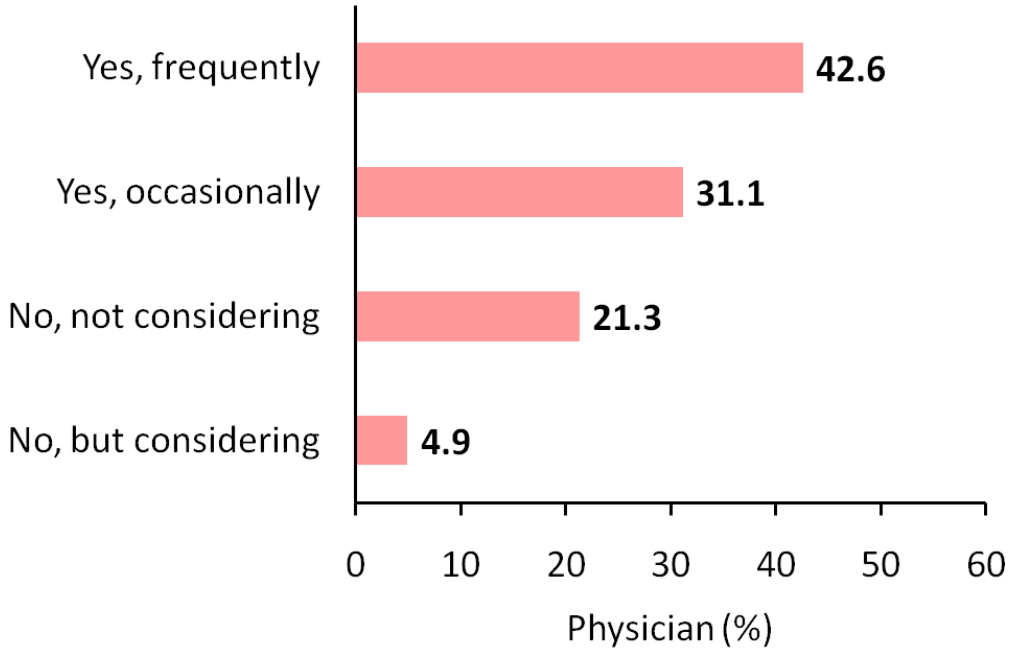
3. In your clinical practice, do you currently prescribe neuron revivers (e.g., Mecobalamin, folic acid) for the management of DPN?

a. Yes, frequently

b. Yes, occasionally

c. No, but considering

d. No, not considering



- Approximately 42.6% of physicians reported that they frequently prescribed neuron revivers (e.g., Mecobalamin, folic acid) for the management of DPN in their clinical practice.
- Additionally, 31.1% of the surveyed physicians indicated that they occasionally used these treatments.

- The majority of physicians (73.7%) were already incorporating neuron revivers into their treatment regimens for DPN, either frequently or occasionally. This suggests a widespread acceptance of these therapies in clinical practice.
- A smaller portion of the physicians, 21.3%, reported that they were not considering the use of neuron revivers for DPN management.
- However, 4.9% of respondents, while not currently prescribing these treatments, indicated that they were considering their use in the future.

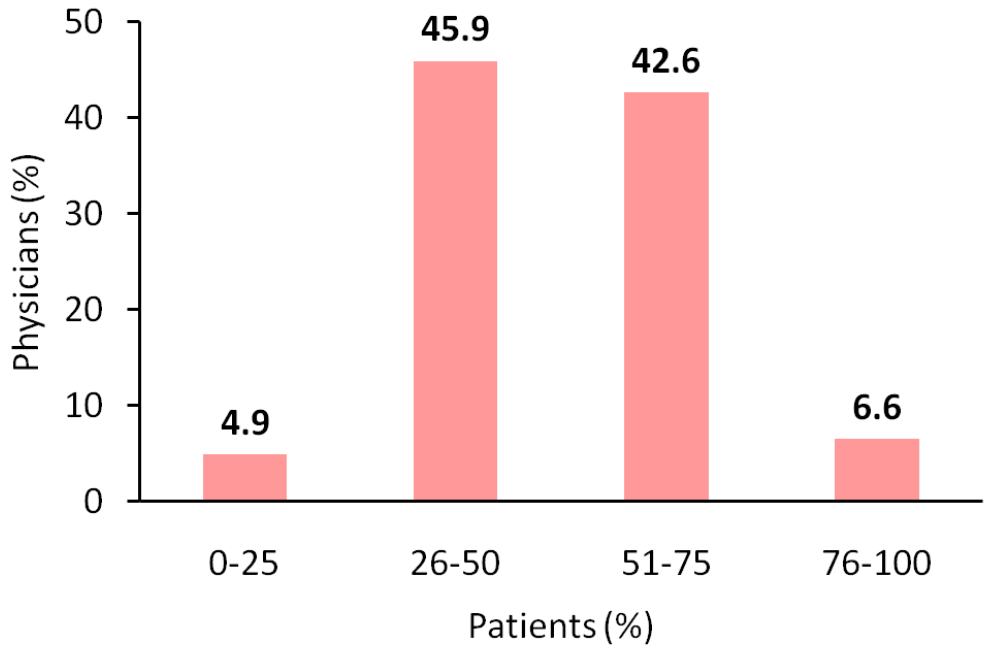
4. In your clinical practice, what percentage of your patients with diabetic peripheral neuropathy are currently prescribed Mecobalamin?

a. 0-25%

b. 26-50%

c. 51-75%

d. 76-100%



- Majority of physicians prescribed Mecobalamin to a substantial portion of their patients with DPN.

