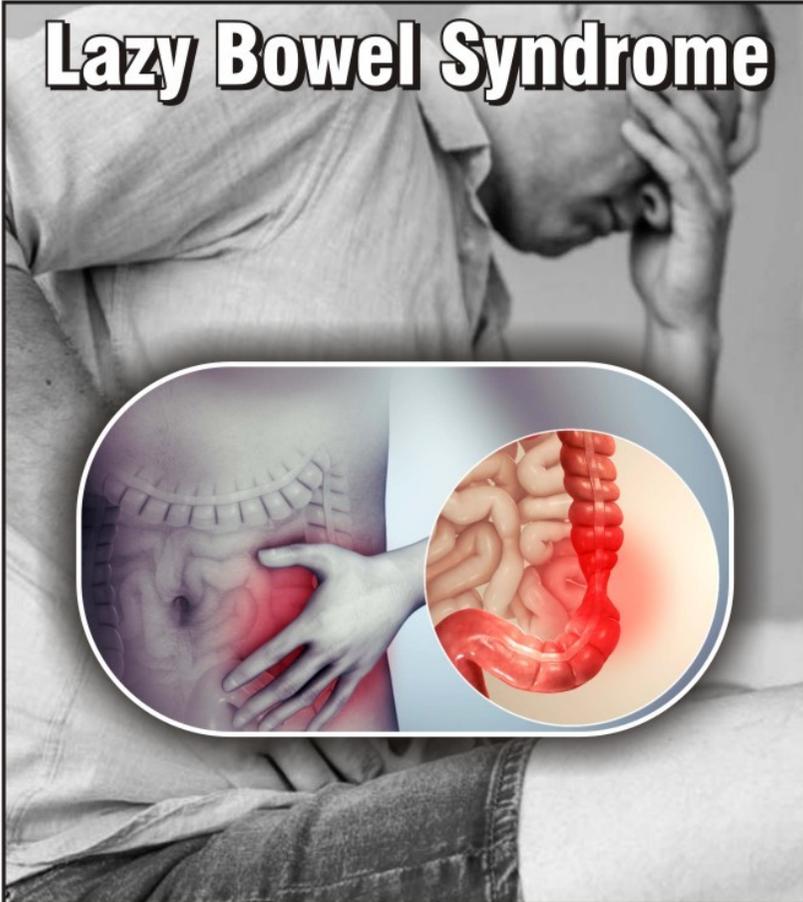


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Lazy Bowel Syndrome



Lazy Bowel Syndrome

Lazy bowel syndrome, also called sluggish bowel and slow gut, is a condition with symptoms of constipation and painful bowel movements.

Some people use “lazy bowel syndrome” particularly to describe the way your intestines behave after the frequent use of laxatives. When you have this condition, your colon is slow to move waste through your body’s digestive tract.

Lazy bowel syndrome can be chronic, with symptoms that are present fairly often if not always. But lifestyle changes and dietary modifications can help improve the symptoms.

There are cases of lazy bowel syndrome that require the oversight and diagnosis of a doctor. Keep reading to find out more about lazy bowel and sluggish bowel movements, and when to see a doctor.

What causes this?

Every time you eat, your nerves send a signal to your digestive tract to initiate a sequence of activities.

The muscles in your digestive system move food forward in a wavelength motion called peristalsis. But this motion can be blocked, slower than it should be, or not a strong enough contraction to move food forward.

Bowel-related reflexes can become weaker or less effective due to:

- restricted eating patterns
- eating disorders, such as anorexia or bulimia
- irritable bowel syndrome (IBS)

- use of narcotics
- anesthesia
- reliance on laxatives

There may be other reasons for weaker muscles as well. Sometimes the cause is even as simple as not having enough fiber or water in your diet.

Treatment options: Depending on the cause of your slow bowel movements, your treatments may vary. Here are some solutions you can try to encourage more frequent and easier-to-pass bowel movements.

Dietary changes

Delayed or slower bowel movements can be caused by a lack of fiber in your diet. A diet that emphasizes natural, unprocessed fruit and vegetables can kick-start digestion and help make you more regular unless you have IBS, gastroparesis or other chronic gastrointestinal condition.

Almonds, prunes, figs, apples, bananas, broccoli, cauliflower, Brussels sprouts, flax seeds, sunflower seeds, and pumpkin seeds are good source of fiber.

Cutting back on tea, coffee and adding two to four extra glasses of water to your daily routine could also be a way to balance out your bowel movements.

