



# PAM NEWS

Newsletter  
Pharmaceutical Association of Mauritius  
Volume 2 June-July 2002

## Editorial

*With the increasing number of drugs making it into the market, it is becoming imperative for us to focus a lot on patient safety, compliance and factors such as adverse drug reaction. PAM wishes to make use of this magazine to keep you informed on these and other issues.*

*Inside we have included two topics on medication errors and food & drug interactions. Also included is some recent news on two products being withdrawn in line with moves in some countries.*

To PAM Executive Com..

( Editorial To be Completed)

Reference material not yet included

Please check articles content and any types of mistakes!

Thanks

Amal Jawaheer

## President Message

*The Pharmaceutical Association of Mauritius wishes to thank you for the positive response received from the publication of the recent issue of Pam News. Again we thank you for your collaboration in the making of Pam News which would I believe unite all pharmacists and contribute in the updating of our knowledge in new development in the pharmaceutical field.*

*This year the 15<sup>th</sup> Conference of the “ Federation des Pharmaciens de L'Ocean Indien ” will not be held as originally scheduled in Madagascar. Inevitably due to the unforeseen circumstances in the small continent, the 2002 edition will be skipped and we are awaiting the conference to be held straight away at Réunion Island in 2003.*

*We thank you very much for your support during the various pharmacy updates held since the beginning of this year. We have had a Dangerous Drug Act presentation, presentations on management of GERD and Asthma for which we thank all the sponsors.*

*In line with the continuity of our program, we soon will have a presentation on Management of acute Myocardial Infarction and Management of Hyperlipidaemia by late July.*

*We still have more in store and await your usual participation in all our program.*

*Thanking you*

*Ravind Gaya*

### Our Contact Address:

The Editor, PAM NEWS

C/o Amal Jawaheer, Pharmacy Mesnil,  
Parisot street, Mesnil, Tele Fax: 6970202

Email: amal\_j@intnet.mu

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# Phytotherapy & Aromatherapy

Phytotherapy & Aromatherapy two fields of homeopathic medicine are indeed gaining more and more popularity nowadays. There are natural forms of medicine which people consider safe and without any side effect.

## Phytotherapy

This involves using plants basically to treat all ailments. Capsules which are 100% plant based and containing the active ingredient of plants in powdered form are marketed as: "Arkogelules"- These offer a wide range of products to treat a variety of disease states.

Other products of Phytotherapy are the "Homeo conseils" from Boiron Laboratories. These come in granular form, available in 3 tubes in a pack- and refills can also be obtained.

It is very common to prescribe 2 to 3 plants together when diagnosing an ailment as the synergistic effect of each gives better results when used in combination.

Table (1) shows some plant combination used to treat a few disease states. It also explains how the plants act to exert their beneficial effect.

	<b>Disease state</b>	<b>Plant combination</b>	<b>Mode of action of plants</b>
1	Blood Combination	Chrysanthellum +Ginko	<i>Chrysanthellum</i> : Increase peripheral Circulation, Dilatation of veins, improved circulation in arms and legs <i>Ginko</i> : Increased capillary permeability, dilatation of veins,Improved circulation
2	Insomnia + Stress	Aubepine + Kava kava	<i>Aubepine</i> : Acts on C.N. S, decreases nervosity and anxiety in adults and children, regulates heart rhythm, improves quality of sleep, no after effects of somnolence as compared with western medicine <i>Kava Kava</i> : Acts on C. N. S, regulates mood / anxiety, stress
3	Anti hypertensive + Prevention of artheroslerosis	Garlic + Olivier(olea europaea)	<i>Garlic</i> :Increases level of HDL, anti hertensive effect due dilation of capillaries <i>Olivier</i> : diuretic effect, decreases level of LDL, increases level of HDL
4	Diuretics	Bouleau + Queue de cerise	<i>Bouleau</i> :Diuretic property, favours elimination of uric acid and urinary calculi <i>Queue de Cerise</i> : Diuretic property, rich in potassium, hence favors elimination of water in bladder Useful in
5	Asthma	Ephedra + Marrube blanc (Usual treatment regimen: 2 months)	<i>Ephedra</i> :Vasoconstrictive effect, decongestant, anti inflammatory. <i>Marrube blanc</i> : Mucolytic and expectorantAnti inflammatory effect on throat, dilatory effect on bronchus
6	Rheumatism	Harpagophytum + Lithothane	<i>Harpagophytum</i> : Anti inflammatory, no GIT bleeding as compared with NSAIDS <i>Lithothane</i> : Rich in calcium and minerals Anti acid property
7	Slimming	Fucus + Orthosiphon + Thé vierge	<i>Fucus</i> : Prevent hunger,Ability to swell and keep stomach full. <i>Orthosiphon</i> : Diuretic effect, hence lost of water and decreased weight. <i>Thé vierge</i> : Decreases absortion of lipids and sugars in gut

