Quality

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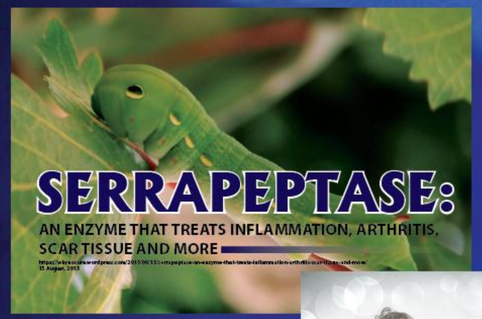
1st Edition

BIO Informatics

A HEALTHCARE MAGAZINE OF BIOPHAR LIFESCIENCES



SERRAPEPTASE:

AN ENZYME THAT TREATS INFLAMMATION, ARTHRITIS, SCAR TISSUE AND MORE

'LOVE HORMONE'

Could Predict Whether Mom and Dad Stay Together

CLINICAL PRACTICE GUIDELINE:

ALLERGIC RHINITIS

1st July

HAPPY DOCTOR'S DAY

HAPPY DOCTOR'S DAY

Doctor's Day is celebrated on **July 1st** all across India to honour the legendary physician and the second Chief Minister of West Bengal, **Dr. Bidhan Chandra Roy.** He was born on July 1, 1882 and died on the same date in 1962, aged 80 years

This day is the perfect day to **extend our appreciation and gratitude** as it is National Doctors' Day, which is celebrated annually on each July 1st. This day was established to recognize doctors, their work, and their many contributions to society and the communities.

BioInformatics
A HEALTHCARE MAGAZINE OF BIOPHAR LIFESCIENCES

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MISSION & VISION

OUR MISSION

To achieve world-wide recognition as supplier of superior quality herbal and pharmaceutical products.

- To introduce more and more of scientifically based formulations and extracts and to provide best possible services.
- Develop markets worldwide with an in-depth and long-term approach, maintaining the highest ethical standards at each step.
- Collaborate to form new association ships with key technology developers based on the talents of each other in order to build a mutually beneficially growth relationships.

OUR VISION

Simplify business model in pharma industry, deliver more innovative and number of products. Grow a diversified business in India and across the world.

COMPANY PROFILE

Biophar Lifescieces Pvt Ltd is an ISO 9001 certified company headed by Mr. GULSHAN RAWAT(Managing Director) who has rich experience of more than 15 yrs in this industry and is counted among the best in this field and has presided as senior Positionl Manager in various reputed companies like Cipla, Aristo etc. Their able guidance has propelled us to a prominent position in this highly competitive industry, and their quality driven approach inspires us to provide the clients the best products in the market.

Mr. Gulshan Rawat

We are a multi-product, multi-faceted company catering to a wide spectrum of healthcare needs and are adhering to WHO cGMP systems. The trust and patronage gained by the company since years in our greatest strength. Biophar Lifescieces strives to conduct its business with a total commitment to it's Customers and their requirements. We define quality as conformance to our Customer's needs, both internal and external; and conformance to all quality requirements. At Biophar Lifescieces, Quality is the prime motto. The systems and procedures are well framed to monitor and control process at various stages, so that the final product meets the required standards and specifications.

Biophar Lifescieces is expanding to bring new therapies to patients, new treatment approaches to physicians and better outcomes to managed care providers. Today, we're working in pain management, urology, endocrinology and oncology. We're evaluating new drug delivery technologies to create innovative new medicines. We're empowering our commercial team to work with physicians and payers to become real partners in medical care, not just suppliers. These are exciting changes which move us closer to our goal of becoming the premier specialty pharmaceutical company.

SERRAPEPTASE:

AN ENZYME THAT TREATS INFLAMMATION, ARTHRITIS, SCAR TISSUE AND MORE

https://whynocure.wordpress.com/2015/08/15/serrapeptase-an-enzyme-that-treats-inflammation-arthritis-scar-tissue-and-more/
15 August, 2015

The use of enzymes therapeutically is not a new concept, and has been widely accepted for its healing properties in both traditional and modern medicine.

Serrapeptase is a proteolytic enzyme, which means that it breaks down protein into smaller components (peptides and amino acids) that the body can re-use. It is derived from the digestive system of the silkworm, which regurgitates serrapeptase to break free from its cocoon.

Scientists in India first began to research the enzyme to see how it could be used therapeutically in the human body. From the start, they were astonished to realize that serrapeptase is a very powerful anti-fibrotic enzyme, with applications for the treatment of inflammation, arthritis, scar tissue and much more.

WHAT DOES SERRAPEPTASE DO?

- Realizing that serrapeptase is anti-fibrotic was an interesting discovery because many health conditions are the result of abnormal thickening or scarring of fibrous connective tissue, a condition known as fibrosis.

Fibrosis is any disease where excess fibrous growth is present. This includes a wide range of conditions and health issues, including the following:

- Plaquing of the arterial walls (atherosclerosis)
- Fibrocystic breasts
- Uterine fibroid tumors
- Scarring after injury
- Scarring after surgery
- Cystic Fibrosis; affecting the exocrine glands (secreting glands; mucus, hormones, etc.) of the lungs, liver, pancreas, and intestines.
- Blood clots; due to the fibrin in blood

The action of serrapeptase doesn't stop there. It is an effective enzyme against inflammation in all its forms. In other words, inflammation of the joints, the digestive system as well as other organs.

This is because serrapeptase breaks down the dead tissues and excess fibrin, thus eliminating the body's defense mechanism which is known as inflammation.

The body is then able to clean out the burdensome dead tissues and fibrin growths, allowing for the healing process to begin more effectively.

Inflammatory health conditions that serrapeptase is effective against are:

- Ulcerative Colitis
- Crohn's Disease
- Irritable Bowel Syndrome (IBS)

Serrapeptase, by helping the body eliminate dead tissues and fibrin growths, is extremely beneficial to those suffering from autoimmune disorders such as:

- Multiple Sclerosis
- Rheumatoid Arthritis
- Psoriasis
- Allergies
- Cancer

Serrapeptase in these cases, not only breaks down the dead fibrin tissues, but also serve as a healthy alternative to NSAIDS (aspirin, ibuprofen), and powerful steroids that are sometimes used for pain control.

Conditions That Have Been Helped by Serrapeptase

- Pain (of all kinds)
- Arthritis
- Arterial plaque
- Headaches caused by inflammation
- Multiple Sclerosis
- Lupus
- Rheumatoid Arthritis
- Eye conditions caused by inflammation
- Injuries and trauma
- Post operative scarring
- Inflammatory bowels diseases Fibroid tumors
- Psoriasis
- Emphysema
- Bronchitis
- Pulmonary
- Tuberculosis
- Asthma
- Sinusitis
- Cystitis
- Fibromyalgia
- Fibrocystic diseases
- Varicose Veins
- Cardiovascular diseases
- Subclinical chronic inflammation; premature

DOSAGES

Regarding the conversion of mg and IU for serrapeptase, the answer is not that easy. There appears to be a different standard of conversion depending on what company you choose to buy from. There is some research that has used the ratio of mg of serrapeptase which equals 20,000 units of activity, however not exclusively.

There has also been research done with 200 mg or 20,000 IU.

With this in mind, it would be best to not try to compare the two, but rather stick to one measurement or another.

The dosage varies depending on the condition you are trying to address or if you are simply using the enzyme for maintenance purposes.

DOSAGES RANGE FROM:

30 MG – 1000 MG

10,000 IU – 100, 000 I.U.

Technically, the blood cannot get "thin". What happens when you take something that acts to "thin the blood", like an Aspirin or something stronger such as Coumadin, is that the blood becomes less sticky, so the blood can then flow more freely. The blood itself has not changed, but rather the mechanism that allows (or disallows) for free flow has. This is a subtle concept, but an important one.

In either case, taking 1 – 2 per day is typical for maintenance or for minor ailments. The therapeutic dosage can be as high as taking the max dosage (either 1000 mg or 100,000 IU. Keep in mind that this does not mean that they are equivalent) for up to 30 pills per day for the lower potency and dosages taken 1 -2 times per day for the higher range.

There does seem to be the concern regarding the "blood thinning" properties of serrapeptase, so let's clarify what is really meant by "blood thinners".

There are many things that can impede blood flow such as:

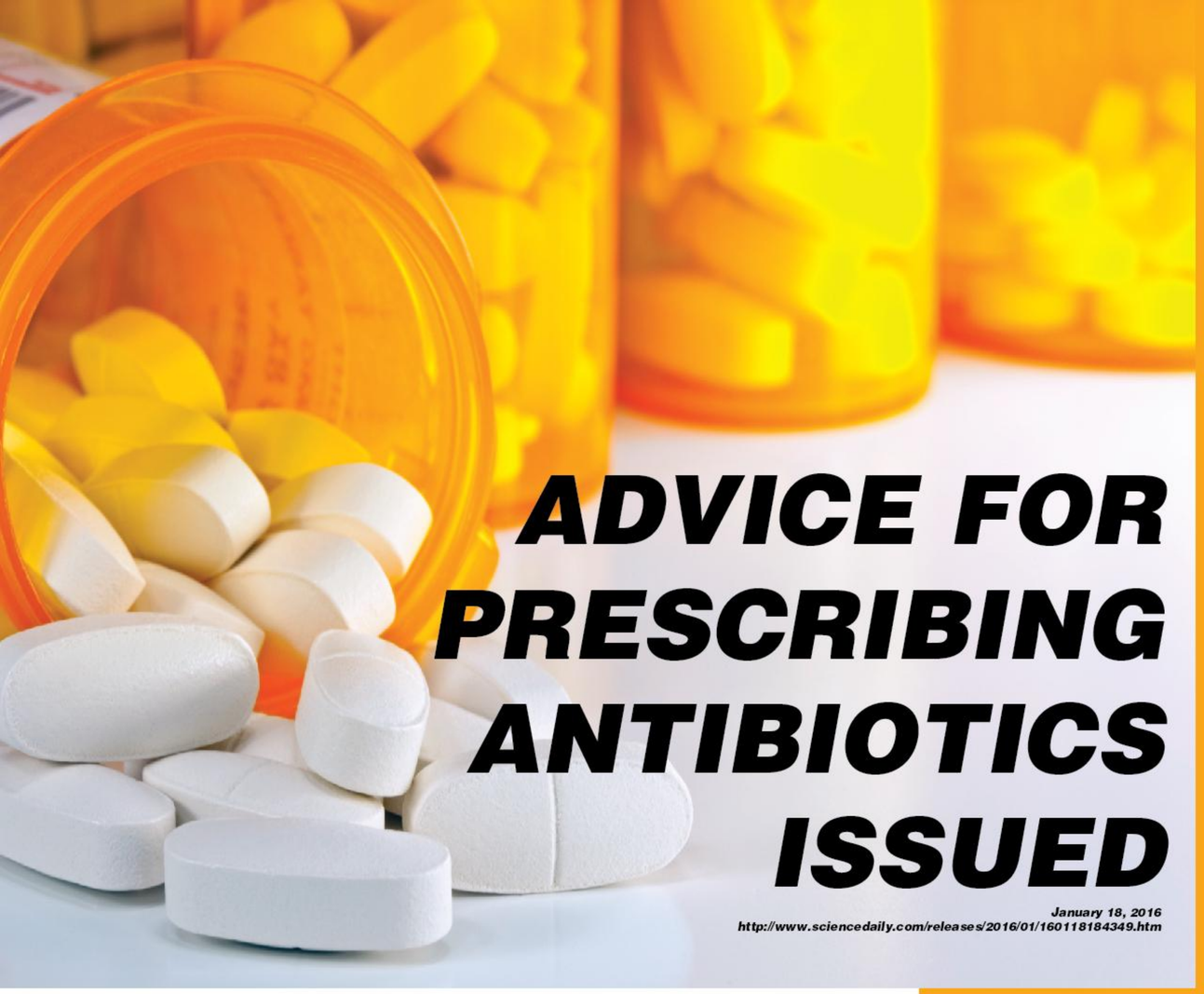
- **Platelets sticking together**
- **Clotting**
- **Plaquing**
- **Inflammation**

With the use of serrapeptase, any of the above can be remedied and the research has proven it. However, the question is…will serrapeptase interfere with a drug therapy being used to "thin the blood"?

There appears to be no concerns with taking serrapeptase at the lower dosages. The really cool thing about this enzyme is that whether you take lower doses or higher doses, you will ultimately achieve the same effect. One just takes a bit longer than the other.

If you are concerned regarding any interactions, please consult a knowledgeable doctor. I say knowledgeable because this enzyme has a great deal of research supporting it, so if your current doctor dismisses the idea of trying serrapeptase, he/she is giving an opinion without having read the research. If that is the case, please seek out a healthcare professional who is open to all methods of healing — especially non-pharmaceutical methods that have been shown to be effective for your overall health!

Remember, there is only one you… it is your right to be in control of your health!



ADVICE FOR PRESCRIBING ANTIBIOTICS ISSUED

January 18, 2016
http://www.sciencedaily.com/releases/2016/01/160118184349.htm

In a paper published in Annals of Internal Medicine, the American College of Physicians (ACP) and the Centers for Disease Control and Prevention (CDC) issued advice for prescribing antibiotics for acute respiratory tract infections (ARTIs) in adults.

"Inappropriate use of antibiotics for ARTIs is an important factor contributing to the spread of antibiotic-resistant infections, which is a public health threat," said ACP President Wayne J. Riley, MD, MPH, MBA, MACP. "Reducing overuse of antibiotics for ARTIs in adults is a clinical priority and a High Value Care way to improve quality of care, lower health care costs, and slow and/or prevent the continued rise in antibiotic resistance."

ARTIs, including the common cold, uncomplicated bronchitis, sore throat, and sinus infection, are the most common reason for doctor's office visits. According to unpublished CDC data, an estimated 50 percent of antibiotic prescriptions may be unnecessary or inappropriate in the outpatient setting, which equates to over $3 billion in excess costs. Antibiotics also are responsible for the largest number of medication-related adverse events and the cause of about one in five visits to emergency departments for adverse drug reactions.

Physicians should not prescribe antibiotics for patients with the common cold. Physicians should advise patients that symptoms can last up to two weeks and to follow up if symptoms worsen or exceed the expected time of recovery. Physicians should also explain the risks and benefits of symptomatic therapy and that antibiotics are not needed and may have side effects. Symptomatic therapy is recommended for management of common cold symptoms.

For patients with uncomplicated bronchitis, physicians should not perform testing or prescribe antibiotics unless pneumonia is suspected. Patients may benefit from symptomatic relief with cough suppressants, expectorants, antihistamines, decongestants, and beta agonists.