Additionally, adding over-the-counter fiber supplements that contain psyllium have been shown in clinical studies to make bowel movements more regular.

Owned, Edited and Published by Sarita Gupta at - Plot No. 190, Block-E, Dilshad Garden, Near L.I.C. Colony, Delhi-110095, Ph.: 011-47625719 and Printed by her at - Global Printing Services, 116, F.I.E., Patparanj, Industrial Area, Delhi-110092, Editor : Sarita Gupta, Designing : Mukesh Kumar, Production : Subrat Saraogi, Legal Advisor : Ajay Sahnii. The Material of this journal is brief and simply informative, professionals should have their own assessment and are advised to refer details for making their decision etc. Publisher accepts no responsibility of any nature for anything described in this issue. Subscription : Single Copy Rs. 10/-, Annual (12 issues) Rs. 96/- (This journal is for the use of medical profession only)

Having your food mindlessly is a bad habit



Do you eat really fast? Here is what it does to your body, So many of us consider eating a job and not a way to nourish our bodies. But did you know that eating in haste and forcing the food down your throat too fast can harm your health in not just one but multiple ways? Having your food mindlessly is a bad habit. So, if you are a fast eater, here is why you need to STOP.

Leads to overeating : Because you are eating too fast and not paying attention to cues of your body, this can definitely lead to overeating. Overeating, in turn, can lead to unnecessary weight gain and other health issues. When you eat fast, the brain is not given time to realise that it is full, which makes you eat more food and thus more calories.

Increases your risk of obesity : Obesity is a global problem that is common in people who eat very fast. People who are obese often blame their will power, poor diet and lack of physical activity. If you are a fast eater, try to slow down a bit and then see the difference.

Poor digestion : Fast eaters usually take big bites and swallow their food without even chewing it properly. Sometimes, they even just gulp down food with water or other carbonated drinks. All this stops food from getting digested properly leading to bloating and indigestion.

Insulin resistance:

Eating quickly can lead to a sudden spike in blood sugar, which can lead to insulin resistance. Insulin resistance can lead to a rise in blood sugar levels, commonly called diabetes.

How to slow down eating:

Do not skip your meals: Stop skipping

meals, because when you do that, you get excessively hungry, which leads to overeating and fast eating.

Do not eat in front of TV / Mobile /Computer: Sitting in front of the screen can distract you and make you lose track of how fast or how much you are eating. Practice eating mindfully.

Chew your food thoroughly: Do not just eat quickly, rather chew it properly before you swallow it. This will help improve your digestion, let you enjoy your food and slow down eating.

Tips to practice mindful eating :

1. Listening to your body and stopping when full.
2. Eating when our bodies tell us to eat (i.e., stomach growling, energy low)
3. Eating with others, at set times and places.
4. Eating foods that are nutritionally healthy
5. When eating, just eating
6. Considering where food comes from

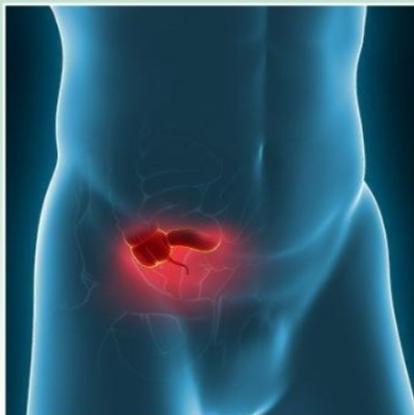
Things you can do to keep yourself from mindlessly eating?

During mealtime, add more veggies to your plate. When you add more veggies, your plate looks fuller and the additional volume will also make you feel fuller.

Turn off all electronics. When our mind is focused on our latest TV show, rather than on the food we are eating, it is harder to tell when we are full. If you focus only on the food you are eating, you experience the tastes and smells more thoroughly and as a result you enjoy your food more.

If you feel like a snack, don't straight out of the bag. Opening a huge back of pretzels and munching as you study or watch a movie will give you a completely warped idea of how much you are actually eating. You can't see through the bag of pretzels, and it certainly doesn't tell you how many servings you've wolfed down. Instead, read the nutritional chart on the back for how many servings are in each bag, and estimate a serving size poured out onto a plate or into a bowl.

Appendicitis



Appendicitis is characterized by the swelling of the appendix which is a finger-shaped pouch that projects from one's colon on the lower right side of one's abdomen.