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## Aromatherapy

Aromatherapy is the therapeutic use of aromatic substances extracted from plants. The most important group of these substances is known as essential oils. These are obtained from plant material (roots, leaves, flowers and seeds) usually by distillation. The constituents of essential oils are largely volatile compounds, which are sensitive to the effect of light, air, heat and moisture. They should therefore be stored in a cool place in tightly closed darkened bottles.

There are 5 main ways to apply essential oils.

**1. Through the skin, eg massage .**

For use in massage, drops of usually two to three essential oils are diluted with a vegetable carrier (or base oil) such as grape seed oil, jojoba oil, sesame oil or sweet almond oil.

**2. In baths: to relieve stress**

Dilute 30 drops of essential oils with alcohol / or foam bath and pour in hot water bath.

**3. Oral administration:**

Add a few drops of essential oils with honey / sugar: To be taken 2 to 3 times a day.

**4. Inhalation :**

Mix 5-10 drops of Essential oils with alcohol 90o C - Mix with boiling water Inhale vapours.

**5. Gargles**

Mix 1 or 2 drops of Essential oils with water gargle  
(Note: Only a few drops Essential Oils are necessary for

## Principle of Aromatherapy

Essential Oils can be used not only for the treatment of diseases but also for their effects on mood, emotion and well being. The aromatherapeutist will select an essential oil or a combination of essential oils to suit each client's symptoms, personality and emotional state.

## Conditions treated

Aromatherapy is perhaps most widely used is the treatment of stress. However, aromatherapy can also be used successfully to treat a wide range of conditions ranging from usually minor conditions like flatulence, indigestion and headache to conditions such as asthma, impotence, hypertension, psoriasis and depression.

Table 3

Essential	Properties	Therapeutic Use
Bergamot	Antispasmodic, Antiseptic, Sedative, calming	<i>Oral:</i> candidiasis, loss of appetite, insomnia, cystitis <i>Massage:</i> candidiasis, insect bite <i>Bath:</i> relaxation during stress
Peppermint	Carminative, Antispasmodic, Antiseptic	<i>Oral:</i> asthenia, indigestion, Stomach pain, nausea, vomiting <i>Massage:</i> insect bite, Sun burns, dental neuralgia, migraine, Muscular spasm <i>Inhalation:</i> rhinitis, sinusitis, otitis <i>Gargle:</i> relieves throat inflammation
Lavender oil	Sedative, antispasmodic, Muscle relaxant, Antipruritic.	<i>Oral:</i> depression, insomnia, anxiety, stress migranes, hypertension, allergic rhinitis <i>Massage:</i> insect bite, sunburns, muscle cramps, Acnetic, seborrheatic, loss of hair. <i>Gargle:</i> relieves throat inflammation. <i>Bath:</i> cellulitis
Tea tree	Antiinflammatory, Antiseptic, Disinfectant.	<i>Oral:</i> Laryngitis, rhinitis, bronchitis, angina, cystitis inflammation of colon and intestine, asthenia. <i>Massage:</i> stomatitis, gingivitis, growth of teeth, wounds, infected eczema, cold sores, impetigo, Sinusitis, immunogenic. <i>Inhalation:</i> colds and flu, bronchitis, sinusitis. <i>Gargle:</i> throat infection, angina, stomatitis, gingivitis.