For patients with sore throat, physicians should recommend analgesic therapy such as aspirin, acetaminophen, nonsteroidal anti-inflammatory drugs, and throat lozenges, which can help reduce pain. Physicians can reassure patients that the usual course of a sore throat is less than one week and that antibiotics are not usually needed because they do little to improve symptoms and may have side effects.

Physicians should test patients with symptoms suggestive of group A streptococcal pharyngitis (for example, persistent fevers or other appropriate combination of symptoms) by rapid strep test and/or culture for group A Streptococcus. Physicians should treat patients with antibiotics only if they have confirmed streptococcal pharyngitis.

Uncomplicated sinus infection usually resolves without antibiotics, even in patients with a bacterial cause. The majority of patients diagnosed with sinus infection experience more side effects than benefits from antibiotics. Most patients with sinus infection should be managed with supportive care. Analgesics may be offered for pain and antipyretics for fever.

Physicians should reserve antibiotic treatment for sinus infection for patients with persistent symptoms for more than 10 days, onset of severe symptoms or signs of high fever (greater than 102.2°F) and nasal discharge or facial pain lasting for at least three consecutive days, or onset of worsening symptoms following a typical viral illness that lasted five days which was initially improving (double-sickening).

The paper includes evidence-based strategies to help physicians promote appropriate antibiotic prescriptions. Physicians can label bronchitis as a "chest cold" or a "viral upper respiratory infection," and provide patient information sheets about appropriate antibiotic use and alternatives to antibiotics for managing symptoms.

Patients and physicians can work together to prevent overuse of antibiotics. A symptomatic "prescription" pad can be used to provide recommendations for management of symptoms and offer the possibility of future antibiotic treatment if the condition fails to improve.

Mosquitoes capable of carrying Zika virus found in Washington, D. C.

January 26, 2016
http://www.sciencedaily.com/releases/2016/01/160126091523.htm

On Monday (Jan. 25), the World Health Organization announced that Zika virus, a mosquito-borne illness that in the past year has swept quickly throughout equatorial countries, is expected to spread across the Americas and into the United States.

The disease, which was discovered in 1947 but had since been seen in only small, short-lived outbreaks, causes symptoms including a rash, headache and small fever. However, a May 2015 outbreak in Brazil led to nearly 3,500 reports of birth defects linked to the virus, even after its symptoms had passed, and an uptick in cases of Guillain-Barre syndrome, an immune disorder. The Centers for Disease Control and Prevention has issued a travel alert advising pregnant women to avoid traveling to countries where the disease has been recorded.

Zika virus is transmitted by the mosquito species Aedes aegypti, also a carrier of dengue fever and chikungunya, two other tropical diseases. Though Aedes aegypti is not native to North America, researchers at the University of Notre Dame who study the species have reported a discovery of a population of the mosquitoes in a Capitol Hill neighborhood in Washington, D.C. To add insult to injury, the team identified genetic evidence that these mosquitoes have overwintered for at least the past four years, meaning they are adapting for persistence in a northern climate well out of their normal range.

While the Washington population is currently disease-free, Notre Dame Department of Biological Sciences professor David Severson, who led the team, noted that the ability of this species to survive in a northern climate is troublesome. This mosquito is typically restricted to tropical and subtropical regions of the world and not found farther north in the United States than Alabama, Mississippi, Georgia and South Carolina.

"What this means for the scientific world," said Severson, who led the team, "is some mosquito species are finding ways to survive in normally restrictive environments by taking advantage of underground refugia. Therefore, a real potential exists for active transmission of mosquito-borne tropical diseases in popular places like the National Mall. Hopefully, politicians will take notice of events like this in their own backyard and work to increase funding levels on mosquitoes and mosquito-borne diseases."

Severson's research focuses on mosquito genetics and genomics with a primary goal of understanding disease transmission. He has studied and tracked mosquitoes all over the world and most recently served as the director of the Eck Institute for Global Health at Notre Dame. His team, in coordination with the Disease Carrying Insects Program of Fairfax County Health Department in Fairfax, Virginia, recently published their findings in the American Journal of Tropical Medicine and Hygiene.

Notre Dame has a long history of mosquito research, studying both Aedes aegypti and Anopheles gambiae species, vector control and using mathematical models to better understand the dynamics of infectious disease transmission and control. Alex Perkins, Eck Family Assistant Professor of Biological Sciences, focuses on using mathematical, statistical and computational approaches to study mosquito-borne pathogens including dengue, chikungunya and Zika. Perkins uses the models to understand how to best control and prevent transmission of these diseases. He has previously worked with the CDC on making recommendations for chikungunya and dengue virus, and said he has discussed working with the CDC on Zika virus modeling.

INFECTIOUS DISEASE SPREAD IS FUELED BY INTERNATIONAL TRADE

December 22, 2015
http://www.sciencedaily.com/releases/2015/12/151222163415.htm

International trade and travel has literally opened up new vistas for humans, ranging from travel to exotic places to enjoying the products and services of those distant lands. But along with international trade and travel comes the risk of spreading infectious diseases, a growing problem in today's global economy, says an Arizona State University researcher.

An example of the impact of an infectious disease came in 2001 in the UK when an outbreak of hoof and mouth disease cost some $10 billion and more than 2 million sheep and cattle had to be destroyed, Perrings said.More recently, African swine fever--a much more serious disease of pigs--has been spread in the Caucasus region through trade in pork, pork product or through waste in trade vehicles.

"The more trade grows as a proportion of global production, the more likely it is that diseases will be spread through trade, and the higher the economic cost of resulting trade bans," Perrings said. "What is at risk is the food we eat, the fibers we wear and build with, and the fuels we burn."

"In addition many infectious diseases that affect animals also affect people," he added. "Zoonoses like SARS, MERS, HIV AIDS, or highly pathogenic avian influenza, all originated in wild animals and were then spread person to person through trade and travel."

Perrings said current instruments to control infectious diseases are far from adequate, as the recent report of the Harvard-London School of Hygiene and Tropical Medicine Independent Panel on the Global Response to Ebola, published in the Lancet, makes clear.

"There are two problems to address," he said. "One is that disease spread is an unintended (external) effect of trade. To solve this problem exporters and importers need to be confronted with the risks they impose on consumers."

"The other is that the control of infectious disease is a public good--the benefits it offers are freely available to all, and so will be undersupplied if left to the market," he explained. "To solve this problem we need to undertake cooperative, collective control of infectious diseases at the source."

Perrings said options for solving both problems include the use of payments for risk reduction in developing countries and the development of a global fund for infectious disease control.

At the moment countries have the right (through the Sanitary and Phytosanitary Agreement) to act in their own defense once a disease has been introduced. Their options are to control the outbreak and to reduce the chance of reinfection by banning trade with risky countries or in risky products. But this cannot stop the emergence of new diseases.

"The One Health Initiative suggests that what is needed is cooperative collective action to reduce risk at the source," Perrings said. "This requires a partnership between the rich countries that have the resources to fund global prevention, and the poor countries where disease is most likely to emerge."

"The management of infectious diseases of animals and plants, like the management of infectious diseases of people, is now a global problem that requires global solutions," Perrings writes. "This in turn requires a more strongly coordinated and cooperative approach than is currently allowed under the General Agreement on Tariffs and Trade (GATT) and the Sanitary and Phytosanitary Agreement."

"The recent Ebola outbreak made us realize that we are all just a plane ride away from exposure to emerging infectious diseases," says Charles Perrings, an ASU professor of environmental economics. Perrings recently published the paper, "Options for Managing the Infectious Animal and Plant Disease Risks of International Trade," in the early online version of the journal Food Security.

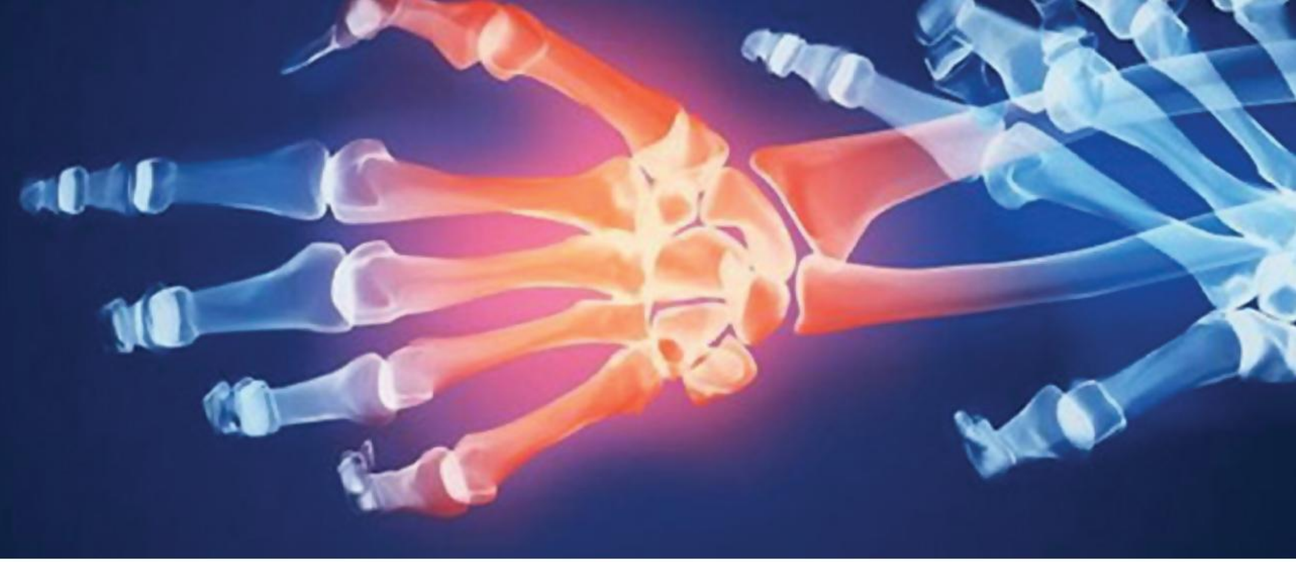
The paper reported project results to an international conference "Global Plant Health Risks and Consequences: Linking Science, Economics and Policy," hosted by the British Food and Environment Research Agency, and supported by the Organisation for Economic Cooperation and Development's Cooperative Research Programme on Biological Resource Management for Sustainable Agricultural Systems. Perrings is the principle investigator of a project funded by the National Science Foundation-National Institutes of Health-U.S. Department of Agriculture Ecology and Evolution of Infectious Diseases program in collaboration with the UK's Biotechnology and Biological Sciences Research Council.

In the paper, Perrings describes the growth of international trade since the 1950s and the increasingly tight coupling of developed and developing economies. The paper considers how the global community currently deals with trade-related infectious disease risks of animals and plants, and asks how the system could be made more effective.

Erase the pain
& provide relief

Eracox 90/120

Etoricoxib 90, 120mg **TABLETS**



Eracox-T 4/8

Etoricoxib 60mg + Thiocolchicoside 4, 8mg **TABLETS**

Eracox-P

Etoricoxib 60mg + Paracetamol 325mg **TABLETS**

Sprain & Strain | Post-operative Pain

Acute/chronic Low Back Pain

Skeletal Muscle Spasm

Etoricoxib Versus Naproxen in patients with rheumatoid arthritis:

a prospective, randomized, comparator-controlled 121-week trial.

Curr Med Res Opin. 2007 Sep;23(9):2259-68.

ABSTRACT

BACKGROUND:

Etoricoxib is a cyclooxygenase-2 (COX-2) selective inhibitor effective in the treatment of rheumatoid arthritis. An initial 12-week treatment study found that etoricoxib (90 mg once daily) was more effective than naproxen (500 mg twice daily) or placebo in treating rheumatoid arthritis. The present two-part extension of that study was performed to monitor tolerability and examine long-term efficacy of etoricoxib 90 mg or 120 mg compared with naproxen.

RESULTS:

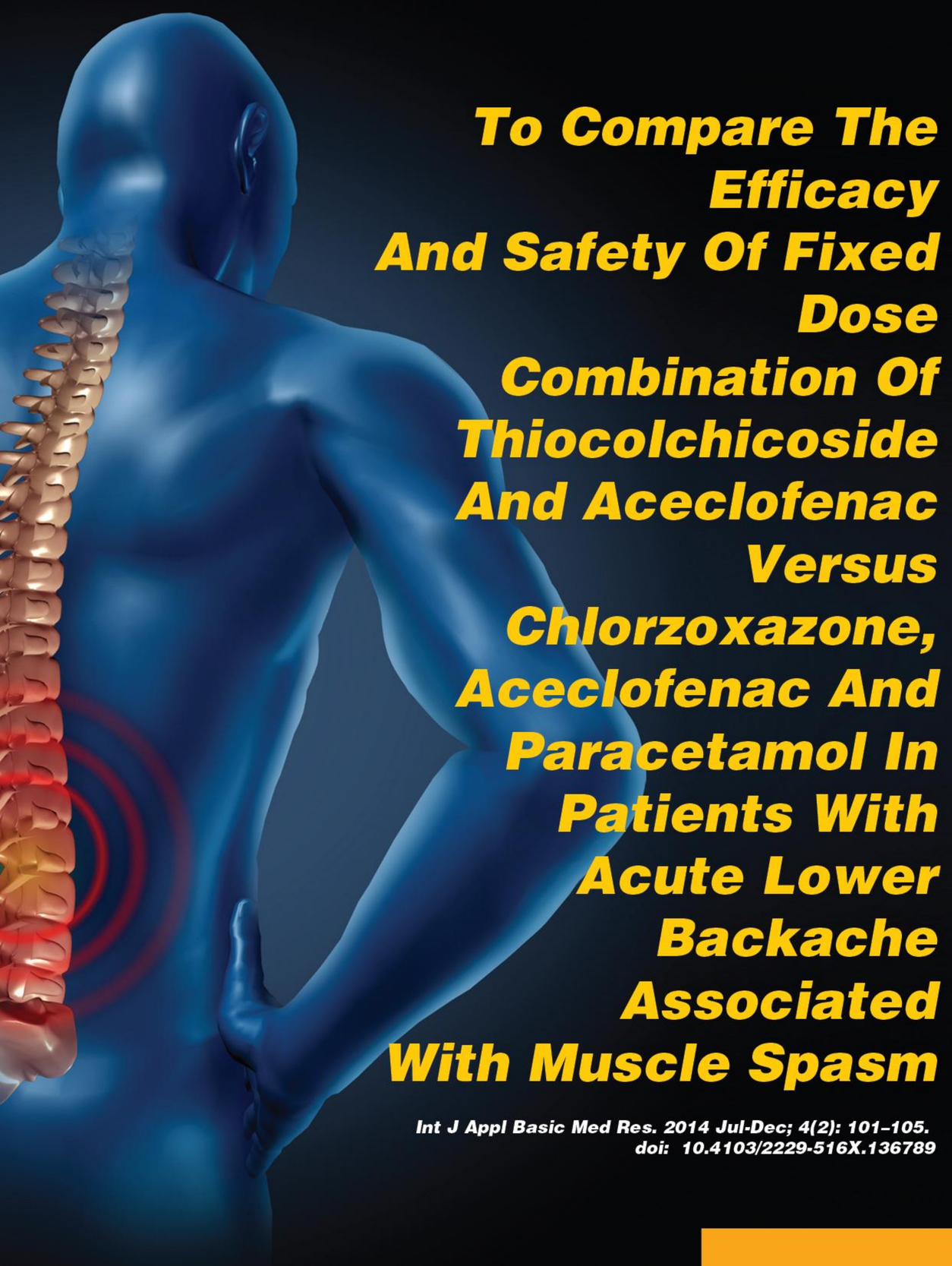
Of 816 patients enrolled in the initial 12-week trial, 717 continued into the Extension Study Part I; 505 patients completed and 390 entered the Extension Study Part II, with 283 patients completing 121 weeks. Patients receiving etoricoxib (90 mg) or naproxen throughout the study experienced sustained efficacy in all outcomes, as did patients transitioning to etoricoxib (120 mg) following the initial 12-week trial. Patients transitioning from placebo to etoricoxib (90 mg) experienced rapid, sustained improvements in all outcome measures.