- Approximately 45.9% of physicians reported prescribing Mecobalamin to 26-50% of their DPN patients, representing the most common prescribing range.
- Additionally, a significant 42.6% of physicians indicated that they prescribed Mecobalamin to 51-75% of their DPN patients, demonstrating a high rate of utilization among a large subset of practitioners.
- Notably, only 4.9% of physicians prescribed Mecobalamin to 0-25% of their DPN patients, while 6.6% reported prescribing it to 76-100% of patients.

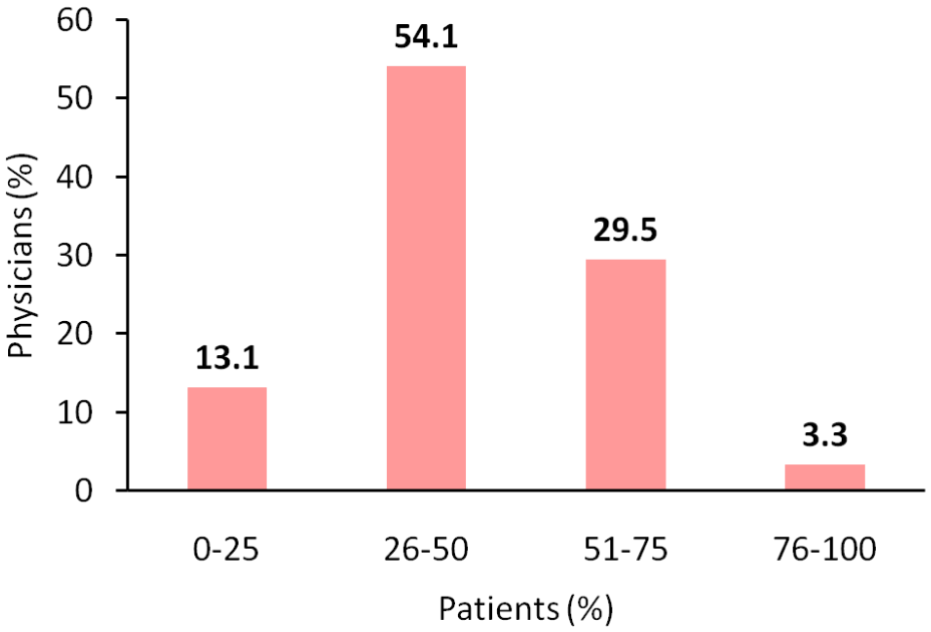
5. In your clinical practice, what percentage of your patients with diabetic peripheral neuropathy are currently prescribed Mecobalamine & folic acid?

a. 0-25%

b. 26-50%

c. 51-75%

d. 76-100%



- Majority of physicians prescribed a combination of Mecobalamin and folic acid to a significant portion of their patients with DPN.

- Approximately 54.1% of physicians reported prescribing this combination to 26-50% of their DPN patients, representing the most common prescribing range.
- Additionally, 29.5% of physicians indicated that they prescribed Mecobalamin and folic acid to 51-75% of their DPN patients, demonstrating a substantial utilization rate among a considerable subset of practitioners.
- Notably, 13.1% of physicians prescribed this combination to 0-25% of their DPN patients, while only 3.3% reported prescribing it to 76-100% of patients.

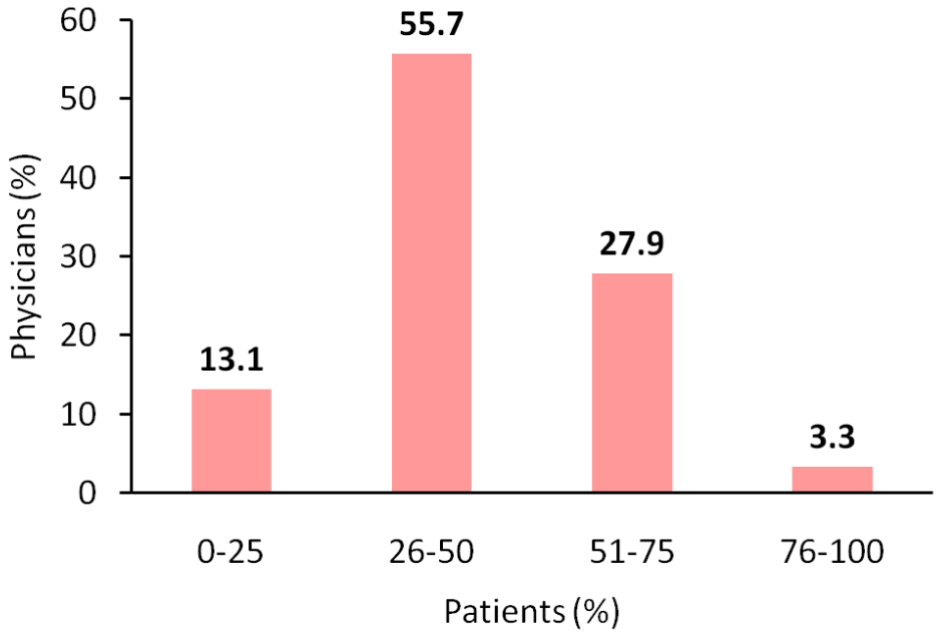
6. In your clinical practice, what percentage of your patients with diabetic peripheral neuropathy are currently prescribed folic acid?

a. 0-25%

b. 26-50%

c. 51-75%

d. 76-100%



- According to the survey results, approximately 55.7% of physicians reported prescribing folic acid to 26-50% of their patients with diabetic peripheral neuropathy. This represented the majority of respondents.

- Additionally, 27.9% of physicians indicated prescribing folic acid to 51-75% of their patients with this condition.
- A smaller proportion, 13.1% of physicians, prescribed folic acid to 0-25% of their DPN patients.
- Only a minimal 3.3% of physicians reported prescribing folic acid to 76-100% of these patients.