## Constituents of Essential Oils 2 types

Category	Examples	Source
<i>Hydrocarbons</i>		
Monoterpenes	Limonene	Citrus oils Eg, bergamot
Sesquiterpenes	Chamazulene	German chamomille oil
<i>Oxygenated constituents</i>		
Alcohols	Menthol	Peppermint oil.
Esters	Linalyl acetate	Lavender oil
Aldehydes	Catral	Lemon grass
	Cinnamaldehydes	Cinnamon bark oil
Ketones	(+) Canones	Caraway oil
Phenols	Eugenol	Clove
	Thymol	Thyme oil
Oxides	Caved	Eucalyptus oil

Like Phytotherapy it is very common to associate 2 3 oils together when diagnosing a treatment as these oils act better when used together due to their synergistic effects.

# Preventing medication error

**E**rrors are unintended acts, with some failure to achieve an intended outcome, caused by acts of omission or commission. A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing; order communications; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Error categories for medication use are fairly consistent:

**Prescribing error:** Incorrect drug selection (based on indication, contraindications, known allergies, existing drug therapy, and other factors), dose dosage form, quantity, route, concentration, rate of administration, or instruction for use of a drug product ordered or authorized by physician (or other legitimate prescriber). Illegible prescription or medication orders that lead to errors that reach the patient

**Omission error:** The failure to administer an ordered dose to a patient before the next scheduled dose if any.

**Wrong time error:** Administration of medication outside a predefined interval from its scheduled administration time (this interval should be established by each health care facility)

**Unauthorized drug error:** Administration to the patient of medication not authorized by a legitimate prescriber for the patient.

**Improper dose error:** Administration to the patient of a dose that is greater than or less than the amount ordered by the physician or administration of duplicate dose doses to the patient, i.e., one or more dosage units in addition to those that were ordered.

**Wrong dosage form error:** Administration to the patient of a drug product in a different dosage form than ordered by the physician.

**Wrong drug preparation error:** Inappropriate procedure or improper technique in the administration of a drug.

**Deteriorated drug error:** Administration of a drug that has expired or for which the physical or chemical dosage-form integrity has been compromised.

**Monitoring error:** Failure to review a prescribed regimen for appropriateness or detection of problems, or failure to use appropriate clinical or laboratory data for adequate assessment of patient response to prescribed therapy

**Compliance error:** Inappropriate patient behavior regarding adherence to a medication regimen.

**Other medication error:**

## Causes of medication error

Ambiguous strength designation on labels or in packaging  
 Drug product nomenclature (Look alike or sound alike names, use of lettered or numbered prefixes and suffixes in drug names)  
 Equipment failure or malfunction  
 Illegible handwriting  
 Improper transcription



## Recommendations for Pharmacists.

The pharmacist is expected to play a pivotal role in preventing medication misuse.

The value of pharmacists' interventions to prevent medication errors that would have resulted from inappropriate prescribing has been documented. Ideally, the pharmacist should collaborate with the prescribers in developing, implementing, and monitoring a therapeutic plan to produce defined therapeutic outcomes for the patient.<sup>1</sup> It is also vital that the pharmacist devote careful attention to dispensing processes to ensure that errors are not introduced at that point in the medication process.

The following recommendations are suggested for pharmacists

1. Pharmacists should participate in drug therapy monitoring (including the following, when indicated: the assessment of therapeutic appropriateness, medication administration appropriateness, and possible duplicate therapies; review for possible interactions; and evaluation of pertinent clinical and laboratory data) and DUE activities to help achieve safe, effective, and rational use of drugs.