METHODS:

Patients completing the initial 12-week study and those discontinuing due to lack of efficacy, were eligible for the Extension Study Part I (12-52 weeks) and assigned (2:1:2 ratio) to receive etoricoxib (90 mg or 120 mg daily) or naproxen (500 mg twice daily); these patients remained on the same therapy for Extension Study Part II (52-121 weeks).
Primary outcome measures included investigator and patient assessment of disease activity, and tender and swollen joint counts.

CONCLUSION:

In conclusion, etoricoxib provided sustained efficacy throughout the 121-week study, with efficacy comparable to naproxen.



To Compare The Efficacy And Safety Of Fixed Dose Combination Of Thiocolchicoside And Aceclofenac Versus Chlorzoxazone, Aceclofenac And Paracetamol In Patients With Acute Lower Backache Associated With Muscle Spasm

Int J Appl Basic Med Res. 2014 Jul-Dec; 4(2): 101–105.
doi: 10.4103/2229-516X.136789

Abstract

Background:

The fixed dose combinations (FDCs) of muscle relaxants, non-steroidal anti-inflammatory drugs and paracetamol are commonly prescribed in the treatment of acute lower backache.

Aim

The present study was undertaken with the aim of comparing the efficacy and safety of FDCs of thiocolchicoside and aceclofenac versus chlorzoxazone, aceclofenac and paracetamol in patients with acute lower backache associated with muscle spasm.

Materials and Methods:

A total of 100 patients between ages range from 18 and 55 years having low back pain of ≤7 days duration were randomly divided into two groups. Group A was prescribed thiocolchicoside (4 mg) + aceclofenac (100 mg) while Group B was prescribed chlorzoxazone (500 mg) + aceclofenac (100 mg) + paracetamol (325 mg) orally twice daily for 7 days. Severity of pain at rest and on movement was recorded using visual analogue scale. Muscle spasm was evaluated by hand-to-floor distance and Lasegue's maneuver. Readings were noted on day 1 (baseline), day 3 and day 7.

Results:

There was statistically significant reduction in severity of pain and muscle spasm on day 3 and day 7 in both groups. There was no statistically significant difference in pain relief and muscle spasm among the treatment groups but clinically showed better improvement in the Group A. The adverse drug reactions occurring during study showed a statistically significant better safety profile in the Group A than Group B.

Conclusion:

These findings confirm that FDC of thiocolchicoside and aceclofenac is a preferred option for patients with lower backache pain associated with muscle spasm.

BRAIN GAME

1. Johnny's mother had three children. The first child was named April. The second child was named May. What was the third child's name?

2. A clerk at a butcher shop stands five feet ten inches tall and wears size 13 sneakers. What does he weigh?

3. Before Mt. Everest was discovered, what was the highest mountain in the world?

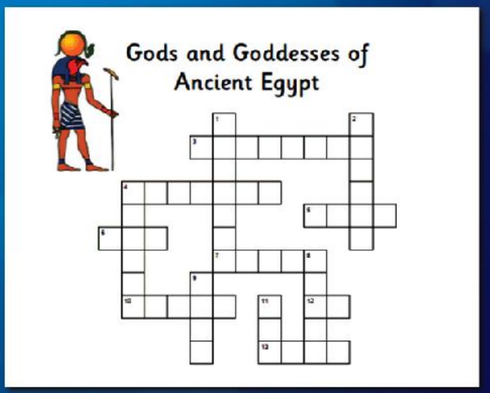
4. How much dirt is there in a hole that measures two feet by three feet by four feet?

5. A farmer has five haystacks in one field and four haystacks in another. How many haystacks would he have if he combined them all in one field?

2+2=fish
3+3=eight
7+7=triangle

Only smart people would get this.

Gods and Goddesses of Ancient Egypt



ACROSS

3. The river goddess
4. The snake god of chaos
5. Healing goddess, wife of osiris
6. The goddess of the sky
7. God of wisdom
10. God of crocodile and alligators
12. The sun god
13. Cat goddess

DOWN

1. The vulture goddess
2. God of the underworld
4. God of funerals
8. Falcon headed king of the god
9. God of chaos, brother of osiris
11. The god of the earth

OMEGA-3 AND OTHER NUTRACEUTICALS COME IN STABLE, TASTY MICROGELS

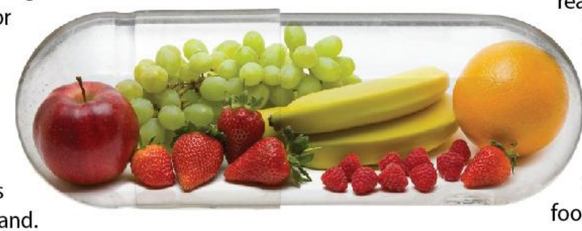
March 14, 2009
http://www.sciencedaily.com/releases/2009/03/090305171605.htm

Nutritionists are nearly unanimous in recommending that Americans should eat significantly more omega-3 fatty acids and consume them in foods, not in vitamin pills. The health-promoting fats are found in fish and some other food sources. But if we don't like fish, can't prepare it well, can't afford it more often, or all of the above, what are we to do?

Food scientist Julian McClements and colleagues at the University of Massachusetts Amherst Center for Health & Wellness are now investigating more economical and reliable ways to incorporate omega-3 fatty acids into foods. They're developing new microgel capsules to trap the omega-3 fatty acids, chemically stabilize them to prevent spoilage, and allow them to be easily incorporated in beverages, yogurts, dressings, desserts and ice cream, for example. All this without sacrificing taste, appearance or texture. Among other things, omega-3s are essential for normal growth in children and a recognized aid to heart health in adults. In previous studies, McClements, an expert in food-based delivery systems, and his co-workers found that certain milk and soy proteins are good at preventing omega-3 fatty acids from going rancid. The researchers now want to find a way to economically produce large amounts of powdered omega-3 microgel particles rich in these anti-oxidant proteins from food-grade materials. To do this, they're concentrating on new "structural" techniques for surrounding the delicate fish oils in a protective biopolymer microgel of water, antioxidant protein, and dietary fiber.

Food as medicine is an unfamiliar concept to many American consumers, according to McClements and Eric Decker, chair of the UMass Amherst food science department and co-director of its Center for Health & Wellness. Many don't remember the first wave of nutraceuticals introduced in the 1940s and 1950s when vitamin-fortified flour, cereals and milk were "unbelievably successful" in eliminating once-common diseases such as goiter and rickets caused by vitamin deficiencies, Decker notes.

While it's becoming more common to hear of consumers picking up blueberry juice as a hedge against memory loss or whole-grain bread to ward off colon cancer, the United States remains one of the least receptive societies to the idea of food as preventive medicine compared to places like Japan and New Zealand. Nevertheless, because of their public health value, nutraceuticals are becoming a "hot topic" among North American nutritionists and food scientists.



The new generation of food scientists hopes to build on the earlier successes to address modern public health problems, more widespread but perhaps no less disabling and costly to society – obesity, diabetes, heart disease, osteoporosis, cancer. Specifically, UMass Amherst researchers like McClements are not only looking at cheaper, more reliable ways to incorporate nutrients like omega-3 fatty acids in food, but at molecules known as phytosterols from oats, for example, that can lower cholesterol, and flavonoids in orange peel that show promise for killing cancer cells.

With recent new grants from the USDA, McClements is already looking ahead to the next big thing in nutraceuticals: Time-release nanolaminated coatings around fat droplets for delivery at different levels in the human body. For example, he and colleagues are learning to coat droplets with dietary fibers so some will break down in the mouth to deliver flavor immediately while others break down in the stomach or small intestine to deliver peptides that signal fullness or satiety.

Still others might be designed not to break down until they reach the large intestine, where the laminated droplets would deliver anti-hypertensive or cancer-fighting food compounds that can't survive digestive acids in the stomach. By manipulating food structure, McClements and other food scientists are also exploring ways to increase solubility in the small intestine so more of the nutrients are absorbed.

"More studies are needed before we can justify further work on tailoring foods to match an individual's genetic makeup," McClements adds, but that's coming, as well, he predicts.

Europeans will readily pay more for food that promises to boost health, Decker observes. And in the past 20 years Japan has launched one of the most far-reaching public health campaigns anywhere, to increase nutraceutical consumption to control heart-disease-related health care costs and other problems.

'LOVE HORMONE'

Could Predict Whether Mom and Dad Stay Together

http://www.livescience.com/53655-oxytocin-levels-predict-whether-couples-breakup.html
February 09, 2016

A hormone known for its role in bonding and caregiving could predict whether new moms and dads stay together in the first years of their child's life.

Researchers found a link between low oxytocin levels in the mother during pregnancy and shortly after the baby's birth and the likelihood that new parents would break up by the time their child was 2 1/2 years old, according to the results, presented Jan. 29 at the annual meeting of the Society for Personality and Social Psychology in San Diego.

"What these data suggest is that lower maternal oxytocin levels are associated with the risk of relationship dissolution by the time the child is a toddler," study researcher Jennifer Bartz, a psychologist at McGill University in Canada, told an audience at the meeting.

Suggest" is a key word. The research has yet to be peer-reviewed and published in a journal, Bartz told Live Science, and the total number of breakups among the couples in the study was small.

Nevertheless, the research hints at how hormones might influence relationships, perhaps by altering how people cope with stress or handle caregiving, Bartz said.

"Ideally, the point of using neuroscience methods is, what we know about the biological processes can then deepen our understanding of the psychological processes," Bartz told Live Science.

OXYTOCIN'S PREDICTIVE POWER

Oxytocin is a powerful molecule, well known for promoting social bonding in animals. And research on humans has found that this hormone affects both parenting behavior and caring for the offspring of others, Bartz said.

In the new study, Bartz and her colleagues collected saliva samples from 341 pregnant women during their first trimester of pregnancy, in the third trimester and then seven to nine weeks after they gave birth. Then, they followed up with the women two and a half years later.

Of the 188 moms who could be reached at the last follow-up, about 90 percent (170) were still with their original partners. Seven had gone through breakups. (The rest had either been single the entire study period or had been single and were now in relationships.)

It's rare for people to break up in the first few years of their child's life, Bartz said — even if they're having relationship problems, parents are usually motivated to stick together for their kid. The reasons for the seven breakups in the study were unknown.

"There are lots of good reasons why it doesn't make sense to stay in a relationship," Bartz said.

But theseven women who had been through breakups had lower oxytocin levels during their first trimester of pregnancy and during the postpartum period than the women who'd stayed with their partners, on average. Each unit increase in oxytocin in the first trimester increased the odds of relationship survival by about seven times, Bartz reported, and each unit increase in the postpartum period raised those odds even more, by about nine times.

STRESSFUL BABIES

This doesn't mean, however, that the low oxytocin caused the breakups. It's possible, Bartz said, that women with high oxytocin might interact more smoothly with their infants, as per the hormone's role in bonding.

Any improvement in mother-child bonding could have a ripple effect on the overall climate of the household, Bartz said.

Alternatively, high oxytocin levels could be a sign of a "tend and befriend" approach, rather than a "fight or flight" approach to handling stress, she said. Moms who tend to reach out for support rather than withdraw might cope better with the disruption of a newborn.

A third possibility is that a woman's oxytocin levels are not a reflection of her traits, but of her situation. Women with low levels of the hormone might not have as much social or partner support as women with high levels. In other words, something was rotten in the state of the woman's life, and the oxytocin was just a warning sign.

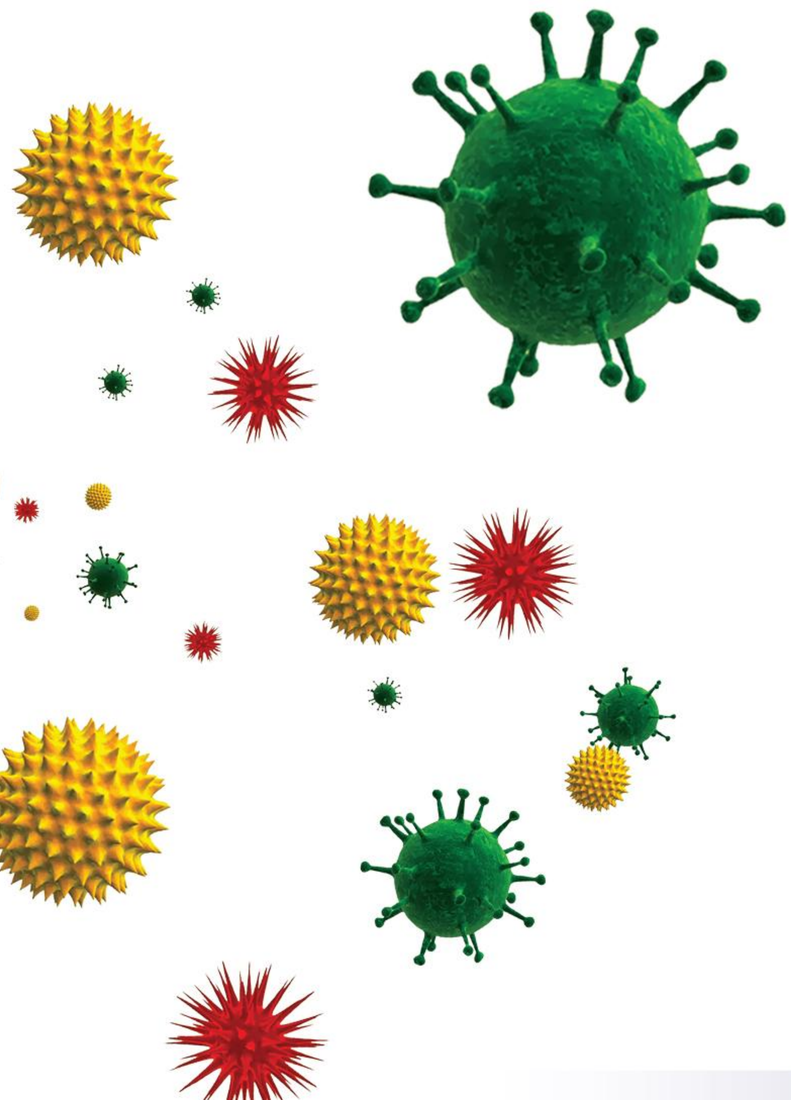
"Just because we've identified a characteristic in the mother doesn't mean it's causal," Bartz said.