The appendix consists of specialized tissue that can produce antibodies, but no one is absolutely sure what its function is. One thing that we know is that we can live without it without apparent consequences.

Appendicitis is always a medical emergency that requires immediate surgery to remove the appendix. If, left untreated, an inflamed appendix may ultimately burst, or perforate, spreading infection into the abdominal cavity. This can cause peritonitis, which is a serious infection of the abdominal cavity's lining. It can become fatal, if the pus is not removed quickly with surgery and strong antibiotics.

Symptoms:

The symptoms of appendicitis includes

- Dull pain near the upper or lower abdomen or the navel area that becomes sharp as it moves to the lower right abdomen, is generally considered as the first sign. But this occurs in less than half of the appendicitis cases.
- Vomiting or nausea soon after abdominal pain begins
- Loss of appetite and painful

- urination with Abdominal swelling
- Body temperature is between 100 - 101 degrees Fahrenheit
- Unable to pass gas
- Diarrhoea or constipation with gas
- Dull or sharp pain anywhere in the lower or upper abdomen, back or rectum

Cause :

Appendicitis is caused when a blockage in the lining of the appendix appears and causes infection. The bacteria multiplies rapidly, causing the appendix to become swollen, inflamed and filled with pus. If not treated with urgency, the appendix can rupture.

Diagnosis:

Procedures and tests used to diagnose appendicitis include:

Blood Test:

This helps the doctor to check for a high white blood cell count, which may indicate an infection.

Physical exam to determine pain:

Doctor might apply gentle pressure on the painful area. The time when the pressure is released suddenly, appendicitis pain feels worse indicating that the adjacent peritoneum is inflamed. Doctor may also use a lubricated, gloved finger to examine one's lower rectum (digital rectal exam). Women of childbearing age may undergo a pelvic exam to check for possible gynaecological problems which could be causing the pain.

Imaging Tests:

Doctor may also advice an abdominal ultrasound, or an abdominal X-ray, or a computerized tomography (CT) scan, to know if the pain is due to appendicitis or any other reason.

Urine Test:

Doctor may want to have a urinalysis to make sure that a kidney stone or a urinary tract infection isn't causing one's pain.

Treatment: The treatment of this condition usually involves surgery to

remove the inflamed appendix. Before surgery one may be given an antibiotic dose to prevent infection.

Appendectomy:

The surgery to remove the appendix is called appendectomy. It's the standard treatment for appendicitis. If one's doctor suspects appendicitis, he / she will quickly remove the appendix to avoid its rupture. If the appendix has created an abscess, one may undergo two procedures.

First, to do a CT-guided drainage of the pus and fluid, and second, to remove

the appendix 8 to 12 weeks later. This delayed surgery is known as interval appendectomy.

Appendectomy can be performed as an open surgery using one abdominal incision about 2 to 4 inches (5 to 10 centimeters) long (laparotomy). The surgery can even be done through few small abdominal incisions (laparoscopic surgery). At the time of a laparoscopic appendectomy, the surgeon inserts special surgical tools and a video camera into one's abdomen to remove one's appendix.



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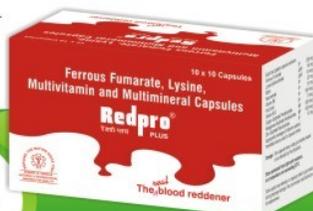
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Why you feel the urge to pee more in winters



Battling the dreaded winter cold is nothing new! With the temperature dropping even more, the urge to stay under the blanket, pile on layers and sit down with a hot cuppa brew is all too exciting. Just when you settle in (and think about never having to move), you feel like your bladder will burst. Sounds a little familiar?

Let's face it. Taking trips to the bathroom and getting off all those comfy layers you are wearing feels atrocious. But, attending to your urges is also important. Despite the fact that we tend to (or think) that we drink a lot less water during the cold season, we feel the urge to pee more. Well, it is not just your any mind game but as it turns out, there is an actual scientific explanation behind this.

Why you pee more in the wintertime

This phenomenon happens to a lot of people and it has a lot to do with how nature interacts with our body's anatomy. It is actually a psychological reaction termed as "cold-induced diuresis", where the cold does actually push you to urinate more. This is because our bodies are habitual to temperatures between 36-37 degrees Celsius, but during extreme winters, the cold temperatures make you shiver, force the blood vessels to contract, bringing in more blood flow in the organs and raising pressure.