2. To recommend and recognize appropriate drug therapy, pharmacists should stay abreast of the current state of knowledge through familiarity with literature, consultation with colleagues and other health-care providers, participation in continuing professional education pro-grams, and other means.

3. Pharmacists should make themselves available to pre-scribers and nurses to offer information and advice about therapeutic drug regimens and the correct use of medications.

4. Pharmacists should be familiar with the medication ordering system and drug distribution policies and procedures established for the organizational setting to provide for the safe distribution of all medications and related supplies to inpatients and ambulatory patients.

In particular, pharmacists should be familiar with all elements that are designed into the system to prevent or detect errors. Actions by any staff that would (even unintentionally) defeat or compromise those elements should serve as "alerts" to the pharmacist that safety may be affected. Any necessary follow up action (e.g., education or reeducation of staff) should ensue promptly. Policies and procedures to be followed for "hold" orders should be clear and understood by pharmacy, medical, and nursing staffs.

5. Pharmacists should never assume or guess the intent of confusing medication orders. If there are any questions, the prescriber should be contacted prior to dispensing.

6. When preparing drugs, pharmacists should maintain orderliness and cleanliness in the work area and perform one procedure at a time with as few interruptions as possible.

7. Before dispensing a medication in non-emergency situations, the pharmacist should review an original copy of the written medication order. The pharmacist should ensure that all work performed by supportive personnel or through the use of automated devices is checked by manual or technological means. All processes must conform with present laws and regulations.

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(Continued from page 4)

Pharmacists should participate in, at a minimum, a self-checking process in reading prescriptions, labeling (drug or ingredients and pharmacist-generated labeling), and dosage calculations. For high-risk drug products, when possible, all work should be checked by a second individual (preferably, another pharmacist). Pharmacists must make certain that the following are accurate: drug, labeling, packaging, quantity, dose, and instructions.

8. Pharmacists should dispense medications in ready-to-administer dosage forms whenever possible. The unit dose system is strongly recommended as the preferred method of drug distribution. The need for nurses to manipulate drugs (e.g., measure, repackage, and calculate) prior to their administration should be minimized.

9. Pharmacists should review the use of auxiliary labels and use the labels prudently when it is clear that such use may prevent errors (e.g., "shake well," "for external use only," and "not for injection").

10. Pharmacists should ensure that medications are delivered to the patient-care area in a timely fashion after receipt of orders, according to hospital policies and procedures. If medication doses are not delivered or if therapy is delayed for any reason pending resolution of a detected problem (e.g., allergy or contraindications), the pharmacist should notify the nursing staff of the delay and the reason.

11. Pharmacists should observe how medications are actually being used in patient-care areas to ensure that dispensing and storage procedures are followed and to assist nurses in optimizing patient safety.

12. Pharmacy staff should review medications that are returned to the department. Such review processes may reveal system breakdowns or problems that resulted in medication errors (e.g., omitted doses and unauthorized drugs).

13. When dispensing medications to ambulatory patients (e.g., at discharge), pharmacists should counsel patients or caregivers and verify that they understand why a medication was prescribed and dispensed, its intended use, any special precautions that might be observed, and other needed information. For inpatients, pharmacists should make their services available to counsel patients, families, or other caregivers when appropriate.

14. Pharmacists should preview and provide advice on the content and design of preprinted medication order forms or sheets if they are used.

*Amal Jawaheer - Mesnil Pharmacy*

## COMMUNIQUE DE PRESSE

Nexen (Nimésulide)

### *Suspension de commercialisation en Finlande*

Les autorités sanitaires finlandaises viennent de suspendre la commercialisation de nimsulide en raison de la notification depuis sa commercialisation le 1er janvier 1998, de 65 cas d'atteintes hépatiques avant conduit à deux transplantations hépatiques et un décès. En Finlande, la prescription au nimésulide a été estimée à environ 1.8 millions de patients traités sur une période moyenne de 15 jours dans les indications suivantes : « Traitements symptomatique de l'arthrose, de la fièvre, de la douleur et des dysménorrhées »

Le nimésulide (NEXENS) est un anti-inflammatoire non stéroïdien (AINS) commercialisé en France depuis le 1<sup>er</sup> mars 1998 par les laboratoires Therabel Lucien Pharma dans la seule indication « traitements symptomatique des arthroses douloureuses et invalidantes ». En France, le nombre de patients traités par NEXEN a été estimé à 4.9 millions sur une période de 15 jours.