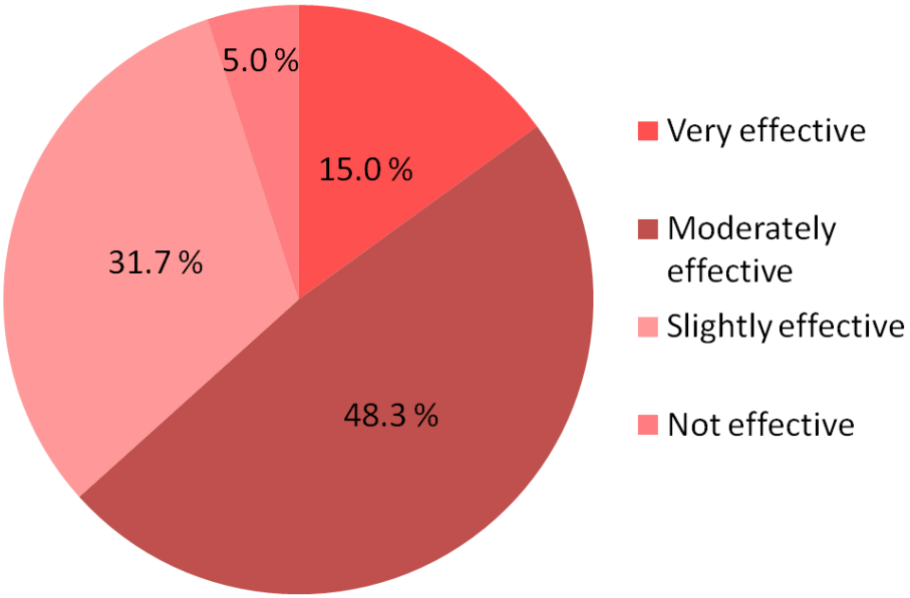
7. How effective do you find neuron revivers in managing DPN symptoms?

a. Very effective

b. Moderately effective

c. Slightly effective

d. Not effective



- Majority of physicians, approximately 48.3%, found neuron revivers to be moderately effective in managing DPN symptoms.
- Additionally, 31.7% of physicians reported that these treatments were slightly effective neuron revivers in managing DPN symptoms.

- A smaller proportion, 15% of physicians, considered neuron revivers to be very effective in symptom management.
- Notably, only 5% of physicians found neuron revivers to be not effective at all for managing DPN symptoms.

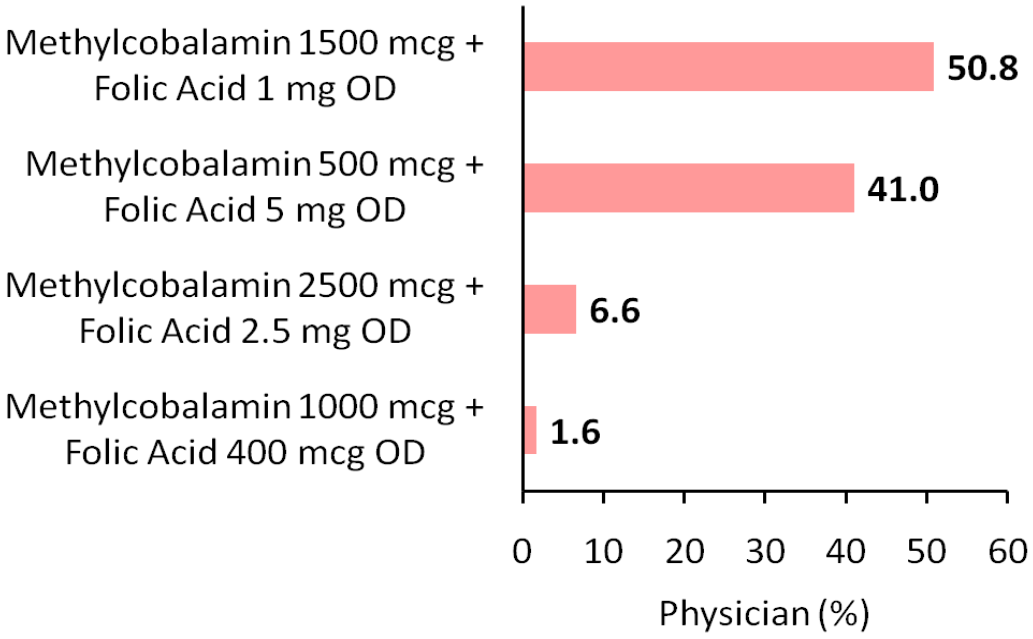
8. In your clinical practice, what is the dose of methylcobalamine and folic acid administered to patients of DPN?

a. Methylcobalamin 1500 mcg + Folic Acid 1 mg OD

b. Methylcobalamin 500 mcg + Folic Acid 5 mg OD

c. Methylcobalamin 1000 mcg + Folic Acid 400 mcg OD

d. Methylcobalamin 2500 mcg + Folic Acid 2.5 mg OD



- The majority of physicians (50.8%) administered a regimen of Methylcobalamin 1500 mcg combined with Folic Acid 1 mg once daily (OD).
- A significant 41.0% of physicians preferred a dosage of Methylcobalamin 500 mcg combined with Folic Acid 5 mg OD.
- Additionally, 1.6% of physicians opted for Methylcobalamin 1000 mcg combined with Folic Acid 400 mcg OD.

- Finally, 6.6% of physicians selected Methylcobalamin 2500 mcg combined with Folic Acid 2.5 mg OD.