Big questions remain, she said, including the partner's role in this puzzle. A study that involved couples "would probably give us a lot of insight," she said.

CLINICAL PRACTICE GUIDELINE:

ALLERGIC RHINITIS

Otolaryngol Head Neck Surg. 2015 Feb;152(1 Suppl):S1-43.



ABSTRACT

OBJECTIVE:

Allergic rhinitis (AR) is one of the most common diseases affecting adults. It is the most common chronic disease in children in the United States today and the fifth most common chronic disease in the United States overall. AR is estimated to affect nearly 1 in every 6 Americans and generates $2 to $5 billion in direct health expenditures annually. It can impair quality of life and, through loss of work and school attendance, is responsible for as much as $2 to $4 billion in lost productivity annually. Not surprisingly, myriad diagnostic tests and treatments are used in managing this disorder, yet there is considerable variation in their use. This clinical practice guideline was undertaken to optimize the care of patients with AR by addressing quality improvement opportunities through an evaluation of the available evidence and an assessment of the harm-benefit balance of various diagnostic and management options.

PURPOSE:

The primary purpose of this guideline is to address quality improvement opportunities for all clinicians, in any setting, who are likely to manage patients with AR as well as to optimize patient care, promote effective diagnosis and therapy, and reduce harmful or unnecessary variations in care. The guideline is intended to be applicable for both pediatric and adult patients with AR. Children under the age of 2 years were excluded from the clinical practice guideline because rhinitis in this population may be different than in older patients and is not informed by the same evidence base. The guideline is intended to focus on a limited number of quality improvement opportunities deemed most important by the working group and is not intended to be a comprehensive reference for diagnosing and managing AR. The recommendations outlined in the guideline are not intended to represent the standard of care for patient management, nor are the recommendations intended to limit treatment or care provided to individual patients.

ACTION STATEMENTS:

The development group made a strong recommendation that clinicians recommend intranasal steroids for patients with a clinical diagnosis of AR whose symptoms affect their quality of life. The development group also made a strong recommendation that clinicians recommend oral second-generation/less sedating

The development group made a strong recommendation that clinicians recommend intranasal steroids for patients with a clinical diagnosis of AR whose symptoms affect their quality of life. The development group also made a strong recommendation that clinicians recommend oral second-generation/less sedating antihistamines for patients with AR and primary complaints of sneezing and itching. The panel made the following recommendations: (1) Clinicians should make the clinical diagnosis of AR when patients present with a history and physical examination consistent with an allergic cause and 1 or more of the following symptoms: nasal congestion, runny nose, itchy nose, or sneezing. Findings of AR consistent with an allergic cause include, but are not limited to, clear rhinorrhea, nasal congestion, pale discoloration of the nasal mucosa, and red and watery eyes. (2) Clinicians should perform and interpret, or refer to a clinician who can perform and interpret, specific IgE (skin or blood) allergy testing for patients with a clinical diagnosis of AR who do not respond to empiric treatment, or when the diagnosis is uncertain, or when knowledge of the specific causative allergen is needed to target therapy. (3) Clinicians should assess patients with a clinical diagnosis of AR for, and document in the medical record, the presence of associated conditions such as asthma, atopic dermatitis, sleep-disordered breathing, conjunctivitis, rhinosinusitis, and otitis media. (4) Clinicians should offer, or refer to a clinician who can offer, immunotherapy (sublingual or subcutaneous) for patients with AR who have inadequate response to symptoms with pharmacologic therapy with or without environmental controls. The panel recommended against (1) clinicians routinely performing sinonasal imaging in patients presenting with symptoms consistent with a diagnosis of AR and (2) clinicians offering oral leukotriene receptor antagonists as primary therapy for patients with AR. The panel group made the following options: (1) Clinicians may advise avoidance of known allergens or may advise environmental controls (ie, removal of pets; the use of air filtration systems, bed covers, and acaricides [chemical agents formulated to kill dust mites]) in patients with AR who have identified allergens that correlate with clinical symptoms. (2) Clinicians may offer intranasal antihistamines for patients with seasonal, perennial, or episodic AR. (3) Clinicians may offer combination pharmacologic therapy in patients with AR who have inadequate response to pharmacologic monotherapy. (4) Clinicians may offer, or refer to a surgeon who can offer, inferior turbinate reduction in patients with AR with nasal airway obstruction and enlarged inferior turbinates who have failed medical management. (5) Clinicians may offer acupuncture, or refer to a clinician who can offer acupuncture, for patients with AR who are interested in nonpharmacologic therapy. The development group provided no recommendation regarding the use of herbal therapy for patients with AR.

POTENTIAL NEW TREATMENT FOR OSTEOPOROSIS

June 12, 2015
http://www.sciencedaily.com/releases/2015/06/150612090628.htm

Scientists from the Florida campus of The Scripps Research Institute (TSRI) have identified a new therapeutic approach that, while still preliminary, could promote the development of new bone-forming cells in patients suffering from bone loss.

The study, published today in the journal Nature Communications, focused on a protein called PPARγ (known as the master regulator of fat) and its impact on the fate of stem cells derived from bone marrow ("mesenchymal stem cells"). Since these mesenchymal stem cells can develop into several different cell types -- including fat, connective tissues, bone and cartilage -- they have a number of potentially important therapeutic applications.

The scientists knew that a partial loss of PPARγ in a genetically modified mouse model led to increased bone formation. To see if they could mimic that effect using a drug candidate, the researchers combined a variety of structural biology approaches to rationally design a new compound that could repress the biological activity of PPARγ.

The results showed that when human mesenchymal stem cells were treated with the new compound, which they called SR2595 (SR=Scripps Research), there was a statistically significant increase in osteoblast formation, a cell type known to form bone.

"These findings demonstrate for the first time a new therapeutic application for drugs targeting PPARγ, which has been the focus of efforts to develop insulin sensitizers to treat type 2 diabetes," said Patrick Griffin, chair of the Department of Molecular Therapeutics and director of the Translational Research Institute at Scripps Florida. "We have already demonstrated SR2595 has suitable properties for testing in mice; the next step is to perform an in-depth analysis of the drug's efficacy in animal models of bone loss, aging, obesity and diabetes."

In addition to identifying a potential new therapeutic for bone loss, the study may have even broader implications.

"Because PPARG is so closely related to several proteins with known roles in disease, we can potentially apply these structural insights to design new compounds for a variety of therapeutic applications," said David P. Marciano, first author of the study, a recent graduate of TSRI's PhD program and former member of the Griffin lab. "In addition, we now better understand how natural molecules in our bodies regulate metabolic and bone homeostasis, and how unwanted changes can underlie the pathogenesis of a disease." Marciano will focus on this subject in his postdoctoral work in the Department of Genetics at Stanford University.

Anti-Osteoporosis Therapy And Fracture Healing

1.Arch Orthop Trauma Surg. 2014 Feb;134(2):291-7.

ABSTRACT

BACKGROUND:

A number of medications are approved for treatment of osteoporosis. As mode of action usually is anti-catabolic/anti-resorptive or anabolic, it is of interest to know whether these drugs affect not only normal bone remodeling, but also fracture healing.

OBJECTIVE:

The purpose of this paper is to give a short overview of the potential effect of various anti-osteoporotic medication on fracture healing.

METHODS:

A narrative literature review was performed to describe the current

RESULTS:

Anti-catabolic/anti-resorptive drugs: for bisphosphonates, the most common class of drugs in this group, experimental studies have shown a larger and stronger callus and delayed remodeling but no evidence of delayed healing. A human monoclonal antibody to RANKL is another anti-catabolic drug, with the only report to date showing enhanced healing in an animal model. Strontium ranelate is a drug where both anti-catabolic and a weak anabolic effect have been proposed, with experimental data ranging from no effect to significant increase in both callus volume and strength. Anabolic drugs: PTH has demonstrated accelerated healing of various experimental fractures and of distal radius and pelvic fractures in humans. While the exact mechanism is not fully understood, PTH results in increased recruitment and differentiation of chondrocytes and enhancement of endochondral ossification. A monoclonal antibody to block sclerostin is another potential anabolic

CONCLUSION:

There are still large gaps in the understanding of the potential effect of anti-osteoporotic drugs on fracture healing, although based on present knowledge a recent or present fracture should not be considered as a contraindication to such treatment.

Taking Folic Acid Supplements In Early Pregnancy Can Prevent Autism

March 06, 2013 by: Sherry Baker, Health Sciences Editor

(NaturalNews) According to the Centers for Disease Control and Prevention (CDC), about one in 88 children in the U.S. has an Autism Spectrum Disorder (ASD) -- but little is known about how the disorder develops and methods for diagnosis, prevention, and treatment are limited. But now comes word from a large study just published in the Journal of the American Medical Association (JAMA) that offers hope autism and related disorders can be prevented before birth, naturally. The key? ***Taking prenatal folic acid supplements***

The research, compiled from the Norwegian Mother and Child Cohort Study (MoBa) and its sub-study of autism, the Autism Birth Cohort (ABC) Study, an international collaboration between the Norwegian Institute of Public Health and Columbia University in New York, comprises the largest prospective birth cohort study designed to zero in on gene-environment interactions and biomarker discovery for neuropsychiatric disorders, including autism.

In all, 85,176 MoBa babies born between 2002 and 2008 and their parents participated in the study. Diets were recorded and records were kept on the development of autism spectrum disorders. The researchers found 270 cases of autism spectrum disorders in the children who participated in the study. However, moms who took folic acid supplements in early pregnancy -- specifically, four weeks before to eight weeks after the start of pregnancy -- had a 40 percent reduced risk of having children with autistic disorder (the most severe form of autism spectrum disorders) compared to mothers who didn't take the vitamin.

The timing of a pregnant woman taking folic acid appears to be a critical factor, the researchers noted in their paper. A child's risk of autism was reduced only when the supplements were taken before pregnancy and during the first two months pregnancy.

"We examined the rate of autism spectrum disorders in children born to mothers who did or did not take folic acid during pregnancy. There was a dramatic reduction in the risk of autistic disorder in children born to mothers who took folic acid supplements," *Pal Suren, first author and epidemiologist at the Norwegian Institute of Public Health (NIPH), said in a media statement.*

In recent years, scientists have studied how folic acid may have other beneficial and protective effects on the development of an unborn baby's brain and spinal cord. For example, a study of language development from MoBa, published in 2011, found that youngsters whose mothers took folic acid supplements in early pregnancy had only half the risk of severe language delay at age three years compared with other children. More 2011 research from the University of California, Davis, showed a lower risk of autism spectrum disorders in children of mothers who had used prenatal vitamin supplements, which contained folic acid, during pregnancy.

Prevent Thrombosis &
Normalize the
Blood Flow

Zustback-60

Enoxaparin 60mg **INJECTION (Prefilled Syringe)**

Dosage: 1mg/ kg every 12 hours

- Greater bioavailability and longer half-life than unfractionated heparin[1]
- Superior to UFH* for reducing number of death and serious cardiac ischemic events[2]
- Safe and effective in preventing portal vein thrombosis in patients with cirrhosis[3]
- Allows less frequent subcutaneous administration[1]

Acute Deep Vein Thrombosis

Prophylaxis of Ischemic Complications of Unstable Angina

Non-Q-Wave Myocardial Infarction

Acute ST-Segment Elevation Myocardial Infarction

1.Drugs. 1992 Sep;44(3):465-97. 2.Circulation. 1999 Oct 12;100(15):1593-601.
3.Gastroenterology. 2012 Nov;143(5):1253-60.e1-4. *Unfractionated heparin

THE EFFICACY AND SAFETY OF ENOXAPARIN VERSUS UNFRACTIONATED HEPARIN FOR THE PREVENTION OF VENOUS THROMBOEMBOLISM AFTER ACUTE ISCHAEMIC STROKE (PREVAIL STUDY): AN OPEN-LABEL RANDOMISED COMPARISON

http://strokenotes.pbworks.com/f/PREVAIL.pdf

SUMMARY

BACKGROUND:

Venous thromboembolism prophylaxis with low molecular weight heparin or unfractionated heparin is recommended in acute ischaemic stroke, but which regimen provides optimum treatment is uncertain. We aimed to compare the effi cacy and safety of enoxaparin with that of unfractionated heparin for patients with stroke.

METHODS:

1762 patients with acute ischaemic stroke who were unable to walk unassisted were randomly assigned within 48 h of symptoms to receive either enoxaparin 40 mg subcutaneously once daily or unfractionated heparin 5000 U subcutaneously every 12 h for 10 days (range 6–14). Patients were stratified by National Institutes of Health Stroke Scale (NIHSS) score (severe stroke ≥14, less severe stroke

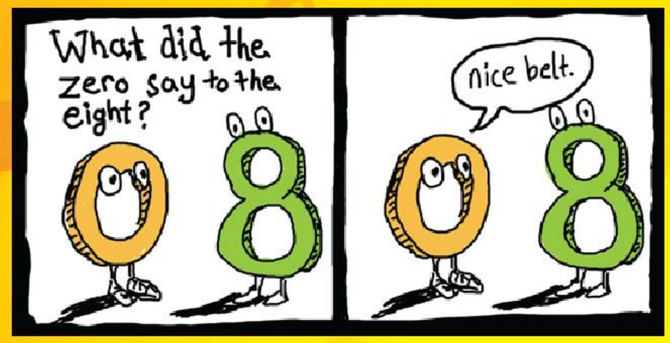
FINDINGS:

In the efficacy population (ie, one or more dose received, presence of deep vein thrombosis or pulmonary embolism, or assessment for venous thromboembolism), enoxaparin (n=666) and unfractionated heparin (669) were given for 10•5 days (SD 3•2). Enoxaparin reduced the risk of venous thromboembolism by 43% compared with unfractionated heparin (68 [10%] vs 121 [18%]; relative risk 0•57, 95% CI 0•44–0•76, p=0•0001; diff erence –7•9%, –11•6 to –4•2); this reduction was consistent for patients with an NIHSS score of 14 or more (26 [16%] vs 52 [30%]; p=0•0036) or less than 14 (42 [8%] vs 69 [14%]; p=0•0044). The occurrence of any bleeding was similar with enoxaparin (69 [8%]) or unfractionated heparin (71 [8%]; p=0•83). The frequency of the composite of symptomatic intracranial and major extracranial haemorrhage was small and closely similar between groups (enoxaparin 11 [1%] vs unfractionated heparin 6 [1%]; p=0•23). We noted no diff erence for symptomatic intracranial haemorrhage between groups (4 [1%] vs 6 [1%], respectively; p=0•55); the rate of major extracranial bleeding was higher with enoxaparin than with unfractionated heparin (7 [1%] vs 0; p=0•015).