L'Agence Française de sécurité des produits de Santé (Afssaps) apporte les informations suivantes :

Le nimésulide a fait l'objet d'une enquête nationale de pharmacovigilance début 1999. L'observation de 8 cas d'atteintes hépatiques dont 2 sévères, avait conduit la Commission nationale de pharmacovigilance à recommander les recommandations suivantes « les patients présentant une anormale du bilan biologique hépatique et/ou des symptômes compatibles avec une atteinte hépatique (anorexie, nausée, vomissements, ictère) doivent être surveillés attentivement et le traitement interrompu. Pour ces patients un traitement par nimésulide ne doit pas être reconduit »

Cette mise en garde a également été adoptée par l'ensemble des pays européens.

A ce jour, une trentaine de cas d'atteintes hépatiques, le plus souvent d'évolutions favorable a été rapportée en France avec le nimésulide. Parmi ces cas sont retrouvés 6 cas d'hépatites sévères dont 1 transplantation et 2 décès, Dans ces 3 derniers cas, l'imputabilité du nimésulide, sans pouvoir être écartée est douteuse (existence d'autres facteurs de risques hépatiques). La situation française actuelle ne paraît pas différente de celle d'avril 1999 et l'hépatotoxicité du nimésulide semble du même niveau que d'autres AINS tels que le sulindac et le diclofenac.

L'Afssaps, en lien avec les autorités européennes concernées, conduit une réévaluation du rapport bénéfices/risque de nimésulide.

L'Afssaps rappelle que NEXEN est disponible uniquement sur prescriptions médicales dans le respect des indications des contre-indications, mises en garde et précautions d'emploi telles qu'elles sont définies dans l'autorisation de mise sur le marché.

*AGENCE FRANÇAISE DE SECURITE SANITAIRE DES  
PRODUITS DE SANTE*

*Ref: 21.3.2002*

### ***Laughter the best medicine***

*An elderly woman went into a pharmacy and handed in a prescription for birth control pills.*

*Noticing the woman's name on the prescription, the pharmacist thought for a minute and then said:*

*"Excuse me, Mrs. Smith, but you're 75 years old. What possible use could you have for birth control pills?"*

*The woman responded, "They help me sleep better."*

*The pharmacist thought some more and continued, "How in the world do birth control pills help you sleep better?"*

*The woman said, "I put them in my granddaughter's orange juice and I sleep better at night."*

## Interview with Uzma Takun

*Miss Uzma Takun is currently working as retail pharmacist at Pharmacy Nazroo. She graduated at MMM University in 2002*

### What do you feel is the role of the pharmacist in the choice of medicament?

A pharmacist is a drug expert and is the one in contact with the public. When a person comes to see a pharmacist, he is in a better position to analyse and judge the situation, whether to send the patient to a doctor for consultation or he can counsel the patient on the medication to be taken. In the case of the patient coming from a doctor, the pharmacist is the one dispensing and advising the patient how to take the prescribed medicaments.

In such a case, the pharmacist being the last professional before dispensing the drugs, has or can take a further history from the patient. He has to check whether the patient any allergic history with any active ingredient in his prescribed medication or whether any drug interaction might occur. Furthermore the pharmacist is the best judge of the financial situation of his patient. If in some way or the other the pharmacist feels he cannot afford a particular drug or it will hazardous to his health, the pharmacist should be able to suggest a replacement therapy (like for instance suggesting generic products).

