

ERGOZOL™-150 | Fluconazole 150 mg Capsules |

DESCRIPTION :

ERGOZOL™ - 150 Capsule contains Fluconazole 150 mg which is a first generation triazole antifungal agent indicated to the patients with fungal infections

COMPOSITION :

Each Hard gelatin capsule contain
Fluconazole150 mg

INDICATIONS :

ERGOZOL™ - 150 is indicated for the treatment of the following fungal infections :

1. Cryptococcal Meningitis
2. Coccidioidomycosis
3. Invasive Candidiasis
4. Vaginal Candidiasis
5. Dermatomycosis
6. Onychomycosis
7. Mucosal Candidiasis including Oropharyngeal, Oesophageal Candidiasis, Candiduria & Chronic Mucocutaneous Candidiasis

MODE OF ACTION :

Fluconazole is responsible for the inhibition of fungal cytochrome P-450 mediated 14 alpha-lanosterol demethylation, an essential step in fungal ergosterol biosynthesis. The accumulation of 14 alpha-methyl sterols correlates with the subsequent loss of ergosterol in the fungal cell membrane leads to inhibit the growth of fungi

DOSAGE AND ADMINISTRATION :

300 mg to 400 mg per day in divided dosages depending on the severity of the infections or as prescribed by medical practitioner

PACK :

ERGOZOL™ - 150 : A box containing 2 x 20 strips.

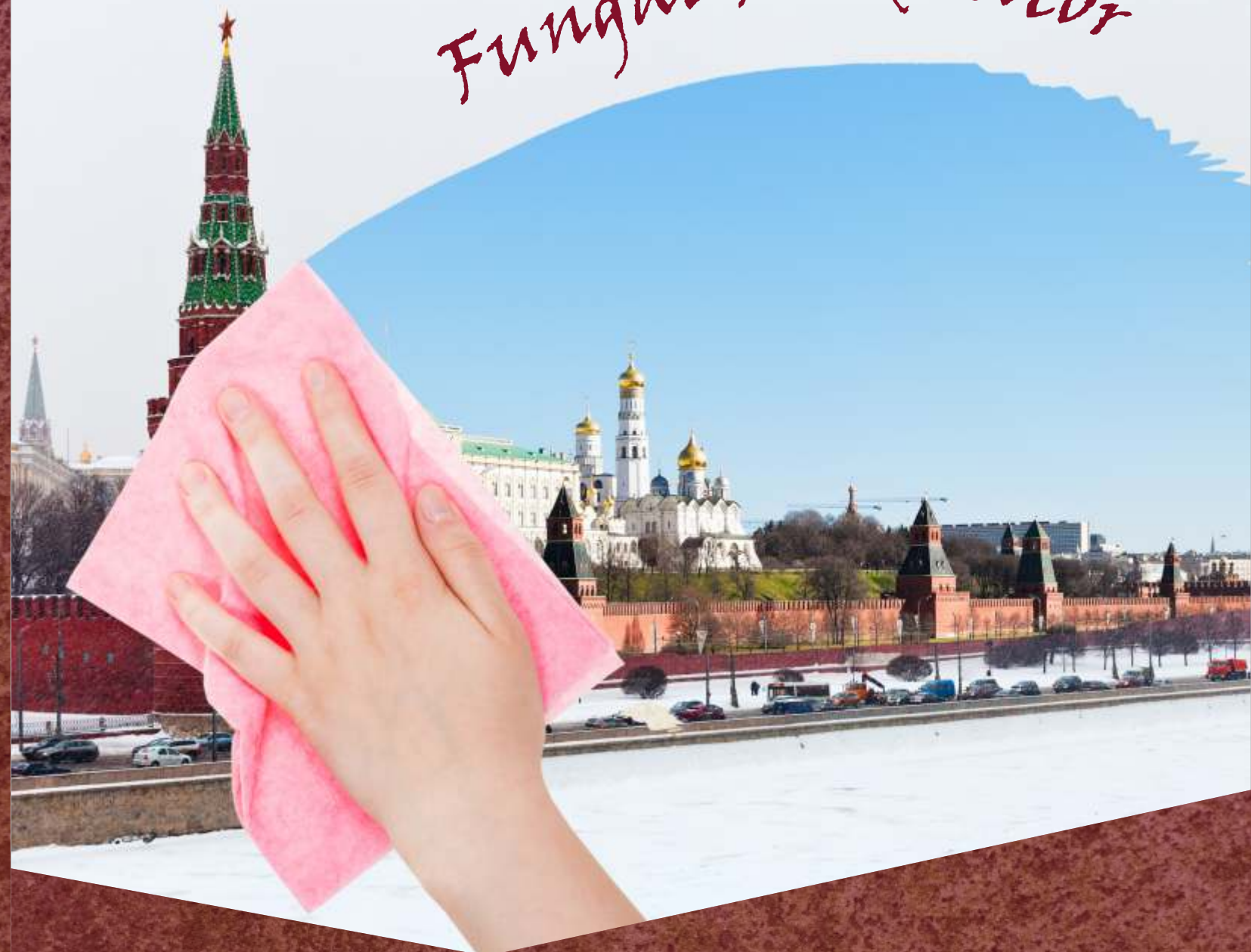
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La Renon®

Fungal Eradicator



ERGOZOL™-150

| Fluconazole 150 mg Capsules |

IMPORTANT FACTS : FLUCONAZOLE

Fluconazole :
Well established as a first line management for treatment and Prophylaxis of Candida Albicans Infections

Candida Albicans :
Responsible for most Fungal infections in humans

Fungistatic :
Fluconazole is a Fungistatic drug against Candida species by inhibiting Ergosterol synthesis of Fungal Cell membranes

Vaginal Candidiasis :
Oral Fluconazole given in a single dose of 150 mg is an effective, safe & well tolerated treatment for Vaginal Candidiasis

Pharmacokinetics :
Fluconazole displays predictable pharmacokinetics & an excellent tolerance profile in all groups including elderly, children & also patients with impaired Immunity

HIV Infection :
Fluconazole is effective for prophylaxis in patients with advanced HIV infection, particularly those at higher risk of fungal infection, such as patients with CD4 lymphocyte counts of 50 or fewer cells per cubic millimeter

CLINICAL STUDIES

A. Fluconazole for prophylaxis of Systemic Candidiasis in Transplanted patients

Patients	Treatment	Rate of Candida Colonization	Superficial Infection	Invasive Candidiasis
76 Patients with Liver Transplantation	Oral Fluconazole 100 mg/day Vs. Nystatin 40,00,000 Unit every 6 hrs	Significantly reduced (7% Vs. 17%)	Significantly reduced by Fluconazole (10% Vs. 25%)	Significantly reduced by Fluconazole (2% Vs. 9%)
119 Patients with Liver Transplantation	Oral Fluconazole 400 mg/day Vs. Placebo Given for 10 weeks	Significantly reduced (34% Vs. 78%)	Significantly reduced (4% Vs. 28%)	Significantly reduced (6% Vs. 23%)
179 Bone Marrow Transplant Patients	Oral Fluconazole 400 mg/day Vs. Placebo	Significantly reduced (30% Vs. 67%)	Significantly reduced (8% Vs. 33%)	Significantly reduced (3% Vs. 16%)

B. Fluconazole as prophylaxis for Systemic Candidiasis in ICU Adults

- 260 critically ill surgical patients staying in ICU for >3 days, mainly pre-hepatic transplantation patients, were randomly assigned to either placebo or 400 mg of fluconazole per day
- The risk of fungal infection was **reduced by 55% in the fluconazole group**, compared with the control group who experienced 15% of invasive infections