INTERPRETATION:

Our results suggest that for patients with acute ischaemic stroke, enoxaparin is preferable to unfractionated heparin for venous thromboembolism prophylaxis in view of its better clinical benefi ts to risk ratio and convenience of once daily administration.

Jokes Laugh Factory



A woman tells her doctor
"I want a hysterectomy."

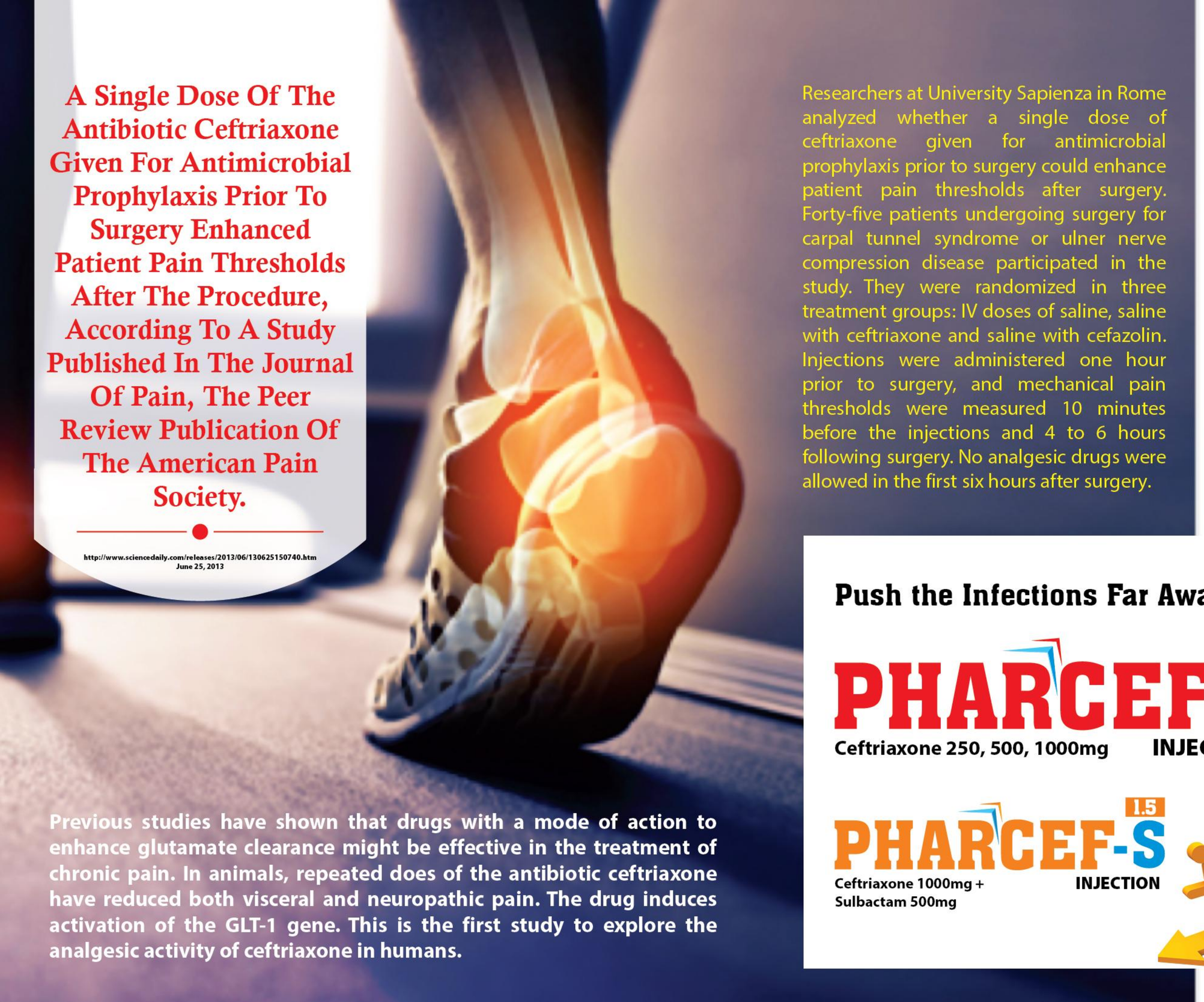
The doctor asks
" Why Mrs. Koslowski, you're 77 years old?"

She tells him
" I don't want any grandchildren."

Wife: I hate that beggar.

Husband: Why?

Wife: Stupid Moron.. I gave him food yesterday & today he gifted me a book "How to Cook!!!"



A Single Dose Of The Antibiotic Ceftriaxone Given For Antimicrobial Prophylaxis Prior To Surgery Enhanced Patient Pain Thresholds After The Procedure, According To A Study Published In The Journal Of Pain, The Peer Review Publication Of The American Pain Society.

http://www.sciencedaily.com/releases/2013/06/130625150740.htm
June 25, 2013

Researchers at University Sapienza in Rome analyzed whether a single dose of ceftriaxone given for antimicrobial prophylaxis prior to surgery could enhance patient pain thresholds after surgery. Forty-five patients undergoing surgery for carpal tunnel syndrome or ulner nerve compression disease participated in the study. They were randomized in three treatment groups: IV doses of saline, saline with ceftriaxone and saline with cefazolin. Injections were administered one hour prior to surgery, and mechanical pain thresholds were measured 10 minutes before the injections and 4 to 6 hours following surgery. No analgesic drugs were allowed in the first six hours after surgery.

Results in the human subjects showed that those treated with saline and cefazolin showed no change in mechanical pain thresholds six to seven hours after surgery, but pain thresholds in patients given a single preoperative does of ceftriaxone increased significantly.

This is the first study showing analgesia resulted from administration of an antibiotic in humans. The authors concluded that ceftriaxone should be the drug of choice for surgical prophylaxis in situations when pain does not rapidly resolve following surgery or when strong pain is expected to occur after surgery.'

Previous studies have shown that drugs with a mode of action to enhance glutamate clearance might be effective in the treatment of chronic pain. In animals, repeated does of the antibiotic ceftriaxone have reduced both visceral and neuropathic pain. The drug induces activation of the GLT-1 gene. This is the first study to explore the analgesic activity of ceftriaxone in humans.

PAIN OFTEN OVER LOOKED IN PREMATURE INFANTS

Premature infants receiving intensive care are exposed to a great deal of pain, and this pain causes damage to the child. Despite this half of the infants admitted to neonatal intensive units will not receive any pain relief, according to a new European study published in The Lancet Respiratory Medicine.

That is, no one assesses if the infant is experiencing pain or how much pain relief the infant requires, says Mats Eriksson, researcher at Örebro University.

"Premature infants are sensitive to pain because their brain and nervous systems are still in development. But we cannot administer pain relief or sedation simply as a precaution, because pain relief at the wrong time will also lead to damage.

Therefore, correct pain assessment is extremely important," says Mats Eriksson, a specialist nurse in intensive care and researcher in medical science, who has worked on this survey, together with Hugo Lagercrantz at the Karolinska Institute and Ricardo Carbajal from Université Pierre et Marie Curie in Paris, and in cooperation with researchers from 17 other countries

The international EU project has investigated 6,700 premature infants in 243 neonatal intensive care units in 18 countries, the largest study of its kind. The study shows that just over half of the children received no pain assessment, and a fifth received no pain relief or sedative medication at all.

"It is astonishing that so many children were not assessed. Proper pain assessment is the basis for a good treatment. By checking the baby's facial expressions, heart rate and breathing, the amount of analgesic needed can be estimated," says Mats Eriksson.

It is uncertain if the 20 per cent of infants, who never received any pain relief, needed it. However, the study does show that in those cases the infant's pain was assessed, it was almost double so likely that the child received opioid analgesic such as morphine, or sedative drugs. On the other hand, the earlier a premature child is born, the less likely the child will receive analgesic or sedative drugs.

"20 per cent of the infants never received analgesia, and it is quite likely that many of them may have needed it at least at some point," says Mats Eriksson.

"In Sweden, we have made considerable progress. We are quite apt at pain assessment and at adapting treatment. We are also good at using alternative methods, such as relieving pain with a sucrose solution or with skin-to-skin contact with a parent. In this way we can relieve pain for the infant without using excessive analgesia or sedatives."

A good balance between analgesia and sedatives makes it possible to avoid future problems. Experiencing a lot of pain as a newborn may lead to behavioural changes with regards to pain later as an adult. That is, that one is quite simply being more sensitive to pain. In addition, many children develop attention and concentration problems, perhaps developing ADHD.

But there are significant differences between European countries regarding pain assessment and pain management. For example Greece stands out by providing much less analgesia than other countries.

"The goal is that all children should receive similar treatment, not simply based on chance, traditions or what an individual doctor believes or doesn't believe. There are international guidelines, but they are old and need to be updated. The next step is to develop common European guidelines."

HEAD TRAUMA
LINKED TO SAME 'PLAQUES' SEEN IN ALZHEIMER'S

HTTP://WWW.LIVESCIENCE.COM/53594-BRAIN-INJURY-PLAQUES.HTML

People with brain injuries from trauma to the head may have a buildup of the same plaques seen in people with Alzheimer's disease in their brains, a small, new study suggests.

Moreover, the areas of the brain where the plaques were found in people with brain injuries overlapped with the areas where plaques are usually found inpeople with Alzheimer's. However, the people with the brain injuries also had plaques in some other brain areas, the researchers said.

"People, after a head injury, are more likely to develop dementia, but it isn't clear why," study co-author David Sharp, a neurology professor at Imperial College London in the United Kingdom, said in a statement. "Our findings suggest [that traumatic brain injury] leads to thedevelopment of the plaques which are a well-known feature of Alzheimer's disease."

In the new study, the researchers scanned the brains of nine people who all had a single traumatic brain injury (TBI) that was moderate to severe. The average age of the people in the study was 40, and their brain injuries occurred between 11 months and 17 years before the start of the study. For comparison, the researchers also scanned the brains of nine people without a TBI and the brains of 10 people with Alzheimer's disease.

The researchers found that both the people with brain injuries and the people with Alzheimer's disease had plaques in a brain area called the posterior cingulate cortex, which is affected in the early stages of Alzheimer's. [10 Ways to Keep Your Mind Sharp]

However, only the people with brain injuries had plaques in the brain's cerebellum, according to the study, published today (Feb. 3) in the journal Neurology.

Moreover, the buildup of the plaques was greater in the patients with brain injuries who had more damage to the brain's white matter, the researchers found.

These findings suggests that "plaques are triggered by a different mechanism after a traumatic brain injury," than they are in people with Alzheimer's, Sharp said. "The damage to the brain's white matter at the time of the injury may act as a trigger for plaque production."

In the study, the researchers also examined the subjects' thinking abilities. They found that the people with brain injuries performed worse on tests of attention, information-processing speed and cognitive flexibility, compared with age-matched people in the control group.

"The patients we studied here had a single, moderate-severe traumatic brain injury, for example, from motor vehicle accidents," said lead study author Dr. Gregory Scott, a clinical research fellow who is also with Imperial College London.

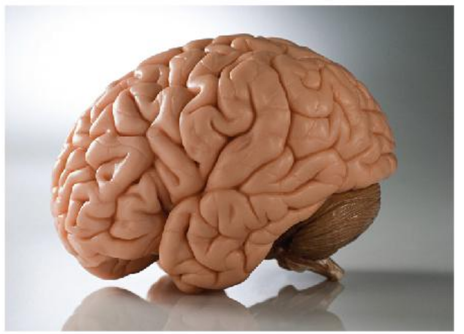
"Our results suggest the consequences of such an injury can be very prolonged and potentially lead to [the] development of dementia," he told Live Science.

"If a link between brain injury and later Alzheimer's disease is confirmed in larger studies, neurologists may be able to find prevention and treatment strategies to stave off the disease earlier," Sharp said.

Over the past decade, the rate of visits to emergency departments due to traumatic brain injury has increased by 70 percent, and "was estimated in 2010 at a staggering 2.5 million visits," neuroscience researchers Ansgar J. Furst of Stanford University School of Medicine and Erin D. Bigler of Brigham Young University, who were not involved in the study, wrote in a related editorial.

According to some estimates, 3 to 5 million people in the United States live with disabilities related to TBIs, they said in their editorial.

Furst and Bigler noted that, though the new findings are exciting, the number of people with TBI in the current study was small, and therefore more research is needed to confirm the results.



A POST-MARKETING SURVEILLANCE STUDY OF TOLPERISONE [MYOTOP-150]:

IT'S USE IN THE GENERAL CLINICAL PRACTICE IN INDIA

JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH. 2011 JUNE, VOL-5(3): 561-565

ABSTRACT

BACKGROUND AND OBJECTIVE:

Tolperisone hydrochloride is a centrally acting muscle relaxant that has been used for the symptomatic treatment of spasticity and muscle spasm. The present observational study was undertaken to assess the safety and efficacy of Tolperisone in Indian patients.

Settings and Design: An observational study involving 92 physicians across the various states of India, who prescribed Tolperisone to their patients.

METHODS AND MATERIAL:

The demographic exposure and outcome data of the patients who were prescribed Myotop-150 (Tolperisone hydrochloride) were obtained from the completed case record forms which were received from the physicians. Adverse events which were observed during the therapy were recorded. Symptom severity was given a scoring on a 7-point Likert scale before and after the therapy

RESULTS:

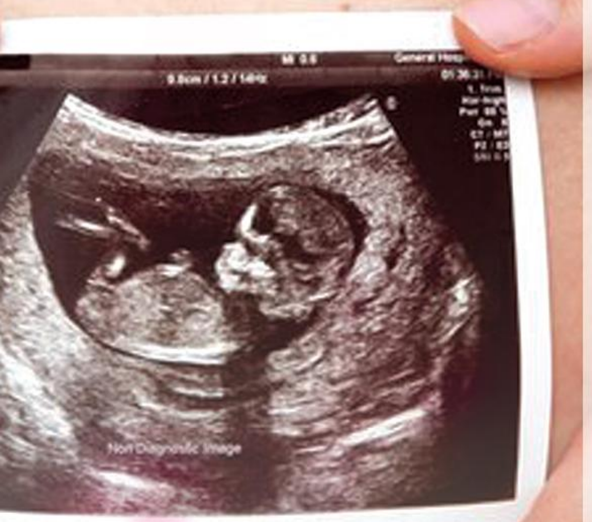
Data was collected for 165 patients, with a mean age of 43.88 ± (SD) 11.27 years [Range: 15 to 72 years]. At the baseline, the mean ± SD of the score on the 7-point Likert scale was 4.96 ± 1.01. After treatment with tolperisone, the mean score was 1.87 ± 0.91, with a significant reduction of 3.08 ± 1.14; $p < 0.0001$. After therapy, 42.04% of the patients reported "no problem". In 88.02% of the patients who were treated, the physicians rated the treatment with tolperisone as excellent, very good or good. Side-effects were observed in 7.88% of the patients.