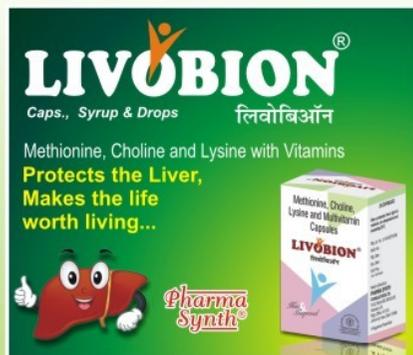
This blood flow gushes to all vital organs, including the kidneys. This process is called vasoconstriction. Instead of purging out the usual amount of waste, your kidneys are forced to do a lot more work, filter out more waste than normal and hence,

make you visit the bathroom more frequently. A full bladder is another way that your body loses heat, so urinating immediately helps preserve your core warmth. In fact, facing extreme temperatures can also trigger the body's flight or fight response, which can induce more pressure on your nerves connected to the bladder, something which also happens when the body experiences stress.

Compared to this winter syndrome, some people tend to pee less during the summertime, when your blood vessels can dilate and make you pee less often. However, this is not always the case.

According to doctors, it is nothing to worry about. Instead, it is a cheeky little way your body protects you against the cold. However, more-than-frequent trips can also be a sign of hypothermia, when your body lets out more heat than it can produce. If you are accompanied by other tell-tale signs (like extensive shivering, breathing trouble, and weak pulse), you should rush to a doctor, as soon as possible. The only possible way to cut down on your frequent trips and battle diuresis is to maintain warmth naturally is by engaging in physical activity.

Otherwise, it is just better to beat the lethargy and visit the loo. After all, holding your pee in, can cause more health trouble and make you experience unpleasant symptoms.



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Acute Upper Respiratory Infection

What is acute upper respiratory infection?

Anyone who has ever had a cold knows about acute respiratory infections (URIs). An acute URI is a contagious infection of your upper respiratory tract. Your upper respiratory tract includes the nose, throat, pharynx, larynx, and bronchi.

Without a doubt, the common cold is the most well-known URI. Other types of URIs include sinusitis, pharyngitis, epiglottitis, and tracheobronchitis. Influenza, on the other hand, isn't an URI because it's a systemic illness.

What causes acute upper respiratory infection?

Both viruses and bacteria can cause acute URIs:

Viruses

- Rhinovirus
- Adenovirus
- Coxsackievirus
- Parainfluenza Virus
- Respiratory Syncytial Virus
- Human Metapneumovirus

Bacteria

- group A beta-hemolytic streptococci
- group C beta-hemolytic streptococci
- *Corynebacterium diphtheriae* (diphtheria)
- *Neisseria gonorrhoeae* (gonorrhea)
- *Chlamydia pneumoniae* (chlamydia)

What are the types of acute upper respiratory infection?

The types of URIs refer to the parts of the upper respiratory tract most involved in the infection. In addition to the common cold, there are other types of URIs:

Sinusitis: Sinusitis is inflammation of the sinuses.

Epiglottitis: Epiglottitis is inflammation of the epiglottis, the upper part of your trachea. It protects the airway from foreign particles that could get into the lungs. Swelling of the epiglottis is dangerous because it can block the flow of air into the trachea.

Laryngitis: Laryngitis is inflammation of the larynx or voice box.

Bronchitis: Inflammation of the bronchial tubes is bronchitis. The right and left bronchial tubes branch off from the trachea and go to the right and left lungs.

Who is at risk for acute upper respiratory infection?

The common cold is the most common cause of doctor visits in the United States. URIs spread from one person to another through aerosol droplets and direct hand-to-hand contact. Risk goes up in these situations:

- When someone who's sick sneezes or coughs without covering their nose and mouth droplets containing the viruses are sprayed into the air.
- When people are in a closed-in area or crowded conditions. People who are in hospitals, institutions, schools, and day care centers have increased risk because of close contact.
- When you touch your nose or eyes. Infection occurs when the infected secretions come in contact with your nose or eyes. Viruses can live on objects, such as doorknobs.
- During the fall and winter (September to March), when people are more likely to be inside.
- When humidity is low. Indoor heating favors survival of many viruses that cause URIs.
- If you have a weakened immune

system.

What are the symptoms of acute upper respiratory infection?

A runny nose, nasal congestion, sneezing, cough, and mucus production are the hallmark symptoms of URIs. Symptoms are caused by inflammation of the mucous membranes in the upper respiratory tract. Other symptoms include:

- fever
- fatigue
- headache
- pain during swallowing
- wheezing

How is acute upper respiratory infection diagnosed?