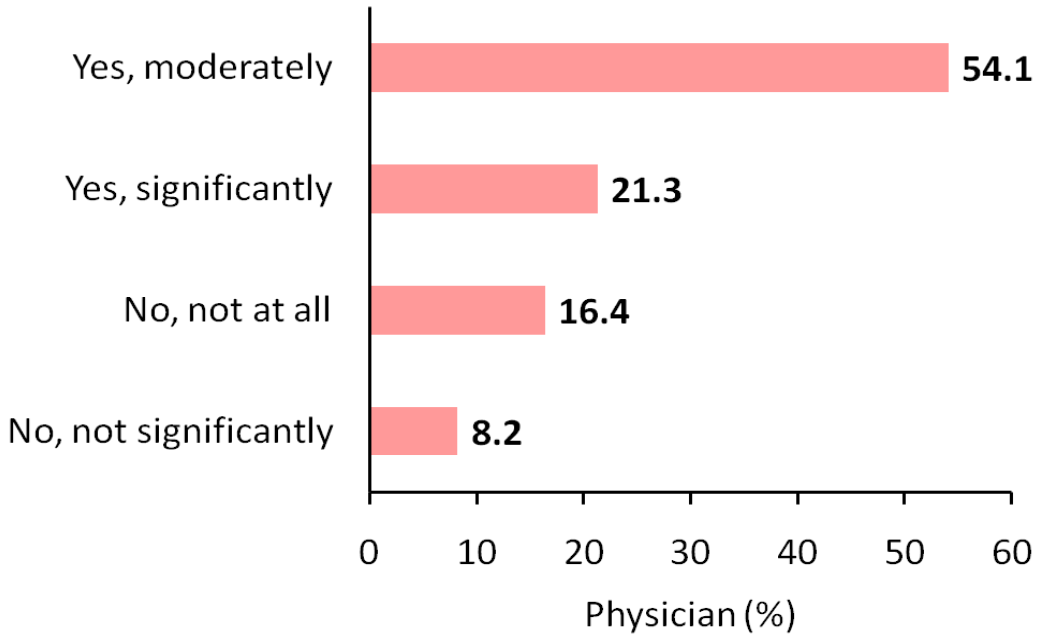
9. In your experience, do patients report better quality of life after initiating treatment with neuron revivers for DPN?

a. Yes, significantly

b. Yes, moderately

c. No, not significantly

d. No, not at all



- Approximately 54.1 % of physicians reported that patients experienced a moderate improvement in quality of life after initiating treatment with neuron revivers.
- Around 21.3 % indicated that patients experienced a significant improvement nquality of life after initiating treatment with neuron revivers for DPN.
- Additionally, 16.4 % of physicians noted that patients did not experience any improvement at all in quality of life after initiating treatment with neuron revivers for DPN.

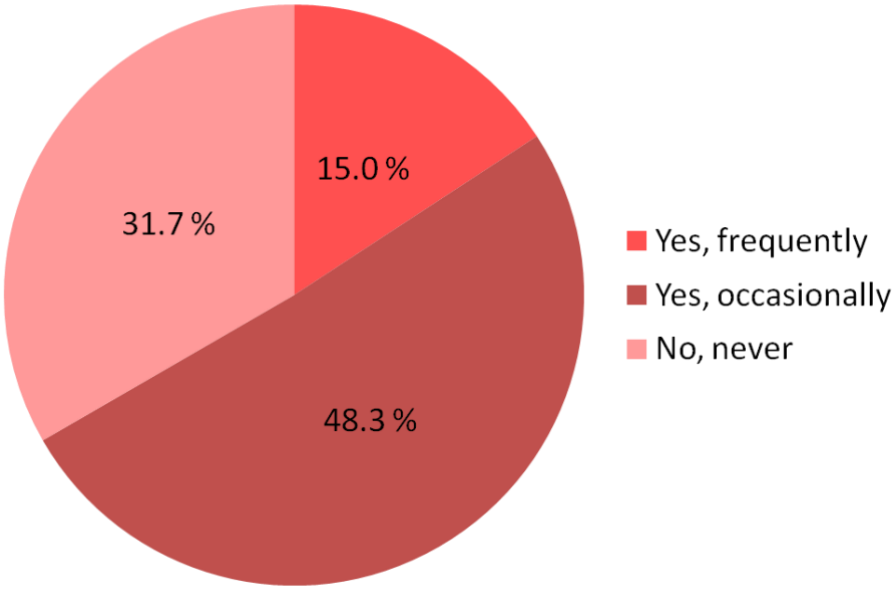
- Finally, 8.2% of physicians reported that patients did not experience a significant improvement quality of life.

10. In your clinical practice, have you encountered any adverse effects associated with the use of neuron revivers in DPN management?

a. Yes, frequently

b. Yes, occasionally

c. No, never



- The majority of physicians (48.3%), encountered adverse effects occasionally that was associated with the use of neuron revivers in DPN management.
- Approximately 15.0% of physicians reported encountering adverse effects frequently.
- Finally, 31.7% of physicians reported never encountering adverse effects.