CONCLUSIONS:

The present observational study demonstrates that the therapy with tolperisone is an effective and welltolerated strategy in patients with diseases or conditions which are associated with spasticity or muscle spasm.

Cases Of Gastroschisis, A Birth Defect, On The Rise In The US

http://news.yahoo.com/cases-gastroschisis-birth-defect-rise-us-163109557.html
February 1, 2016



Cases of a rare birth defect called gastroschisis are increasing in the U.S., according to a recent government report. But what is gastroschisis, and what causes it?

Gastroschisis (GAS-tro-SKEE-sis) occurs when the muscles in the intestinal wall of a fetus do not develop properly, thus causing the intestines to poke through an opening in the skin, to the right of the umbilical cord.

In some cases, other organs, like the stomach, may also develop outside the baby's body, said Dr. Holly Hedrick, an attending pediatric and fetal surgeon at The Children's Hospital of Philadelphia. [9 Uncommon Conditions That Pregnancy May Bring]

"It's typically diagnosed during the second trimester by ultrasound," Hedrick told Live Science. During the first trimester, the fetus's intestines aren't in a fixed position inside the body — they "come out and go back in," making it difficult for a doctor to tell if something's wrong, Hedrick said.

By the second trimester, intestines should be permanently inside the fetus, and if they're not, intestine loops that are visible on an ultrasound point to the gastroschisis abnormality, she said.

In a recent report, researchers at the Centers for Disease Control and Prevention found that yearly cases of gastroschisis in the U.S. more than doubled, rising 129 percent, between 1995 and 2012. The increase is concerning, but the condition remains rare — there are now about 2,000 babies in the U.S. born yearly with gastroschisis, the report said.

A previous report showed that gastroschisis cases in the U.S. doubled between 1995 and 2005 —from about 2 cases per 10,000 live births to about 4 cases per 10,000 live births, according to findings published in 2013 in the journal Obstetrics and Gynecology.

The new report shows that the biggest increase in the rate of gastroschisis has been in babies born to younger, non-Hispanic black women, age 20 or under, the CDC said. The report analyzed data from 14 states, representing about 29 percent of all births in the U.S.

Hedrick, who was not involved with the CDC study, told Live Science that babies born with gastroschisis generally need surgery shortly after birthto move the displaced organs back inside the body and to repair the wall meant to hold them in place. But the severity of the harm to a baby from having the exposed intestines can vary widely, Hedrick said.

"The outcome of the baby is directly related to the function of the bowel," Hedrick told Live Science. If the intestine is exposed during pregnancy, it can be damaged — by exposure to the amniotic fluid surrounding it, or by trauma from repeated contact in the womb — and this damage can continue to affect the baby's health, even after corrective surgery.

In about 10 percent of gastroschisis cases, only a small part of the bowel is exposed, and replacing it is relatively simple: "You can just return the bowel to the abdominal cavity without surgery," Hedrick said, adding that hospital stays for these cases typically last less than one month.

But in some cases, if the blood supply to the intestines is restricted and the intestine becomes malformed, or if there's extensive scarring to the intestinal tissue, the return of normal bowel function can be delayed severely, Hedrick said. About 20 percent of gastroschisis cases exhibit these extreme complications, which can require hospital stays lasting three to six months and multiple surgeries, and can leave the baby with developmental problems caused by an impaired ability to absorb nutrients. In some cases, the damage is too great for the baby to survive, Hedrick said.

Most gastroschisis cases fall somewhere between these two extremes, Hedrick told Live Science. Typically, doctors replace the exposed bowels using a specialized pouch called a "silo," which stacks the intestines and uses a combination of gravity and pressure to gradually push them back into place, Hedrick explained. Once the intestines are tucked away, the abdominal wall is closed, and the babies are usually released from the hospital after three to six weeks, once doctors can tell that their intestines are working well.

Health officials are not sure what causes gastroschisis, though the CDC suggests that it might be triggered by genetic factors — either independently or in combination with other influences like environmental conditions that the mother is exposed to, or food, drink or medicines she ingests while pregnant.

However, the CDC researchers noted a particularly dramatic uptick in the number of infants with gastroschisis born to young, black mothers. Over an 18-year period, gastroschisis cases among this group more than tripled, rising 263 percent. In comparison, there was a 68 percent increase in infants with gastroschisis born to white mothers over the same period. The CDC's analysis gives a clearer picture of where the birth defect is happening, but many questions still remain about what causes the deformity, why teen mothers are especially susceptible, and why the condition seems to be occurring more frequently than ever in children born to black women.

"It concerns us that we don't know why more babies are being born with this serious birth defect," Coleen Boyle, director of the CDC's National Center on Birth Defects and Developmental Disabilities, said in a statement.

Abbey Jones, lead author of the CDC report and an epidemiologist for the CDC's National Center on Birth Defects and Developmental Disabilities, told Live Science that further steps are required not only to determine why the risks are greater for young mothers, but also to uncover an explanation for the escalating number of cases.

"As the cause of the increase in prevalence is unknown, public health research on gastroschisis is urgently needed," Jones said.

PRODUCTS AT A GLANCE

ANALGESIC, ANTI-SPASMODIC, ANTI-INFLAMMATORY

1.	ACEPHAR-100	Aceclofenac 100mg	Tablet
2.	ACEPHAR-200 SR	Aceclofenac 200mg Sustained Release	Tablet
3.	ACEPHAR-MR	Aceclofenac 100mg + Paracetamol 325mg + Chlorzoxazone 250mg	Tablet
4.	ACEPHAR-P	Aceclofenac 100mg + Paracetamol 325mg	Tablet
5.	ACEPHAR-P	Aceclofenac 100mg + Paracetamol 325mg (Alu-Alu)	Tablet
6.	ACEPHAR-PR	Aceclofenac 100mg + Paracetamol 325mg + Rabeprazole	Tablet
7.	ACEPHAR-RSR	Aceclofenac 200mg + Rabeprazole Sodium 20mg	Capsule
8.	ACEPHAR-SP	Aceclofenac 100mg + Paracetamol 325mg + Serratiopeptidase 15mg	Tablet
9.	ACEPHAR-T4	Aceclofenac 100mg + Thiocolchicoside 4mg	Tablet
10.	ACEPHAR-T8	Aceclofenac 100mg + Thiocolchicoside 8mg	Tablet
11.	CLIPOXT	Clidinium Bromide + Chlordiazepoxide + Dicyclomine Hydrochloride	Tablet
12.	DIXER-S	Diclofenac Potassium 50mg + Serratiopeptidase 10mg	Tablet
13.	DIXER-S	Diclofenac Potassium 50mg + Serratiopeptidase 10mg (Alu-Alu)	Tablet
14.	DIXER-SP	Diclofenac Potassium 50mg + Serratiopeptidase 15mg + Paracetamol 325mg	Tablet
15.	DIXMETA	Diclofenac 50mg + Metaxalone 400mg	Tablet
16.	ERACOX-90	Etoricoxib 90mg	Tablet
17.	ERACOX-120	Etoricoxib 120mg	Tablet
18.	ETGO 600 ER	Etodolac 600mg (ER)	Tablet
19.	FAXCERIN-GM	Glucosamine Sulphate Potassium Chloride 750mg + MSM 250mg + Diacerein 50mg	Tablet
20.	JUVINATE-G	Gabapentin 300mg + Methylcobalamin 500mcg	Tablet
21.	JUVINATE-P	Pregabalin 75mg + Methylcobalamin 750mcg	Capsule
22.	JUVINOR-P	Pregabalin 75mg + Nortriptyline 10mg	Tablet
23.	JUVINOR-G	Gabapentin 400mg + Nortriptyline 10mg	Tablet
24.	NOBI-P	Nimesulide 100mg + Paracetamol 325mg	Tablet
25.	SEGRAM	Serratiopeptidase 10mg	Tablet
26.	TOLFIX 150	Tolperisone 150mg	Tablet
27.	TOLFIX-P	Tolperisone 150mg + Paracetamol 325mg	Tablet
28.	TRAMPHAR-P	Tramadol 37.5mg + Paracetamol 325mg	Tablet
29.	RUTOFIT	Trypsin 48mg + Bromelain 90mg + Rutoside 100mg	Tablet
30.	RUTOFIT-AP	Aceclofenac 100mg + Trypsin 48mg + Bromelain 90mg + Rutoside 100mg	Tablet
31.	RUTOFIT-D	Trypsin 48mg + Bromelain 90mg + Rutoside Trihydrate 100mg + Diclofenac Sodium 50mg	Tablet
32.	ERACOX-T4	Etoricoxib 60mg + Thiocolchicoside 4mg	Tablet
33.	ERACOX-P	Etoricoxib 60mg + Paracetamol 325mg	Tablet
34.	CHOMFIT-D	Trypsin-chymotrypsin 50,000 Armour Units + Diclofenac Potassium 50mg	Tablet
35.	RUTOFIT-PLUS	Trypsin 96mg + Bromelain 180mg + Rutoside 200mg	Tablet
36.	DIXER	Diclofenac Sodium 25mg	Injection
37.	DIXER AQUA	Diclofenac Sodium	Injection
38.	TRAMPHAR	Tramadol Hydrochloride 100mg	Injection
39.	PIROSET	Piroxicam 20mg	Injection
40.	NOBI-P	Mefenamic Acid 50mg + Paracetamol 125mg	Suspension
41.	TEMPDIP	Paracetamol Oral Suspension	Suspension
42.	ACEPHAR-P	Aceclofenac + Paracetamol Suspension	Pediatric
43.	COLIDEL	Dicyclomine HCl + Dried Aluminimum Hydroxide + Light Magnesium Oxide + Simethicone Suspension	Pediatric
44.	DIXER GEL	Diclofenac + Linseed Oil	Ointment
45.	DIXER PLUS GEL	Linseed Oil + Diclofenac Sodium + Methyl Salicylate + Capsaicin + Menthol Gel	Ointment
46.	MOLINI GEL	Diclofenac + Linseed Oil	Ointment
47.	RHUMOIL	Ayurvedic Painkiller Oil	Ointment
48.	ACTILAP	Benzydamine Hydrochloride Mouth Wash	Dental Care

ANTICOLD, ANTI-ALLERGICS, ANTI-COUGH

1.	DELARGY	Desloratadine Mouth Dissolving	Tablet
2.	DELARGY-M	Desloratadine + Montelukast Sodium	Tablet
3.	HYHOLD 25	Hydroxyzine 25mg	Tablet
4.	KOLDPHAR	Caffeine 30mg + Phenylephrine HCl 5mg + Chlorpheniramine Maleate 2mg + Paracetamol 325mg	Tablet
5.	LARGY-5	Levocetirizine Dihydrochloride 5mg	Tablet
6.	LARGY-10	Levocetirizine Dihydrochloride 10mg	Tablet
7.	LARGY-F	Montelukast 10mg + Fexofenadine 120mg	Tablet
8.	LARGY-M	Levocetirizine 5mg + Montelukast Sodium 10mg	Tablet
9.	LARGY-M	Levocetirizine 5mg + Montelukast Sodium 10mg (Alu-Alu)	Tablet
10.	LARGY-M KID	Levocetirizine 2.5mg + Montelukast Sodium 5mg	Tablet
11.	LUNGDOX-A	Doxofylline 400mg + Ambroxol 30mg	Tablet
12.	LUNGDOX-M	Doxofylline 400mg + Montelukast 10mg	Tablet
13.	NOBI-P COLD	Nimesulide 100mg + Paracetamol 325mg + Cetirizine Hydrochloride 5mg + Phenylephrine Hydrochloride 5mg + Caffeine 25mg	Tablet
14.	SAFEGRA-120	Fexofenadine Hydrochloride 120mg	Tablet
15.	PHYLOROY	Acebrophylline 100mg	Capsule
16.	CODUCT	Levocetirizine Hydrochloride + Ambroxol HCl + Guaiphenesin + Menthol	Syrup
17.	DEXFAR-B	Diphenhydramine HCL 14.08mg + Ammonium Chloride 0.138gms + Sodium Citrate 57.03 + Menthol 4mg	Syrup
18.	DEXFAR-D	Chlorpheniramine Maleate 2mg + Dextromethorphan Hydrobromide 10mg + Phenylephrine Hydrochloride 5mg	Syrup
19.	DEXFAR-A	Ambroxol 15mg + Guaifenesin 50mg + Terbutaline 1.5mg + Menthol 1mg	Syrup
20.	DEXFAR-A	Ambroxol 15mg + Guaifenesin 50mg + Terbutaline 1.25mg + Menthol 2.5mg	Syrup
21.	NITCORIL	Chlorpheniramine Maleate 2.5mg + Ammonium Chloride 125mg + Sodium Citrate 62.5mg + Menthol 1.25mg	Syrup
22.	KOLDPHAR	Phenylephrine HCL 2.5mg + CPM 1mg + Paracetamol 125mg Suspension	Pediatric
23.	KOLDPHAR PLUS	Phenylephrine HCL 5mg + CPM 2mg + Paracetamol 250mg Suspension	Pediatric
24.	LARGY-M	Levocetirizine Dihydrochloride + Montelukast	Pediatric

