

DRUG SHELF

Telithromycin

Brand Names : Engtel

Pharmacologic Category : Antibiotic, Ketolide

Dosing : Adult

Community-acquired pneumonia (CAP): Oral: 800 mg once daily for 7-10 days

Mechanism of Action

Inhibits bacterial protein synthesis by binding to two sites on the 50S ribosomal subunit. Telithromycin has also been demonstrated to alter secretion of IL-1 α and TNF- α ; the clinical significance of this immunomodulatory effect has not been evaluated.

Pharmacodynamics/Kinetics

Absorption : Rapid

Distribution : 2.9 L/kg

Protein binding : 60% to 70%; primarily to albumin

Metabolism : Hepatic, via CYP3A4 (50%) and non-CYP-mediated pathways

Bioavailability : 57%

Half-life elimination : 10 hours

Time to peak, plasma : 1 hour

Excretion : Urine

Adverse Reactions

Headache, Increased heart rate, Insomnia anxiety, hallucination, irritability, sleep disturbance, cataplexy, Skin rash, Nausea, abdominal pain, decreased appetite, thrombocytopenia.

EXPERT STANCE



- 0+ No pitting edema
- 1+ Mild pitting edema. 2 mm depression that disappears rapidly.
- 2+ Moderate pitting edema. 4 mm depression that disappears in 10–15 seconds.
- 3+ Moderately severe pitting edema. 6 mm depression that may last more than 1 minute.
- 4+ Severe pitting edema. 8 mm depression that can last more than 2 minutes.

MEDICAL FACTS



SCIENCE FACT :

STOMACH ACID IS STRONG ENOUGH TO DISSOLVE STAINLESS STEEL. YOUR STOMACH DIGESTS FOOD THANKS TO HIGHLY CORROSIVE HYDROCHLORIC ACID WITH A PH OF 2 TO 3. THIS ACID ALSO ATTACKS YOUR STOMACH LINING, WHICH PROTECTS ITSELF BY SECRETING AN ALKALI BICARBONATE SOLUTION.



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VISION

To establish as a centre of excellence in education, research, innovation, training, and entrepreneurship in pharmaceutical science through systematic and relentless approach.

MISSION

To educate and train the students in the knowledge and practice of pharmaceutical science by providing motivation learning, research and professional attitude for serving the society globalist through systematic and relentless approach without compromising on ethics and quality.

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PEO's

1. Graduates will be equipped with profound knowledge of pharmaceutical sciences with leadership qualities and able to discharge professional duties to meet the needs of pharmaceutical industry and clinical services to the community.

2. Graduates should be able to acquire skills in dosage forms development and have regular interaction with the industries in the area of research and development and offer training and consultancy.

3. To inspire the students to pursue higher education and to appear for competitive exams and other value added programmes for their holistic development.

4. Graduates will be effective communicators, with other healthcare professionals for dispensing medicines with professional ethics and social responsibilities.

5. Graduates will be able to become a lifelong learner to absorb newer technologies and plays pivotal role in the society.

DISEASE DESK

POLY CYSTIC KIDNEY DISEASE

Polycystic kidney disease (PKD) is an inherited disorder in which clusters of cysts develop primarily within your kidneys, causing your kidneys to enlarge and lose function over time. Cysts are noncancerous round sacs containing fluid. PKD causes cysts to grow inside the kidneys. These cysts make the kidneys much larger than they should be and damage the tissue that the kidneys are made of. PKD causes chronic kidney disease (CKD) , which can lead to kidney failure, or end-stage renal disease (ESRD)

SIGNS AND SYMPTOMS

- High blood pressure
- Back or side pain
- Headache
- A feeling of fullness in your abdomen
- Increased size of your abdomen due to enlarged kidneys
- Blood in your urine
- Kidney stones
- Kidney failure
- Urinary tract or kidney infections

TREATMENT

There is no cure for ARPKD. Treatment of people with the disease focuses on managing symptoms and treating complications. Depending on the symptoms and complications, treatment might include:

- Dialysis (usually peritoneal dialysis, but some have hemodialysis)
- Kidney transplant
- Growth hormones
- Blood pressure medicine
- Antibiotic medicines
- Combined liver and kidney transplant

COMPLEMENTARY THERAPY

HOMEOPATHY TREATMENT:

APIS MELLIFICA 30-Apis mel is one of the top remedies for polycystic kidney disease with swelling of face, feet and feets. The urine is scanty and high coloured.

ARSENICUM ALBUM 30-Arsenic alb is another effective remedy for polycystic kidney disease. Arsenic alb is best suited to persons of nervous constitutions.

ARALIA HISPIDA 30-Aralia hispida is found to be effective for high level of creatinine in blood.

CANTHARIS 30-Cantharis is best for polycystic kidney disease with nephritis.

CUPRUM ACETICUM 3X-Cuprum aceticum is best for polycystic kidney disease with kidney failure

GET QUIZZIFIED !

1. which one of this is a diagnostic agent for myasthenia gravis?

- A. Edrophonium B. Physostigmine C. Neostigmine D. Pyridostigmine

ANS : C

2 Choose one appropriate therapeutic use for imipramine

- A. Insomnia B. Epilepsy C. Bed wetting in children D. Mania

ANS : B

3. A metabolite of spironolactone is

- A. aldosterone B. canrenone C. corticosterone D. pregnenolone

ANS : B

4 .Which of the following routes of administration of drugs is associated with Phlebitis?

- a)Subcutaneous b)Intravenous c)Intraspinal d) Intradural

ANS : B

5.Which of the following drugs is associated with the reaction of extreme photosensitivity?

- a).Digitalis b) Niacin c).Tetracycline d) .Fluoroquinolones

ANS : C