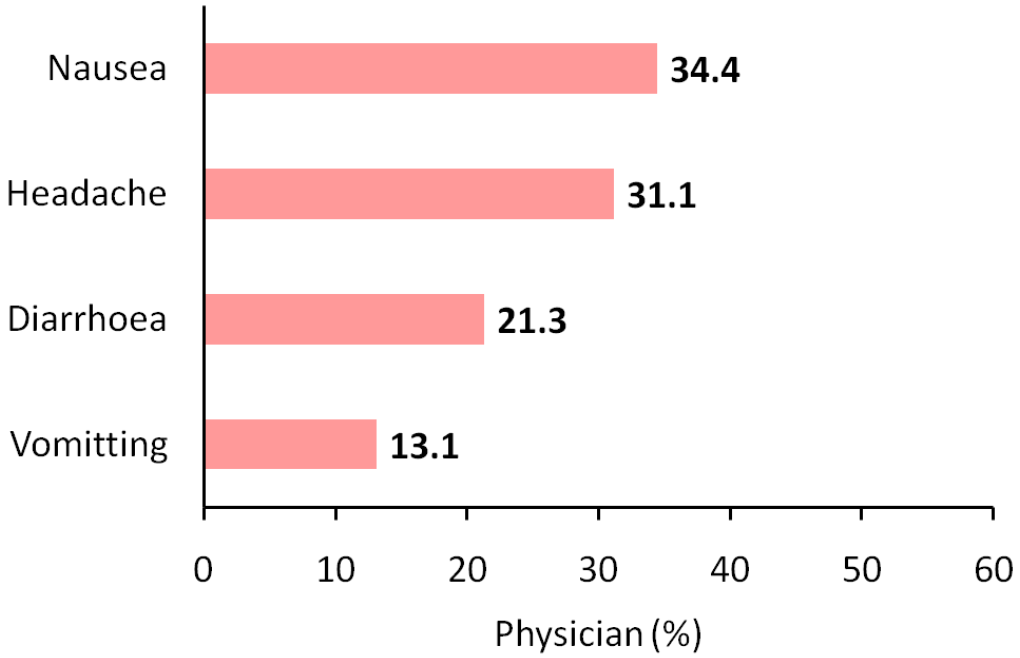
11. In your clinical practice, which are troublesome adverse effects encountered by you with methylcobalamine?

a. Nausea

b. Diarrhoea

c. Vomitting

d. Headache



- The survey of physicians regarding troublesome adverse effects encountered with methylcobalamine in clinical practice revealed several denotable findings.
- Nausea was reported as the most common side effect, reported by 34.4% of physicians.
- Headache was the second most prevalent adverse effect, reported by 31.1% of physicians.
- Around 21.3% of physicians reported that diarrhea was prevalent adverse effect, while 13.1% of physician reported vomiting was common adverse effect.

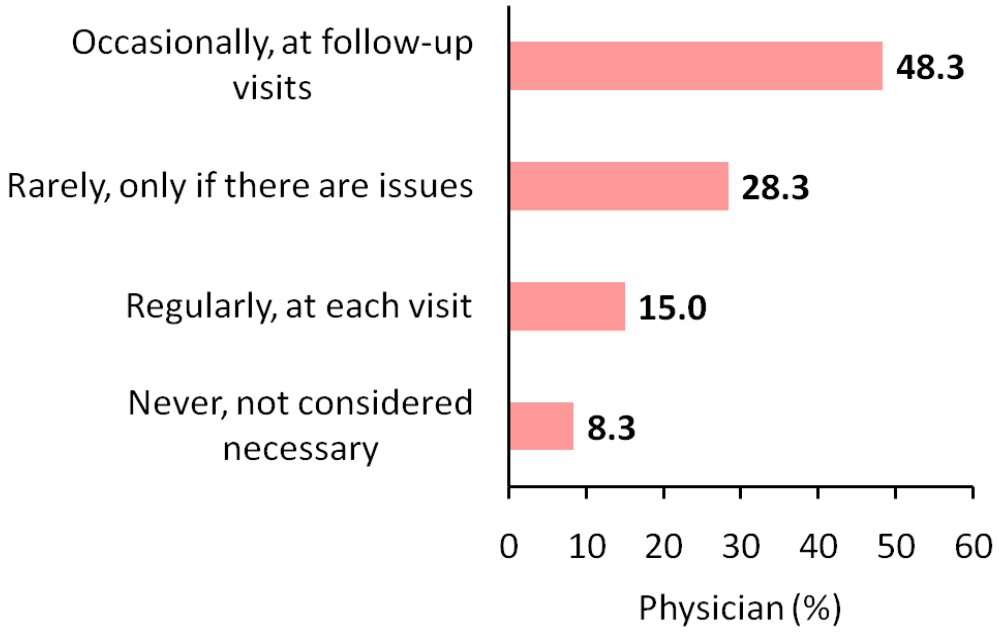
12. How often do you monitor patients receiving neuron revivers for DPN?

a. Regularly, at each visit

b. Occasionally, at follow-up visits

c. Rarely, only if there are issues

d. Never, not considered necessary



- About 48.3% of physicians, reported that monitoring patients occasionally at follow-up visits in their clinical practice.
- The second most common approach, adopted by 28.3% of physicians, was to monitor patients rarely, only when issues arose.
- Regular monitoring at each visit was practiced by 15.0% of the physicians.
- Approximately 8.3% of physicians indicated that they never monitored patients receiving neuron revivers for DPN, considering it unnecessary.

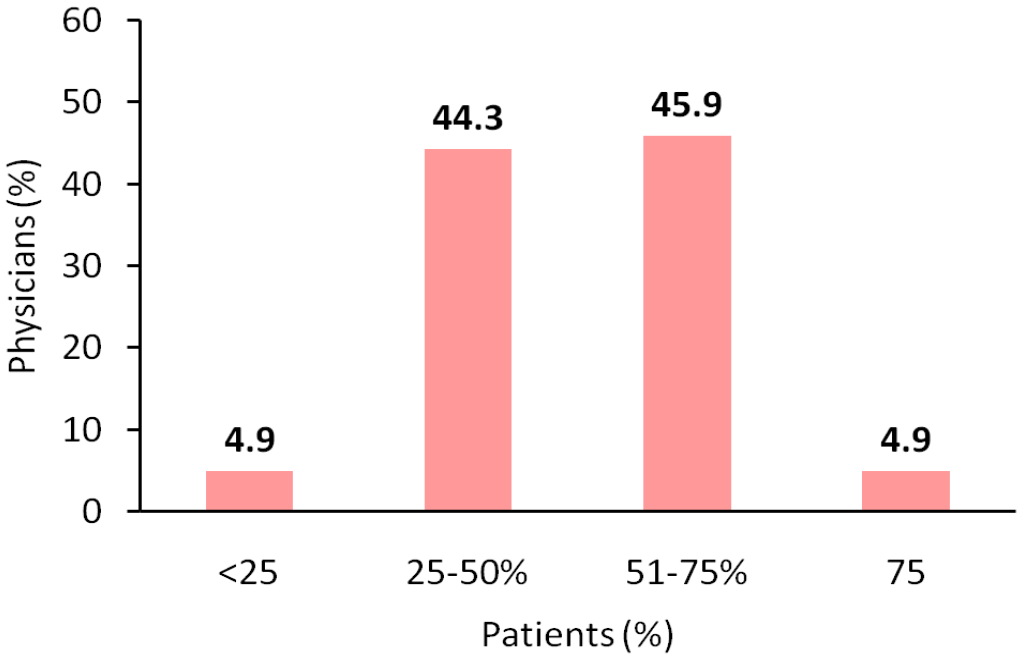
13. In your experience, what percentage of DPN patients show improvement with neuron revivers?