ANTI-BIOTICS , ANTI-MALARIALS, ANTI-INFECTIVE

1	A ARTI-L	Arteemether 80mg + Lumefantrine 480mg	Tablet
2.	ACTIVE-G	Clotrimazole 1%w/v + Dipropionate 0.025%w/v + Choline Salicylate 9%w/v + Chloride Sol. 0.02%w/v	Dental Care
3.	AZIPHAR 250	Azithromycin 250mg	Tablet
4.	AZIPHAR 500	Azithromycin 500mg	Tablet
5.	BACKSLID -LZ	Linezolid 600 mg + Cefuroxime 500mg	Tablet
6.	BENDIFER	Albendazole 400mg	Tablet
7.	CIFAXT -250	Cefuroxime 250mg	Tablet
8.	CIFAXT -500	Cefuroxime 500mg	Tablet
9.	CIFAXT-CV	Cefuroxime 500mg + Clavulanic Acid 125mg	Tablet
10.	CIFLOW -500	Ciprofloxacin 500mg	Tablet
11.	ELCLARI	Clarithromycin 500mg	Tablet
12.	FYPENEM	Feropenem 200mg	Tablet
13.	LAYCEF 100	Cefixime Anhydrous 100mg	Tablet
14.	LAYCEF 200	Cefixime Anhydrous 200mg	Tablet
15.	LAYCEF 50	Cefixime Anhydrous 50mg	Tablet
16.	LAYCEF-AZ	Cefixime 200mg + Azithromycin 250mg	Tablet
17.	LAYCEF-CV	Cefixime + Clavulanic Acid	Tablet
18.	LAYCEF -LZ	Linezolid 600mg + Cefixime Trihydrate 200mg	Tablet
19.	LAYCEF-O	Cefixime 200mg + Ofloxacin 200mg	Tablet
20.	LAYCEF -OZ	Cefixime 200mg + Ornidazole 500mg	Tablet
21.	LEVOFLOW 500	Levofloxacin 500mg	Tablet
22.	LEVOFLOW-AZ	Levofloxacin 250mg + Azithromycin 250mg	Tablet
23.	LINEID	Linezolid	Tablet
24.	MOXIPHAR-CV KID	Amoxycillin 200mg + Clavulanate Potassium 28.5mg (228.5mg)	Tablet
25.	MOXIPHAR-CV-375	Amoxycillin + Clavulanic Acid 375mg (Alu-Alu)	Tablet
26.	MOXIPHAR-CV-625	Amoxycillin + Clavulanic Acid 625mg	Tablet
27.	MOXIPHAR-CV-625	Amoxycillin + Clavulanic Acid 625mg (Mono Carton)	Tablet
28.	MYRIFA- 200	Rifaximin 200mg	Tablet
29.	MYRIFA - 400	Rifaximin 400mg	Tablet
30.	MYRIFA - 550	Rifaximin 550mg	Tablet
31.	OPHAR 200	Ofloxacin 200mg (Blister)	Tablet
32.	OPHAR 200	Ofloxacin 200mg (Alu-Alu)	Tablet
33.	OPHAR-F	Ofloxacin 200mg + Flavoxate 200mg	Tablet
34.	OPHAR-OZ	Ofloxacin 200mg + Ornidazole 500mg	Tablet
35.	OPHAR -PLUS	Cefpodoxime Proxetil 200mg + Ofloxacin 200mg	Tablet
36.	OXICLOX-D	Amoxycillin 250mg + Dicloxacillin 250mg	Capsule
37.	PHARCEF-O 100	Cefpodoxime 100mg DT	Tablet
38.	PHARCEF-O 200	Cefpodoxime 200mg	Tablet
39.	PHARCEF-O CV	Cefpodoxime 200mg + Clavulanic Acid 125mg	Tablet
40.	TERBITOR 250	Terbinafine 250mg	Tablet

ANTI-BIOTICS , ANTI-MALARIALS, ANTI-INFECTIVE

41.	ADDSHE-KIT	Azithromycin + Seconidazole + Fluconazole Kit	Tablet
42.	CLIKCIN	Clindamycin 300mg	Capsule
43.	MYITRA-100	Itraconazole 100mg	Capsule
44.	MYITRA-200	Itraconazole 200mg	Capsule
45.	A.ARTI 60MG	Artesunate 60mg	Injection
46.	AART 150mg	Arteether 150mg Combi Pack	Injection
47.	AZECTION	Aztreonam 1000mg	Injection
48.	CIFAXT 1.5gm	Cefuroxime 1.5gm	Injection
49.	CLIKCIN-300	Clindamycin 150mg + Disodium Edetate 0.5mg + Benzyl Alcohol 9.45mg	Injection
50.	CLIKCIN-600	Clindamycin 150mg + Disodium Edetate 0.5mg + Benzyl Alcohol 9.45mg	Injection
51.	IMISERCH	Imipenem 500mg + Cilastatin Sodium 500mg	Injection
52.	LAYZID-TB	Ceftazidime + Tobramycin	Injection
53.	LAYZID-1GM	Ceftazidime	Injection
54.	MEROPHAR	Meropenam	Injection
55.	MEROPHAR-125	Meropenem 125mg	Injection
56.	MEROPHAR-250	Meropenem 250mg	Injection
57.	MEROPHAR-500	Meropenem 500mg	Injection
58.	MEROPHAR-S	Meropenem 1000mg + Sulbactam 500mg	Injection
59.	MIKAPHAR 100	Amikacin 100mg	Injection
60.	MIKAPHAR 250	Amikacin 250mg	Injection
61.	MIKAPHAR 500	Amikacin 500mg	Injection
62.	MOXIPHAR-CV1.2	Amoxycillin 1000mg + Clavulanic Acid 200mg	Injection
63.	PHARCEF 250	Ceftriaxone 250mg	Injection
64.	PHARCEF 500	Ceftriaxone 500mg	Injection
65.	PHARCEF1GM	Ceftriaxone 1gm	Injection
66.	PHARCEF-S 1.5	Ceftriaxone 1000mg + Sulbactam 500mg	Injection
67.	PHARCEF-S 375	Ceftriaxone 250mg + Sulbactam 125mg	Injection
68.	PHARCEF-S 750	Ceftriaxone 500mg + Sulbactam 250mg	Injection
69.	PHARCEF-T 1.125	Ceftriaxone 1000mg + Tazobactam 125mg	Injection
70.	PHARCEF-T 281.25	Ceftriaxone 250mg + Tazobactam 31.25mg (KID)	Injection
71.	PHARZONE-S1.5G	Cefoperazone 1gm + Sulbactam 500mg	Injection
72.	PHARZONE-S1GM	Cefoperazone Sodium 500mg + Sulbactam 500mg	Injection
73.	PHARZONE-T 1.125	Cefoperazone 1000mg + Tazobactam 125mg	Injection
74.	PIPLIN-T 4.5	Piperacillin 4gm + Tazobactam 0.5gm	Injection
75.	S-MOXIPHAR	Amoxycillin 1gm + Sulbactam 500mg	Injection
76.	TGBEST -50	Tigecycline 50mg	Injection
77.	AZIQUITIV-500	Azithromycin 500mg	Injection
78.	AZIPHAR-100	Azithromycin 100mg	Pediatric
79.	AZIPHAR-200	Azithromycin 200mg	Pediatric
80.	OPHAR-OZ	Ofloxacin 50mg + Ornidazole 125mg Suspension	Pediatric
81.	L-NOTA	Levofloxacin 125mg + Nitazoxanide 125mg	Pediatric
82.	BENDIFER	Albendazole Suspension	Pediatric
83.	GATLAYAR	Gatifloxacin Ophthalmic Solution	Eye Drops
84.	MOXLAYAR	Moxifloxacin Ophthalmic Solution	Eye Drops
85.	BIOPHARCEF-O	Cefpodoxime Proxetil	Dry Syrup
86.	LAYCEF -50	Cefixime 50mg	Dry Syrup
87.	LAYCEF -100	Cefixime 100mg	Dry Syrup
88.	LAYCEF-CV	Cefixime Anhydrous 50mg + Clavulanic Acid	Dry Syrup
89.	LAYCEF-AZ	Cefixime 50mg + Azithromycin 100mg	Dry Syrup
90.	LAYCEF-O	Cefixime 50mg + Ofloxacin 50mg	Dry Syrup
91.	PHARCEF -O CV	Cefpodoxime + Potassium Clavulanate	Dry Syrup
92.	MOXIPHAR-CV	Amoxicillin 200mg + Clavulanate Potassium 28.5mg	Dry Syrup
93.	NEWTY	Clobetasol Propionate + Neomycin Sulphate + Miconazole Nitrate	Cream
94.	OPHAR DERM	Ofloxacin + Ornidazole + Terbinafine Hydrochloride + Clobetasol Propionate	Ointment
95.	ACTIVE-A	Chlorhexidine Gluconate Solution	Dental Care

GASTROENTEROLOGY & HEPATOLOGY SEGMENT

1.	ILATAP	Ilaprazole 10mg	Tablet
2.	ILATAP-DSR	Ilaprazole 10mg + Domperidone 30mg	Tablet
3.	LAFUTY	Lafutidine 10mg	Tablet
4.	OPPI-CAPS	Omeprazole 20mg (Alu-Alu)	Capsule
5.	OPPI-CAPS	Omeprazole 20mg (Blister)	Capsule
6.	OPPI-D	Omeprazole 20mg + Domperidone 10mg (Alu-Alu)	Capsule
7.	OPPI-D	Omeprazole 20mg + Domperidone 10mg (Blister)	Capsule
8.	PANTOFER D	Pantoprazole 40mg + Domperidone 10mg	Tablet
9.	PANTOFER-40	Pantoprazole 40mg	Tablet
10.	PANTOFER-DSR	Pantoprazole 40mg + Domperidone 30mg	Capsule
11.	RABIFER DSR	Rabeprazole Sodium 20mg + Domperidone 30mg	Capsule
12.	RABIFER-20	Rabeprazole 20mg	Tablet
13.	RABIFER-D	Rabeprazole Sodium 20mg + Domperidone 10mg	Tablet
14.	PHAGOLAC	Prebiotic + Probiotic	Capsule
15.	URSOFT	Ursodeoxycholic Acid 300mg	Tablet
16.	PANTOFER-LS	Pantoprazole Sodium 40mg + Levosulpiride	Capsule
17.	RABIFER-LS	Rabeprazole sodium 20mg + Levosulpiride 75mg	Capsule
18.	ONDIPHAR	Ondansetron 2mg	Injection
19.	ACTILIV	L-Ornithine - L-Aspartate 5g	Injection
20.	LS-ADD	Levosulpiride	Injection
21.	PANTOFER I.V.	Pantoprazole Sodium 40mg	Injection
22.	RABIFER I.V.	Rabeprazole 20 mg	Injection
23.	ACTILIV	Cyproheptadine HCL 2mg + Tricholine Citrate 275mg	Syrup
24.	DUO-MPS	Magnesium Hydroxide + Aluminium Hydroxide + Dimethicone **(Mango)**	Syrup
25.	DUO-MPS	Magnesium Hydroxide + Aluminium Hydroxide + Dimethicone **(Mint)**	Syrup
26.	ENTOZYME	Fungal Diastase 50mg + Pepsin 10mg	Syrup
27.	ENTOZYME-DUO	Fungal Diastase 50mg + Pepsin 10mg + Vitamin B1, B2 & B6	Syrup
28.	LAXPOD	Sodium Picosulfate	Syrup
29.	LESIDIET-LA	Silymarin + L-ornithine L-aspartate	Syrup
30.	SYOFIT-O	Sucralfate 1gm + Oxetacaine 20mg	Syrup
31.	ZINXX	Zinc Gluconate Oral Solution	Syrup
32.	ZETCID-MPS	Magaldrate 400mg + Simethicone 60mg Oral Suspension (Mint) (Mango) (Saunf)	Syrup
33.	PHAGOLAC SYP	Zinc Gluconate With Prebiotic & Probiotic For Oral	Pediatric
34.	ENTOZYME DROP	Each 5ml Contains :Pepsin (1:3000) 10mg + Fungal Diastase (1:1200) 50mg	Drops
35.	ONDIPHAR DROP	Ondansetron Hydrochloride 2mg	Drops
36.	LIVSUM	Liver Tonic	Ayurvedic
37.	OUTWAY	Lactulose Solution	Syrup
38.	HEPASUM	L- Ornithine -L- Aspartate Granules	Sachets
39.	WORUS	The Oral Rehydration Salts	Sachets
40.	ONDIPHAR	Ondansetron 4mg	Tablet

ANTIOSTEOPOROTICS

1.	CALOTRAC	Calcium Citrate 1000mg + Vitamin D3 200 I.U. + Zinc 4mg + Magnesium 100mg	Tablet
2.	CALOTRAC-CT	Calcium carbonate 500mg + Vitamin D3 250 I.U.	Tablet
3.	DEEP-3	Cholecalciferol 60000 I.U.	Tablet
4.	CALRADO SG	Calcitriol 0.25mcg + Calcium Citrate 425mg + Zinc Sulphate Monohydrate 20mg + Magnesium Oxide 40mg	Capsule
5.	CABRADO SG	Calcitriol 0.25mg + Calcium Carbonate 500mg + Zinc Sulphate Monohydrate	Capsule
6.	CALRADO PLUS SG	CCM + Calcitriol 0.25mcg + Vitamin k2-7 45mcg + Omega-3 Fatty Acids 500mg + Folic Acid 400mcg + Methylcobalamin 750mcg + Boron 1.5mg + L- Methylfolate 1mg + Selenium 75mcg + Zinc 7.5mg + Copper Sulphate 45mcg	Capsule
7.	CALRADO	Calcitriol 0.25mcg + Calcium Citrate 425mg + Zinc Sulphate Monohydrate 20mg + Magnesium Oxide 40mg	Tablet
8.	DEEP GEL	Cholecalciferol 60,000 I.U.	Capsule
9.	GET U 7 SG	CCM + Calcitriol 0.25mcg + Vitamin k2-7 45mcg + Omega-3 Fatty Acids + Folic Acid + Methylcobalamin 750mcg + Boron	Capsule
10.	GET U 7	CCM + Calcitriol 0.25mcg + Vitamin k2-7 45mcg + Omega-3 Fatty Acids + Folic Acid + Methylcobalamin 750mcg + Boron (ALU-ALU)	Capsule
11.	CALOTRAC	Calcium Carbonate 625mg + Magnesium Hydroxide 180mg + Zinc Gluconate 14mg + Vitamin D3 200 I.U.	Syrup
12.	DEEP-3	Cholecalciferol Granules	Sachets
13.	CALRADO MAX	Omega 3 Fatty Acids + Calcium Carbonate + Calcitriol + Methylcobalamin + Folic Acid + Boron	Softgel