### What are your views about Health care in Mauritius?

Health care in Mauritius leaves a lot of room for improvement. And all the amelioration done should cater for the needs of both patient and medical staffs.

As it is we have a public (MOH & QL) and private health care system. The government should devise a way for both public and private sector to work concordingly.

Like for instance each patient should have a Health Card with the basic information about him and his health history. This health card will be more conclusive in channelling the patient towards the proper treatment. Moreover it will help both the doctors for a clearer diagnosis and the pharmacist to give an adapted therapy to the patient. This will also favour a continuous control of medication and the overall health of the patient.

## FDA ISSUES PUBLIC HEALTH WARNINGS ON PHENYLPROPANOLAMINE

The Food and Drug Administration (FDA) is taking steps to remove phenylpropanolamine (PPA) from all drug products and has requested that all drug companies discontinue marketing products containing PPA. In addition, FDA has issued a public health advisory concerning phenylpropanolamine.

This drug, which is a specific sinus decongestant, is an ingredient found in some prescription and over the counter (OTC) cough and cold medications, nasal decongestants, and weight control product. Scientist at Yale University School of Medicine has linked PPA to hemorrhagic stroke. The study found that certain individuals were 3-15 times more likely to suffer from hemorrhagic stroke after taking products containing PPA.

PPA causes blood vessels to constrict resulting in higher blood pressure. Higher blood pressure can in turn cause blood vessels to rupture and bleed uncontrollably. In the brain, this condition is known as hemorrhagic stroke and results in a reduction or interruption of blood carrying oxygen to the brain. Hemorrhagic strokes are categorized as cerebral (bleeding within the brain) or subarachnoid (bleeding in the tissue surrounding the brain).

Adverse events reported with these products led to the concerns that this ingredient might in fact increase the risk of hemorrhagic strokes. Manufacturers of products containing PPA worked with the FDA to plan a research program to clarify whether any increase in risk exist.

Scientist at Yale University School of Medicine the study in which the researches found an association between PPA use and stroke in women. The increased risk of hemorrhagic stroke was detected among women using the drug for weight control and for nasal decongestion, in the 3 days starting use of medication. Men may be also at risk. conditions for which these products are used do not appear to warrant an increased risk of this serious event from using this drug. Information about the history of PPA, Public Health Advisory, and stroke study results can be found on the FDA website.

### What do you propose or what are the reforms necessary to bring about (if necessary) a change to upgrade our profession?

Pharmacists are the last professionals to be in touch with the prescription and in giving the medicament to a patient, and as such he shoulders the biggest the responsibility.

Proposal: Pharmacists and doctors should work alongside one another. In the public sector, doctors should diagnose the patient while the pharmacist being drug experts, should advise on the medicaments. It must be a team work and a two way flow of ideas. In the private doctors and pharmacists should consult one another without animosity.

The pharmacist should be consulted and should participate in any reforms made in the governmental level (MOH & QL). Their proposals and suggestions must be taken into consideration. The public must be made more aware of the role of the pharmacists and come to him/her for proper advice and queries and their choice of medication and general health.

The pharmacist should have a free hand in changing a medicament and replacing it with a generic, if he feels the need, or if he thinks it will be more beneficial to the patient.

### Do you think that permit should be given to "Non Pharmacist proprietors" ?

Before in Mauritius, there was not sufficient pharmacist so permits were issued to "Non Pharmacist proprietors" but nowadays with a good panel of pharmacists permits should be issued only to pharmacist themselves.

In a pharmacy, the responsible person is undoubtedly the pharmacist and he will definitely prime the etiquette of his profession above all. To him the welfare of the patient will be a great concern, he will advise, counsel and give more time to the patient.

On the other hand a "Non Pharmacist proprietor" will not have the same way of thinking. To him it will more of a business venture and the goal might differ as compared to the pharmacist.