a. <25%

b. 25-50%

c. 51-75%

d. 75%



- The majority of physicians reported positive outcomes, with 45.9% observing improvement in 51-75% of their DPN patients treated with neuron revivers.
- Approximately 44.3% of physicians, noted improvement in 25-50% of their patients treated with neuron revivers.
- About 4.9% of physicians reported improvement in less than 25% of patients, while an equal percentage (4.9%) observed improvement in more than 75% of patients treated with neuron revivers.

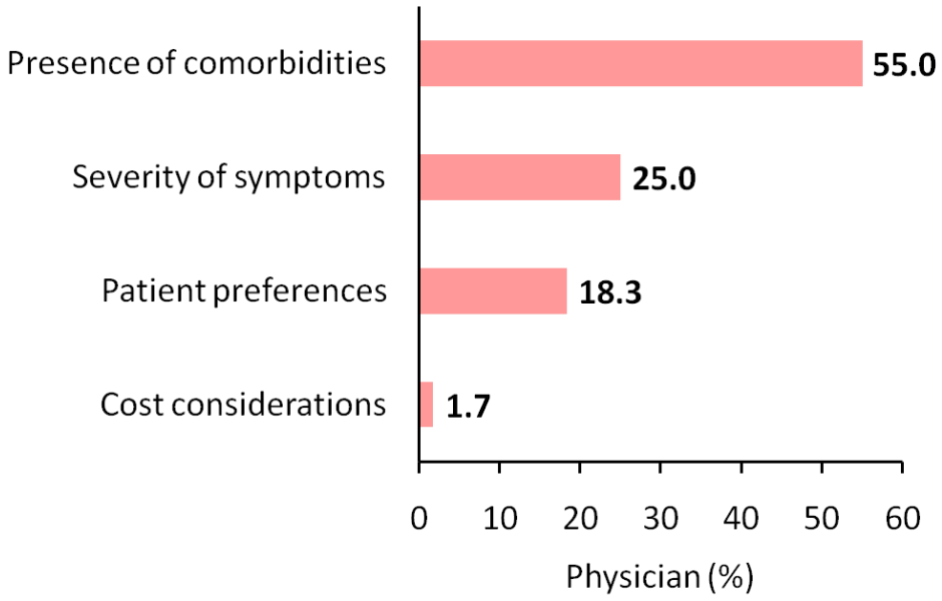
14. In your clinical practice, What factors influence your decision to prescribe a neuron reviver in DPN patients?

a. Severity of symptoms

b. Presence of comorbidities

c. Patient preferences

d. Cost considerations



- The presence of comorbidities emerged as the most significant factor, influencing 55.0% of physicians in their prescribing decisions.
- The severity of symptoms was the second most important consideration, reported by 25.0% of respondents.
- Patient preferences played a role for 18.3% of physicians when deciding on neuron reviver prescriptions.
- Notably, cost considerations had the least impact on prescribing decisions, influencing only 1.7% of the physicians.

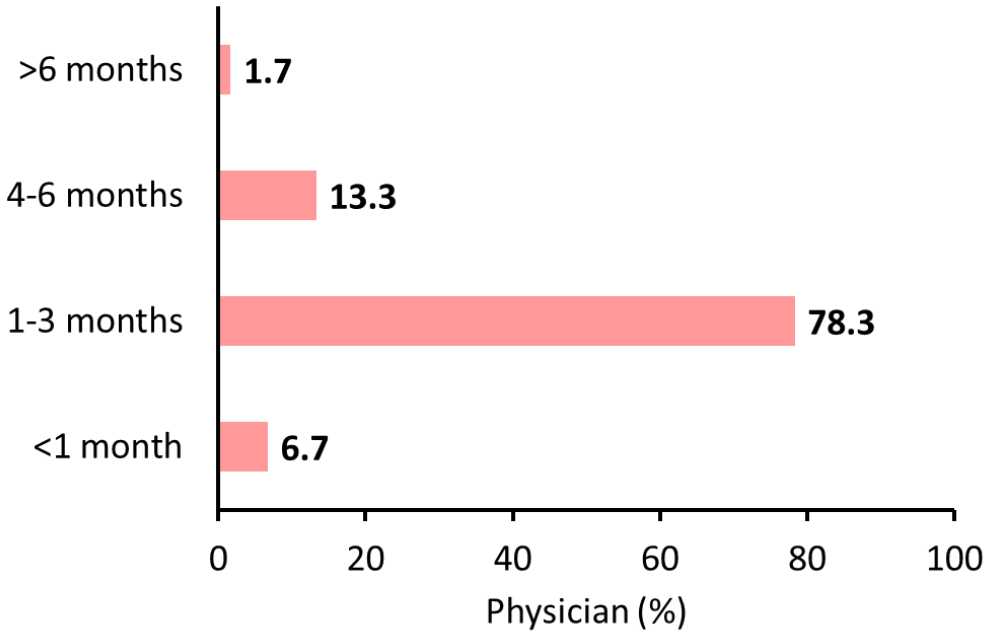
15. How long does it typically take to observe improvement in symptoms after initiating a neuron reviver?