PRODUCTS AT A GLANCE

LATEST MULTIVITAMIN, ANTIOXIDANT & MINERAL RANGE

1.	CARQ-L	Co-enzyme Q10 + Lycopene + L-glutathione + L-carnitine L-tartrate + Selenium + Zinc Oxide	Tablet
2.	AGYCAP	Grapeseed Extracts 25mg + Lycopene 2mg + Lutein 3mg + Vitamin A Concentrate 5000 I.U. + Vitamin B1 + Vitamin B2 + Vitamin B3 + Vitamin B12 + Folic Acid + Zinc Sulphate Monohydrate 23mcg + Selenium Dioxide 75mcg	Softgel
3.	ADFORC	Ginseng + Iron + Calcium + Grape Seed Extract + Lysine + Multivitamin + Multimineral	Capsule
4.	AMINOVEG	L-arginine + Ginseng + Lycopene + Multivitamin + Calcium + Folic Acid + Vitamin B12 + Zinc + Selenium	Capsule
5.	GRAP	Grapeseed Extracts 25mg + Lycopene 2mg + Lutein 3mg + Vitamin A Concentrate 5000 I.U. + Vitamin B1 + Vitamin B2 + Vitamin B3 + Vitamin B12 + Folic Acid + Zinc Sulphate Monohydrate 23mcg + Selenium Dioxide 75mcg	Capsule
6.	BIODIET-S	Silymarin 140mg + Vitamin B-Complex	Capsule
7.	COL-SF	Collagen Peptide Type 2 + Glucosamine Sulphate + Chondroitin Sulphate + Vitamin D3 + Folic Acid + Ginger Root Extract	Softgel
8.	DIETFOLD	Vitamin A 1600 I.U. + Betacarotene 5mg + Vitamin E 25 I.U. + Ascorbic Acid 50mg + Zinc Sulphate 7.5 mg + Copper Sulphate 1mg + Sodium Selenate 150mcg + Manganese Sulphate 1.5mg	Softgel
9.	VITOSEED	Ginseng + Green Tea Extract + Grape Seed Extract + Ginkgo Biloba + Garlic Powder + Lycopene + Omega-3 Fatty Acids + Essential Amino Acids + Vitamins + Minerals + Methylcobalamin + L-Carnitine L-Tartrate + Trace Elements	Softgel
10.	VITOZUST 9G	Ginseng + Green Tea Extract + Grape Seed Extract + Ginkgo Biloba + Garlic Powder + Guggal + Ginger Root Extract + Green Coffee Bean Extract + Glycyrrhiza Glabra Extract + Lycopene + Omega-3 Fatty Acids + Essential Amino Acids + Vitamins + Minerals + Methylcobalamin + L-Carnitine L-Tartrate + Trace Elements	Softgel
11.	MYBERY	Cranberry Fruit Extract	Softgel
12.	MINBACK 7G	Ginseng + Green Tea Extract + Grape Seed Extract + Ginkgo Biloba + Garlic Powder + Guggul + Ginger Root Extract + Lycopene + Omega-3 Fatty Acids + Essential Amino Acids + Methylcobalamin + Vitamins + Minerals + L- Carnitine + L-Tartrate + Trace Elements	Softgel
13.	ENFULL PLUS	Omega- 3 Fatty Acid150mg + Wheat Germ Oil 100mg + Vitamin E 400 I.U.	Capsule
14.	JINSURE HC	Antioxidant Capsules For Skin protection	Capsule
15.	JINSURE WOMAN	Evening Primrose Oil	Capsule
16.	JINSURE	Ginseng Powder 42.5mg + Vitamin A Acetate 2500 I.U. + Vitamin B1 HCl 2mg + Vitamin B2 3mg + Vitamin B6 HCl 1mg + Vitamin B12 1mcg + Niacinamide 20mg + Calcium Pantothenate 5mg + Vitamin C 50mg + Vitamin D3 200 I.U. + Folic Acid 0.3mg + Ferrous Fumarate 90mg + Copper 0.5mg + Potassium 2mg + Manganese 0.5mg + Magnesium 3mg + Zinc 0.5mg + Calcium 58mg + Iodine 0.1mg + Selenium 40mcg (Alu-Alu)	Capsule
17.	JINSURE	Ginseng Powder 48mg + Vitamin A Acetate 2500 I.U. + Thiamine Mononitrate 2mg + Riboflavin 3mg + Pyridoxine Hydrochloride 1mg + Cyanocobalamin 1mcg + Ascorbic Acid 50mg + Vitamin D3 200 I.U. + Vitamin E 10mg + Nicotinamide 25mg + Calcium Carbonate 10mg + Calcium Pantothenate 2mg + Lactobacillus Sporogenes 60 million Spores + Folic Acid 300mcg + Ferrous Fumarate 30.42mg + Potassium Sulphate 11.1mg + Copper Sulphate 1.77mg + Potassium Iodide 0.98 + Manganese Sulphate Monohydrate 1.54mg + Mangesium Sulphate 30.41mg + Zinc sulphate Monohydrate 2.20mg + Selenium 40mcg	Softgel
18.	EC-VEG	Vitamin E 200mg + Vitamin C 200mg	Capsule
19.	FOLLIGRO	Biotin + Amino Acids + Vitamins + Minerals + Natural Extracts	Capsule
20.	JUVINATE PLUS	Mecobalamin 1500mg + Alpha Lipoic Acid 100mg + Thiamine HCL 10mg + Pyridoxine HCL 3mg + Folic Acid 1.5mg (Alu-Alu)	Capsule
21.	JUVINATE PLUS	Methylcobalamin + Alpha Lipoic Acid + Vitamin B-Complex	Softgel
22.	LESIDIET	Silymarin With Vitamin B-Complex + Lecithin Capsules	Capsule
23.	LUCIFER	Lycopene 5000mcg + Vitamin A 5000 IU + Vitamin C 50mg + Vitamin E 10mg + Zinc Sulphate Monohydrate 22.5mg + Selenium Dioxide 70mcg (Alu-Alu)	Softgel
24.	LYOBODY	Lycopene + Beta Carotene + Lutein + Lysine + Multivitamin + Multimineral	Capsule
25.	MORELUCI	Lycopene 5000mcg + Vitamin A 5000 I.U. + Vitamin C 50mg + Vitamin E 10mg + Zinc Sulphate Monohydrate 22.5mg + Selenium Dioxide 70mcg	Softgel
26.	NAXGREEN-24	Antioxidant + Multivitamin + Minerals + Selenium (Alu-Alu)	Capsule
27.	SIRIG-Q10	Co-enzyme Q10 100mg + Vitamin E 200mg	Capsule
28.	OYEAR-369	Omega-3 + Omega-6 + Omega-9	Softgel
29.	JUVINATE	Methylcobalamin 1500mcg	Injection
30.	JUVINATE-C	Vitamin C + Mecobalamin + Folic Acid + Niacinamide	Injection
31.	JUVINATE PLUS	Methylcobalamin 1000mcg + Nicotinamide 10mg + Pyridoxine Hydrochloride 100mg (Dispo-Pack)	Injection
32.	JUVINATE PLUS	Methylcobalamin 1500mcg + Nicotinamide 100mg + Pyridoxine Hydrochloride 100mg	Injection
33.	COL-SF	Bioactive Collagen Peptides	Syrup
34.	JINSURE	Vitamin A 2500 I.U. + Vitamin A + Vitamin E + C holecalciferol 200 I.U. + Thiamine Hydrochloride + Riboflavin Sodium Phosphate + Pyridoxine Hydrochloride + Niacinamide 15mg + Cyanocobalamin +D-Panthenol 2.5mg + Zinc 3mg + Iodine 50mcg + Manganese + Molybdenum 8mcg + Selenium 10mcg + Lysine Hydrochloride 30mg	Syrup
35.	LUCIFER	Lycopene + Multivitamin	Syrup
36.	JINSURE DROP	Vitamin A 1000 I.U. + Vitamin E Acetate 2.5 I.U. + Vitamin B1 0.8mg + Niacinamide 5mg + Cyanocobalamin 1mcg + D-Panthenol 2mg + Zinc 10mg + Lysine Hydrochloride 5mg + Vitamin B2 0.6mg + Vit B6 0.5mg + Vit 1mg + Vit C 40mg + Cholimex 45mcg + Folic Acid 100 mcg + Vit D3 200 I.U. + Biotin 20mcg	Drops
37.	JUVINATE	Methylcobalamin 500mcg	Tablet
38.	PROTY POWDER	Protein Powder 200gm (Tin Pack)	Protein Powder
39.	PROTY POWDER	Protein powder with DHA(Plastic Pack)	Protein Powder
40.	BIODIET	Vitamin B Complex with L-Lysine	Syrup
41	BIODIET-S	Silymarin with B-Complex	Syrup
42.	PHAGOLAC-Z	Probiotic Strains & Prebiotic (FOS) with Zinc Enriched Yeast	Sachets
43.	ARGISEED	L-Arginine + Proanthocyanidin + DHA + Methylcobalamin + Magnesium + Zinc + Vit B6 + Folic Acid	Sachets
44.	COL-SF	Bioactive Collagen Peptides	Sachets

STEROIDS

1.	BYPRIDE-4	Methyl Prednisolone 4mg	Tablet
2.	BYPRIDE-8	Methyl Prednisolone 8mg	Tablet
3.	DELCOR	Deflazacort 6mg	Tablet
4.	DELCOR SUSP	Deflazacort 6mg	Pediatric
5.	JUVICORT	Triamcinolone Acetonide	Injection
6.	NAXX 25	Nandrolone Decanoate 25mg	Injection
7.	NAXX50	Nandrolone Decanoate 50mg	Injection

GYNAECOLOGY

1.	ENTOSPAS	Mefenamic Acid 250mg + Dicyclomine Hydrochloride 10mg	Tablet
2.	5-FILL	Methylcobalamin 1500mcg + Folic Acid 5mg + Pyridoxine Hcl 3mg	Tablet
3.	FLUMCON	Fluconazole 150mg	Tablet
4.	NINEYES	Doxylamine Succinate 10mg + Pyridoxine HCl 10mg + Folic Acid 2.5mg	Tablet
5.	SHESAFE SR- 40	Isoxsuprine 40mg Sustained Release	Tablet
6.	KEPTACT-200 SG	Natural Micronized Progesterone 200mg	Capsule
7.	SUREROSE	Evening Primrose Oil	Softgel
8.	PRAYMUST-250	Hydroxyprogesterone Caproate 250mg	Injection
9.	PRAYMUST-500	Hydroxyprogesterone Caproate 500mg	Injection
10.	TRANSFER 500	Tranexamic Acid 500mg	Injection
11.	UTRY	Uterine Tonic	Ayurvedic
12.	UTRY-PLUS	Uterine Tonic	Ayurvedic
13.	ZWASH	Lactic Acid 1.2% (Feminine Hygiene Cleanser)	Vaginal Wash
14.	ROZWASH	Vaginal Wash for Sensitive Skin	Vaginal Wash
15.	MYCEED	Myoinositol + Folic Acid + Vitamin D3	Sachet

CARDIAC SEGMENT

1.	TELWALK-40	Telmisartan 40mg	Tablet
2.	TELWALK-AM	Telmisartan 40mg + Amlodipine 5mg	Tablet
3.	TELWALK-H	Telmisartan 40mg + Hydrochlorothiazide 12.5mg	Tablet
4.	ZUSTBACK -60	Enoxaparin Sodium 60mg	Injection
5.	NUTOVA-20	Atorvastatin 20mg	Tablet

HEMATINICS

1.	IRYZODE PLUS	Ferrous Ascorbate + L-Methylfolate + Methylcobalamin + Pyridoxine Hydrochloride + Zinc + Benfotiamine + Vitamin D3 (Alu-Alu)	Tablet
2.	FEPHAR-Z	Carbonyl Iron 100mg + Folic Acid 1.5mg + Zinc Sulphate Monohydrate 61.8mg	Capsule
3.	FEPHAR	Ferric Ammonium Citrate 160mg + Folic Acid 0.5mg + Cyanocobalamin 7.5mcg	Syrup
4.	FEPHAR XT	Ferrous Ascorbate + Folic Acid Suspension	Syrup
5.	FEPHAR-Z	Carbonyl Iron + Folic Acid + Cyanocobalamin + Zinc Sulphate Monohydrate Suspension	Syrup
6.	FERINA	Sodium Feredetate 231mg	Syrup
7.	FERINA	Sodium Feredetate 231mg + Cyanocobalamin 15mcg + Folic Acid 1.5mg	Tablet
8.	FERINA XT	Ferrous Ascorbate 100mg + Folic Acid 1.5mg + Zinc Sulphate Monohydrate 7.5mg	Tablet
9.	FERINA 2.5 ML	Ferric Hydroxide Complex with Iron Sucrose 20mg	Injection
10.	FERINA 5 ML	Ferric Hydroxide Complex with Iron Sucrose 20mg	Injection

NEUROPSYCHIATRIC , NEUROPROTECTIVE

1.	CITAPHAR	Escitalopram Oxalate 10mg	Tablet
2.	CITICODE	Citicoline 500mg	Tablet
3.	CITICODE-P	Citicoline 500mg + Piracetam 800mg	Tablet
4.	ES-CITAPHAR	Clonazepam 0.5mg + Escitalopram 10mg	Tablet
5.	POXYTAM-800	Piracetam 800mg	Tablet
6.	TWOPROX-250	Divalproex Sodim ER 250mg	Tablet
7.	TWOPROX-500	Divalproex Sodim ER 500mg	Tablet
8.	UPCLOCK	Clonazepam 0.5mg	Tablet
9.	CITICODE	Citicoline 250mg	Injection
10.	EDCROSS	Edaravone 1.5mg	Injection
11.	BIOMORE	Memory Tonic	Ayurvedic

MISCELLANEOUS

1.	ALFUTT	Alfuzosin 5mg	Tablet
2.	FLUVA-10	Flunarizine Hydrochloride 10mg	Tablet
3.	FLUVA-5	Flunarizine Hydrochloride 5mg	Tablet
4.	JUVIGRA 50	Sildenafil 50mg	Tablet
5.	JUVIGRA 100	Sildenafil 100mg	Tablet
6.	URICIFT	Tamsulosin 0.4mg	Tablet
7.	URICIFT-D	Tamsulosin + Dutasteride	Tablet
8.	ZOVESTIN-500	A Blend Extracts of Scutellaria Baicalensis & Acacia Catechu	Tablet
9.	PHARTRIP	Sex Capsules for Men	Ayurvedic
10.	DUACT	Disodium Hydrogen Citrate 1.37gm	Syrup
11.	SQUIGY POWDER	Energy Powder Dextrose with Electrolytes	Energy Drink
12.	NONI JUICE	Noni Pulp	Drink
13.	VEG-LYTE	Nutritional Supplement with Essential Electrolytes	Sachets
14.	SKINURGE	Neem & Aloevera Facewash	Face Wash
15.	SKINURGE	Acne Free Facewash	Face Wash
16.	K'TURN	Calcium Polystyrene Sulfonate Powder	Sachet
17.	SKINURGE	Hydroquinone + Tretinoin + Mometasone Furoate	Cream
18.	FEBOXIT-40	Febuxostat	Tablet

Quality

We are committed to achieve ever-increasing levels of customer satisfaction through continual improvement in the quality of our product and services. Our products are manufactured by using modern techniques and quality management system through adherence to ISO 9001-2008 CERTIFIED & GMP PRINCIPLES.

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