Most people with URIs know what they have. They may visit their doctor for relief from symptoms. Most URIs are diagnosed by looking at a person's medical history and doing a physical exam. Tests that may be used to diagnose URIs are:

Throat swab: Rapid antigen detection can be used to diagnose group A beta-hemolytic strep quickly.

Lateral neck X-rays: This test may be ordered to rule out epiglottitis if you have difficulty breathing.

Chest X-ray: Your doctor may order this test if they suspect pneumonia.

CT scans: This test may be used to diagnose sinusitis.

How is acute upper respiratory infection treated?

URIs are mostly treated for relief of symptoms. Some people benefit from the use of cough suppressants, expectorants, vitamin C, and zinc to reduce symptoms or shorten the duration. Other treatments include the following:

- Nasal decongestants can improve breathing. But the treatment may be less effective with repeated use and can cause rebound nasal congestion.
- Steam inhalation and gargling with salt water are a safe way to get relief from URI symptoms.
- Analgesics like acetaminophen and NSAIDs can help reduce fever, aches, and pains.

How can acute upper respiratory infections be prevented?

The best protection against URIs is frequent handwashing with soap and water. Washing your hands reduces exposure to secretions that can spread infection. Here are a few other strategies:

- Avoid being in close contact with people who are sick.
- Wipe down objects such as remote controls, phones, and doorknobs that may be touched by people in the house who have a URI.
- Cover your mouth and nose if you're the one who's sick.
- Stay home if you're sick.

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During Old Age needs Dietary Management for Good Health

Old age is best defined as the age of retirement (60 years) but nutritionally person becomes old from the age of 39 years and onwards. Nutritional principles apply to all age groups but are more important during old age. Ageing is a normal process that begins at conception and ends only with death. The process of ageing brings about physiological, psychological and immunological changes which influences the nutritional status of an individual. The changes associated with ageing are partly influenced by genetics, race and gender.

Common Old Age Related Problems

The most common health issues that elderly persons face due to ageing are:

Osteoporosis: It is a disorder characterised by thinning of bones due to decrease in total bone mass with depletion in calcium and bone protein. It is common for middle aged and elderly post-menopausal women.

Obesity: Imbalance in calorie requirement and calorie consumption is the main cause of obesity during old age. Sedentary lifestyle may also a contributing factor.

Anaemia: Anaemia, characterised by feelings of fatigue, anxiety, lack of energy and sleeplessness is a common result of inadequate iron in body. Improper consumption and poor absorption of iron are the major causes of anaemia.

Constipation: It is infrequent passage of stools, which generally occur due to inadequate fibre and water intake.

Dietary Management for Older People

Energy: During old age, muscle mass reduction occurs as a result of which energy expenditure of body becomes lesser. Physical activity also decreases with age. So the calorie intake should be adjusted according to body weight.

Protein: Protein requirement remains unchanged. Since calorie requirements are decreased without the corresponding decrease in protein, the food to be consumed by elderly should



be rich in lean protein.

Fats and Carbohydrates: As total calorie requirements decrease during old age, fat and carbohydrate consumption should also be reduced by elderly people.

Minerals: Calcium and Iron needs are increased during old age. Extra calcium is required to minimize age related bone loss, improve calcium balance and prevent fractures and dental decay. Iron deficiency anaemia is very common during old age, so extra iron supplementation is required to combat this deficiency.

Vitamins: Poor appetite, impaired absorption of nutrients, constipation and general malaise may be caused in part by inadequate intake or faulty absorption of vitamins. Vitamin requirements for older people remain same but due to their poor absorption, extra supplementation is required. Vitamins B12, Folic acid and Vitamin D are the most important vitamins for elderly.

Fibre: Constipation is a common problem in the elderly. Fibre rich foods help to reduce constipation along with diabetes and other heart related problems.

Health Supplement during Old Age

Proper diet and healthy lifestyle has an influence on the nutritional status of an elderly person and that may slow the ageing process.