a. <1 month

b. 1-3 months

c. 4-6 months

d. >6 month



- The majority of physicians, 78.3%, reported observing improvement in symptoms within 1-3 months of starting treatment.
- Approximately 13.3% of physicians, indicated that symptom improvement typically occurred between 4-6 months after treatment initiation.
- About 6.7% of physicians, noted rapid improvement within less than 1 month.
- Only 1.7% of the physicians reported that it took longer than 6 months to observe symptom improvement after initiating a neuron reviver.
- These findings suggested that most patients experienced noticeable benefits from neuron revivers within the first three months of treatment, with a smaller percentage requiring a longer duration to show improvement.

6 SUMMARY

A total of 61 healthcare professionals (HCPs) participated in the survey, providing valuable insights into their experiences and perspectives regarding the use of mecobalamin and folic acid for managing DPN. The survey revealed a varied prevalence of DPN among diabetic patients, with the largest group of physicians (44.3%) encountering DPN in 26-40% of their patients. The survey highlighted the widespread use of neuron revivers, with 42.6% of physicians frequently prescribing them for DPN management. Mecobalamin and folic acid were commonly prescribed, with significant portions of physicians reporting moderate to high effectiveness in symptom management and quality of life improvement. Adverse effects were occasionally encountered, with nausea and headache being the most common. Most physicians observed symptom improvement within 1-3 months of initiating treatment.

7 DISCUSSION

The survey results highlight the significant prevalence of DPN among diabetic patients, with 44.3% of physicians reporting that 26-40% of their diabetic patients are affected. This underscores the critical need for effective management strategies in this population. The data also reveal that a notable proportion of physicians encounter DPN in an even higher percentage of their patients, with 26.2% reporting prevalence rates of 41-55%. This variation in prevalence rates among different practitioners indicates potential differences in patient populations, diagnostic criteria, or awareness levels.

Mecobalamin and folic acid are commonly used in the management of DPN, reflecting their acceptance among physicians. A majority of respondents (42.6%) frequently prescribe neuron revivers, while an additional 31.1% use them occasionally. This widespread use suggests a high level of confidence in these treatments among the medical community. However, a small percentage of physicians (21.3%) do not consider these treatments, indicating potential barriers such as skepticism about efficacy, lack of familiarity, or concerns about side effects.

The survey indicates that mecobalamin and folic acid are perceived as moderately effective by 48.3% of physicians, while 31.7% report slight effectiveness, and 15% find them very effective. These results suggest that while a significant number of

patients benefit from these treatments, there is variability in the degree of improvement observed. This variability could be due to differences in patient characteristics, disease severity, or adherence to treatment regimens. The reported moderate effectiveness highlights the need for ongoing research to optimize dosing, combination therapies, and identify patient subgroups that may benefit the most.

The occasional occurrence of adverse effects such as nausea (34.4%) and headache (31.1%) was reported by the respondents. Diarrhea (21.3%) and vomiting (13.1%) were also noted. While these side effects are generally manageable, they underscore the importance of monitoring and patient education to ensure adherence and minimize discomfort. The relatively low frequency of severe side effects suggests that mecobalamin and folic acid are generally well-tolerated, but ongoing vigilance is necessary to promptly address any adverse reactions. A significant finding from the survey is that the majority of physicians (78.3%) observed symptom improvement within 1-3 months of initiating treatment with neuron revivers. This rapid onset of action is crucial in the management of DPN, as early relief of symptoms can greatly enhance patient quality of life and adherence to treatment. This quick response time also supports the potential for these treatments to be incorporated into early intervention strategies, potentially altering the course of the disease.

The results of this survey have several implications for clinical practice. The high prevalence of DPN among diabetic patients necessitates routine screening and early intervention. The widespread acceptance and use of mecobalamin and folic acid among physicians highlight their role as a cornerstone in DPN management. However, the moderate effectiveness and occasional adverse effects suggest that there is room for optimization in treatment protocols. Physicians should consider individual patient factors, such as comorbidities and symptom severity, when prescribing these treatments. Regular follow-up and monitoring are essential to ensure efficacy and manage any adverse effects.

8 CLINICAL RECOMMENDATIONS

- Regular screening for DPN in diabetic patients should be emphasized to ensure early diagnosis and intervention.
- Physicians should consider individual patient factors, such as comorbidities and symptom severity, when prescribing mecobalamin and folic acid.
- Regular monitoring for adverse effects, especially nausea and headache, should be part of the treatment protocol.
- Educating patients about the potential benefits and side effects of neuron revivers can enhance adherence to treatment plans.
- Implementing regular follow-up visits to assess treatment effectiveness and adjust dosages as necessary.

9 CONSULTANT OPINION

There is a need for long-term studies to evaluate the sustained effectiveness and safety of mecobalamin and folic acid in the management of DPN. These studies should aim to determine the long-term benefits of these treatments, including their impact on disease progression, symptom relief, and quality of life over extended periods. Additionally, long-term safety profiles need to be established to identify any potential adverse effects that may arise with prolonged use. This research could involve large, multi-center trials with diverse patient populations to ensure the generalizability of findings. By providing robust data on the long-term outcomes, these studies will help refine treatment guidelines and inform clinical decision-making.

Comparative research is essential to identify the most effective treatment modalities for DPN. This research should involve head-to-head trials comparing mecobalamin and folic acid with other established and emerging treatments, such as pharmacological agents, lifestyle interventions, and alternative therapies. Key outcomes to evaluate include symptom improvement, functional capacity, quality of life, and cost-effectiveness. By systematically comparing different treatment approaches, this research can highlight the relative strengths and limitations of each option, guiding clinicians in selecting the most appropriate therapies for their

patients. Moreover, such studies can identify potential synergistic effects when combining different treatments, leading to optimized therapeutic strategies.