*Ranjiv Prayag - Luxmi Pharmacy*



## Drug and Food Interaction

# EFFECTS OF FOODS AND NUTRIENTS ON DRUGS

This is the second article in a series that discuss various aspects of food drug interactions. Generally, administering oral medication along with food or at a mealtime is a convenient manner of drug dosing. However, drug interactions can occur that modify the activity of the drug (decrease or increase drug effects) or impair the nutritional benefit of certain food. The most commonly observed type of drug-food interaction affects drug absorption.

Examples of drugs whose absorption is decreased when taken with food include penicillin, tetracycline, erythromycin, levodopa, phenytoin, and digoxin. Drugs whose absorption increases when taken with food include spironolactone, griseofulvin and itraconazole.

The following table contain a list of commonly food interaction with some commonly prescribed medication in mauritius.

## Antibiotics

Penicillin	Acidic foods:	Increased stomach acid
Erythromycin	Caffeine, tomatoes, fruit juices	from acidic foods can increase destruction of the drug in the stomach.

Metronidazole	Alcohol	Can cause flushing, hypotension, nausea, vomiting
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Tetracycline	Do not take with foods rich in calcium, e.g , Milk, cheeses,	Calcium can decrease absorption of the drug.
Ciprofloxacin		

## Antidepressants

MAO (monoamine oxidase inhibitors)	Tyramine-rich foods: Aged cheese, wine avocados ,sour cream and chicken livers	Tyramine can cause potentially lethal increases in blood pressure, headache, vomiting, possibly death.
Isocarboxazid		
Phenelzine		
Tranylcypromine		

## Antidiabetic Medications

Chlorpropamide	Alcohol	Can cause flushing, hypotension, nausea, vomiting.
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## Antihypertensives

Foods with excessive sodium: Bacon, cold cuts, canned fish, salted breads	Excess sodium causes increased water retention and pressure.
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## Anti-Parkinson Medication

Levodopa	High-protein diets Vitamin supplements	High-protein diets decrease absorption of Pyridoxine (B6)
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## Blood Thinners

Dicumarol	Maintain consistent level, Green leafy vegetables, beef liver	These foods contain vitamin K, which interfere with the effect of the blood thinner.
Coumadin	broccoli, asparagus	
	Mineral oil	Mineral oil decreases absorption of vitamin K can increase the effect of the drug.

## Cardiac Medications

Digoxin	Avoid taking concurrently with high fiber food.	Fiber decreases absorption
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## Diuretics -Potassium wasting

Frusemide	Foods with sodium bacon, cold cut, canned salted bread, sodium monoglutamate	Can cause excessive loss of potassium and severe electrolyte Disturbances.
Hydro-Chlorothiazide		

## Diuretics -Potassium sparing

Amiloride	Potassium-rich foods	Can cause retention of potassium and cardiac problems.
Triamterene	Bananas, figs, wheat germs, orange juice (2 or 3 glasses), dried fruits, salt substitutes	Do not take extra potassium while taking these medication
Spironolactone		

Lithium	Maintain constant Intake of sodium	Sodium intake influences excretion Of drugs
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*To be continued in our next issue*

*Amal Jawaheer*

## Pharmacy Trivia

Q: How was the brand name Premarin derived?

A: Conjugated oestrogens are obtained from **pregnant Mare urine** - hence the name

# NEW PRODUCT FROM ...

## Unicorn Trading Co

### **Blue Cross Laboratories (India)**

Ferritone syrups & Capsules

### **Alcon Laboratories**

Patanol Eye drops 5 ml

### **SSI (International) Laboratories (Scholl Products)**

1. Scholl seal and heal verruca removal gel (5 ml)
2. Scholl ball of foot cushions x 1 pair
3. Scholl toe separator (2 sizes) 2 large, 1 small in a pack
4. Scholl heel grips x 1 pair
5. Scholl gel corn removal pads x 6 (gelactiv)
6. Scholl metatarsal arch supports x 1 pair
7. Scholl nail clippers 8. Scholl hoesettes x 1 pair
9. Scholl half insoles x 1 pair
10. Scholl heel liners x 1 pair (leather)
11. Scholl toe / nail softening lotion x 14 ml
12. Scholl bunion protectors x 2 13. Scholl softening lotion 125 ml
14. Scholl cracked heel cream 25 g
15. Scholl soothing foot bath 250 ml
16. Scholl cooling foot powders 75 mg