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हद तक घटाया जा सकता है। यह 6 फीसदी खराब कोलेस्ट्रॉल घटाने में मददगार होता है।

बीन्स:

एलडीएल कोलेस्ट्रॉल की मात्रा कम करने के लिए बीन्स खाएं। अगर आप अपनी डाइट में डेली आधा कप बीन्स शामिल करते हैं, तो आपके दिल के लिए बहुत अच्छा है। यह कोलेस्ट्रॉल की मात्रा 5-6 फीसदी कम करता है। ये फाइबर की जरूरत को पूरा करता है।

साबुत अनाज:

साबुत अनाज को आहार में जरूर शामिल करना चाहिए। यह शरीर को बहुत फायदा पहुंचाते हैं। साबुत अनाजों को अंकुरित करके खाने से दिल की बीमारी होने की आशंका कम होती है।

ड्राय फ्रूट्स:

बादाम, अखरोट और पिस्ते में फाइबर पाया

जाता है। ये खराब कोलेस्ट्रॉल को कम और अच्छे कोलेस्ट्रॉल को बढ़ाते हैं। खाना खाने के बाद अखरोट खाने से दिल की बीमारी का खतरा कम हो जाता है।

नीबू:

नीबू व अन्य खट्टे फलों में विटामिन-सी होता है। घुलनशील फाइबर होने की वजह से ये फल एलडीएल कोलेस्ट्रॉल को रक्त प्रवाह में जाने से रोकते हैं। इन खट्टे फलों में ऐसे एंजाइम्स भी पाए जाते हैं, जो मेटाबॉलिज्म की प्रक्रिया तेज करके खराब कोलेस्ट्रॉल को शरीर से बाहर निकालते हैं।

अगर आपके शरीर में कोलेस्ट्रॉल की मात्रा अधिक है तो यह सही नहीं है। इससे दिल की बीमारी होने का खतरा बढ़ जाता है। अगर आप खानपान में जरूरी चीजों को शामिल करें, तो कोलेस्ट्रॉल को कंट्रोल किया जा सकता है।

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Thalassaemia

It is a severe genetic blood disorder in which the red cells of the blood are abnormal and die fast leading to anaemia. Due to this the child may require frequent blood transfusions. Gradually the liver and spleen enlarge and the bones of the forehead and face become prominent. After several years, iron gets deposited in various organs, affecting their function and leading to death.

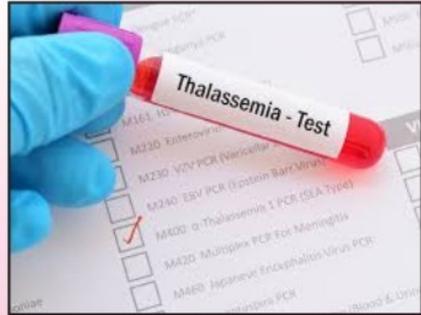
Thalassaemia is essentially of two types:

Thalassaemia Major:

A serious disease in which the child is unable to maintain a satisfactory haemoglobin level. If left untreated the life span may be restricted to 3-5 years. The child requires frequent blood transfusions, which leads to accumulation of iron in the liver, heart and other organs. The only way to control this iron deposition is to use drugs called iron chelators. The treatment is long-drawn, expensive (Rs 5000-10000 per month) and emotionally taxing for the family. In addition, there are dangers of repeated blood transfusions that include transmission of hepatitis and HIV (which causes AIDS). Recently, bone marrow transplantation has been successfully performed in these children. This new modality has its limitations since it is expensive, it requires HLA matched donors, and carries a failure rate of 10-30%.

Thalassaemia Minor:

A carrier state in which one of a pair of chromosomes carries the affected gene. These individuals are essentially healthy and have a normal life span. They do not require blood transfusions, although they may be slightly anaemic especially during stress periods like pregnancy. These individuals are capable of passing the



gene to the next generation.

What are the causes?

If both parents have thalassaemia minor, then there is a 25% chance of their children having thalassaemia major, 50% will have thalassaemia minor and 25% will be normal. Each subsequent pregnancy carries the same risk.

How is the diagnosis made?

Diagnosis can be made by a blood test that shows anaemia. Certain types of haemoglobin like foetal haemoglobin and haemoglobin A2 are raised in their blood.

What are the prevention?

Thalassaemia can be prevented by: -
Carrier screening - all married women should be screened either before pregnancy or during early pregnancy. If they have thalassaemia minor then their husbands must be checked. If both have thalassaemia minor then prenatal testing must be done. If the foetus is affected by thalassaemia major, the pregnancy may be terminated. Prenatal detection (detection before the birth of the baby) - this can be done by sampling either the fluid in the sac around the baby (amniotic fluid) or by taking a blood sample of the foetus and testing for the thalassaemia gene. Chorion villus sampling can be performed between 9 and 18 weeks of pregnancy.

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