Investigating patient preferences and experiences is crucial for developing more tailored and acceptable treatment strategies. This research should focus on understanding patients' expectations, concerns, and satisfaction with mecobalamin and folic acid treatments. Qualitative methods, such as interviews and focus groups, can provide in-depth insights into patient perspectives, while quantitative surveys can capture broader trends. Additionally, research should explore how different demographic factors, such as age, gender, and cultural background, influence patient preferences and experiences. By incorporating patient feedback into treatment plans, healthcare providers can enhance adherence, improve outcomes, and ensure that therapies align with patients' values and lifestyles.

Exploring the underlying mechanisms of action of neuron revivers like mecobalamin and folic acid is essential for optimizing their use in DPN treatment. Mechanistic studies should investigate how these compounds interact with the nervous system at the molecular and cellular levels. Research should focus on elucidating the pathways through which mecobalamin and folic acid exert their therapeutic effects, such as nerve regeneration, anti-inflammatory properties, and modulation of neurotrophic factors. Additionally, studies should examine how genetic and environmental factors influence individual responses to these treatments. By gaining a deeper understanding of the biological mechanisms involved, researchers can identify biomarkers for predicting treatment response, develop targeted therapies, and enhance the overall effectiveness of DPN management.

10 MARKET OPPORTUNITIES

Educational campaigns are crucial for raising awareness about the benefits and proper usage of mecobalamin and folic acid among healthcare professionals and patients. These campaigns should provide comprehensive information on the mechanisms of action, clinical benefits, dosing guidelines, and potential side effects of these treatments. Targeted educational materials, such as brochures, webinars, and workshops, can be developed to address the specific needs of different audiences, including endocrinologists, neurologists, primary care physicians, and

pharmacists. Additionally, patient-focused campaigns can empower individuals with DPN to actively participate in their treatment plans, improving adherence and outcomes. Collaborating with professional societies and patient advocacy groups can further amplify the reach and impact of these educational efforts.

Collaborating with medical associations to establish standardized clinical guidelines for the use of mecobalamin and folic acid in DPN management can ensure consistent and evidence-based practices across healthcare settings. These guidelines should be developed based on the latest research and expert consensus, providing clear recommendations on patient selection, dosing regimens, monitoring protocols, and management of side effects. By incorporating these guidelines into continuing medical education (CME) programs and clinical practice guidelines, healthcare providers can stay updated on best practices and improve the quality of care for patients with DPN. Additionally, standardizing treatment protocols can facilitate more consistent and reliable outcomes, enhancing the overall effectiveness of mecobalamin and folic acid in clinical practice.

Creating patient support programs is essential for improving adherence and clinical outcomes in DPN management. These programs can offer various forms of support, such as regular follow-up appointments, counseling sessions, and educational resources, to help patients understand their condition and treatment options. Personalized care plans, developed in collaboration with healthcare providers, can address individual patient needs and preferences, promoting better adherence to prescribed therapies. Additionally, leveraging digital health tools, such as mobile apps and telemedicine platforms, can facilitate continuous engagement and support for patients, making it easier for them to manage their condition and stay connected with their healthcare team. By providing comprehensive support, these programs can enhance patient satisfaction and improve overall treatment outcomes.

11 MARKET POSITIONING

Product Differentiation

Highlighting the moderate to high effectiveness of mecobalamin and folic acid in improving DPN symptoms and quality of life is a key strategy for differentiating these products in the market. Marketing materials should emphasize the clinical evidence supporting the use of these treatments, showcasing their ability to alleviate pain, enhance nerve function, and improve overall quality of life for patients with DPN. Testimonials from healthcare providers and patients can add a personal touch, reinforcing the real-world benefits of these treatments. By clearly communicating the therapeutic advantages, manufacturers can position mecobalamin and folic acid as leading options for DPN management.

Safety Profile

Emphasizing the safety profile of neuron revivers is critical for gaining the trust of healthcare providers and patients. Marketing efforts should highlight that mecobalamin and folic acid have only occasional and manageable adverse effects, such as nausea and headache, which are typically mild and transient. Detailed information on the incidence and management of side effects can reassure healthcare providers of the treatments' safety, encouraging them to prescribe these products with confidence. Additionally, sharing data from clinical trials and post-marketing surveillance can further support the safety claims, providing robust evidence to back up the marketing messages.

Rapid Improvement

Promoting the rapid symptom improvement observed within the first three months of treatment as a key benefit can significantly enhance the market appeal of mecobalamin and folic acid. Marketing campaigns should emphasize that many patients experience noticeable relief from DPN symptoms, such as pain and numbness, within a short period after starting treatment. This rapid onset of action can be particularly appealing to patients seeking quick relief and healthcare providers aiming to provide effective and timely interventions. Highlighting real-world case studies and clinical trial results demonstrating early symptom improvement can strengthen this message, making it a compelling selling point for these treatments.

Broad Acceptance

Leveraging the widespread acceptance and frequent use of neuron revivers among physicians can reinforce their credibility and reliability in DPN management. Marketing materials should emphasize that a significant proportion of healthcare providers already incorporate mecobalamin and folic acid into their treatment regimens, either frequently or occasionally. This broad acceptance can be presented as a testament to the treatments' effectiveness and trustworthiness. Additionally, highlighting endorsements from leading medical associations and key opinion leaders can further bolster the perceived credibility of these products. By showcasing the broad acceptance among the medical community, manufacturers can position mecobalamin and folic acid as trusted and reliable options for DPN management.

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