### **Laboratoires Gilbert**

#### *Gamme Laino*

- (a) Laino lait surgras karate 300 ml
- (b) Laino lait vitaminé 300 ml
- (c) Savon à l'huile d'amande douce 150 g

*(Aussi disponible dans la gamme Laino: Argile Crème, Argile Poudre, Argile Savon, Argile Shampooing, Dissolvant pour Ongles, Shampooing Anti-Pelluculaire, Glycerine crème, Lait Huile d'amande douce)*

#### *Neutrapharm*

- (a) Neutrapharm savon surgras 250 g
- (b) Neutrapharm crème mains 50 ml
- (c) Marimer 100 ml (Spray eau de mer)

### **Laboratoires Cooper**

Patch à la citronnelle x 12  
(Eloigne les moustiques)

## MEDICAL TRADING

### **Laboratoire RoC**

Roc Protient List Nuit (40 ml)  
Roc Protient List Jour (40 ml)  
Roc Protient List Yeux (15 ml)  
Retinol ACE 3 en 1 (30 ml)  
Hydra demaquillant 3 en 1 (100 ml)

### **Pfizer Consumer Health care**

Cicatratin powder



## Pharmacie A.E. Patel & Co

### **Lab Applied Nutrition Sciences**

Burn It x 30 caps  
Creagen 150 gm  
Glucogen sport x 25 gm , x 1000 gm  
Keep It Off x 60 caps  
Progain Sport 200 gm & 1000 gm  
Spirufit x 60 gm

## Pharmacie Nouvelle Ltd

### **Boehringer Ingelheim**

Micardis 40 mg tabs x 14  
Micardis 80 mg tabs x 14

### **Eli Lilly**

Humulin NPH 100 IU pens x 5  
Humalog 100 IU pens x 5  
Humalog Mix 50-100 IU pens x 5  
Humalog Mix 25 CART. 3 ml x 5  
Prozac Disp. 20 mg tabs x 28  
Zyprexa 5 mg tabs x 28  
Zyprexa 10 mg tabs x 28



### **Pierre Fabre Médicament**

Diafusor 5 mg 30 SAC NP  
Diafusor 10 mg 30 SAC NP

### **Laphal International**

Biotone NF Ampoule Buv. x 20

### **Schering AG**

Skinoren 1 x 30 g

### **Pharmacia**

Nicorette 2 mg Chew-gum x 30  
Nicorette 4 mg Chew-gum x 30  
Nicorette patch 10 mg x 7  
Nicorette patch 15 mg x 7  
Nicorette patch 5 mg x 7

### **Pfizer**

Viagra 100 mg tabs x 4



Now 100 mg !

## ROGERS & CO. LTD COPHARMA

### **Rafarm Laboratories**

Etatisen cream x 10 gm (*acyclovir 5%*)  
Ikobel Eye Drops x 5 ml (*Tobramycin 0.3 %*)  
Nezefib Eye Drops x 10 ml  
Rubocard cream x 30 gm (*clobethasol propionate 0.05%*)  
Sensoform Toothpaste x 50 gm (*with formalin*)

## THE MAURITIUS PHARMACY

### **Cipla (South Africa)**

Asthavent 100 mcg inhaler 200 doses (*salbutamol 100 mcg*)  
Beclate Aquanase 50 mcg 150 metered dose (*Beclomethasone 50 mcg*)  
Nuzak capsules 20 mg X30 (*Fluoxetine 20 mg*)  
Rhegesic Disp. Tabs. 20 mg x 30 (*Piroxicam Disp.*)