এনজিট্যান প্লাস

†jvmviUvb cUvwkqvg I
B‡Wªv‡K¬v‡iv_vqvRvBW U¨ve‡

উপাদান

cÖwZwU U¨ve‡j‡U i‡q‡Q †jvmviUvb cUvwkqvg wewc 50 wg.MÖv. I nvB‡Wªv‡K¬v‡iv_vqvRvBW wewc 12.5 wg.MÖv.|

বিবরণ

A¨vbwRI‡Ubwmb II (hv ˆZix nq A¨vbwRI‡Ubwmb I †_‡K A¨vbwRI‡Ubwmb KbfvwU©s GbRvBg cÖfvweZ wewµqvi gva¨‡g), hv GKwU kw³kvjx †f‡mvKÝwUªKUi, hv cÖv_wgK †f‡mvA¨vw±f ni‡gvb †iwbb A¨vbwRI‡Ubwmb wm‡÷g-Gi Ges D"Pi³Pv‡ci c¨v‡_vwdwRIjwRi Rb¨ GKwU ¸iæZ¡c~Y© Dcv`vb| GwU A¨v‡Wªbvj K‡U©· †_‡K A¨vj‡Wv‡÷i‡bi wbtmiY evovq| †jvmviUvb Ges Gi cÖavb mwµq †gUv‡evjvBU mywbw`©ófv‡e G.wU1 wi‡mÞi (hv cvIqv hvq wewfbœ wUmy¨‡Z, †hgb-fv¯‹zjvi ¯§y_ gvmj&, A¨v‡Wªbvj Mø¨vÛ) Gi mv‡_ A¨vbwRI‡Ubwmb II †K hy³ nIqv eÜ K‡i, d‡j A¨vbwRI‡Ubwmb II Gi †f‡mvKÝwUªKUi I A¨vj‡Wv‡÷ib-wm‡µwUs G‡d±-G evav cvq| Bb-wf‡Uªv evBwÛs cixÿvq †`Lv †M‡Q †h, G.wU1 †h, G.wU1 wi‡mÞi G †jvmviUvb GKwU cwieZ©bxq, cÖwZ‡hvwMZvg~jK BbwnweUi G.wU1 wi‡mÞ‡ii| †jvmviUvb Ges Gi A¨vKwUf †gUv‡evjvBU G.wm.B-†K (GKwU GbRvBg hv A¨vbwRI‡Ubwmb I †_‡K A¨vbwRI‡Ubwmb II -†Z iƒcvšÍwiZ K‡i Ges eªvwWKvBwbb †K fv‡½); evav †`q bv Ges KvwW©Ifv¯‹zjvi †i¸‡jk‡b ïiæZ¡cyY© ni‡gvb wi‡mÞi ev Gi Avqb P¨v‡bj¸‡jv‡K evav †`qbv|

nvB‡Wªv‡K¬v‡iv_vqvRvBW GKwU _vqvRvBW WvBBD‡iwUK| _vqvRvBW †ibvj wUDeyjvi †gKvwbR‡gi B‡jK‡UªvjvBU wiA¨vemc©mb‡K cÖfvweZ K‡i, hv mivmwi †mvwWqvg I †K¬vivB‡Wi cÖvq mgcwigvY wbt¯‹vkb evovq| GQvov wecixZfv‡e, nvB‡Wªv‡K¬v‡iv_vqvRvBW WvBBD‡iwUK A¨vKk‡bi gva¨‡g cøvRgv fjy¨g Kgvq hvi d‡j †iwb‡bi mwµqZv ev‡o, hv A¨vj‡Wv‡÷i‡bi wbtmiY evovq, hv g~‡Î cUvwkqv‡gi wbt¯‹vkb evovq Ges wmiv‡g cUvwkqv‡gi cwigvY Kgvq| †ibvj-A¨vj‡Wv‡÷i‡bi wjsK A¨vbwRI‡Ubwmb Øviv cwiPvwjZ nq, G Rb¨ GKB mv‡_ A¨vbwRI‡Ubwmb II wi‡mÞi A¨vbUv‡Mvwb÷ e¨envi Kivi d‡j, WvBBD‡iwUK Øviv †h cUvwkqvg nviv‡bvi m¤¢vebv _v‡K, Zv bvKP K‡i †`q|

নির্দেশনা

এনজিট্যান প্লাস wb‡`©wkZ D"P i³Pv‡ci wPwKrmvq| GQvovI †jd&U †fw›UªKzjvi nvBcviUªwd m¤úbœ D"Pi³Pv‡ci †ivMx‡`i †÷ªv‡Ki SzuwK Kgv‡Z Gi wb‡`©kbv i‡q‡Q|

সেবনমাত্রা ও বিধি

mvaviYZ এনজিট্যান প্লাস cÖwZw`b 1wU U¨ve‡jU| †hme †ivMx‡`i D"Pi³Pvc cÖwZw`b 1wU এনজিট্যান প্লাস U¨ve‡j‡U h‡_ó cwigv‡Y wbqwš¿Z nq bv, Zv‡`i †ÿ‡Î cÖwZw`b 2wU এনজিট্যান প্লাস U¨ve‡jU ch©šÍ †`Iqv †h‡Z cv‡i| †hmg¯Í †ivMx‡`i i³Pvc †jvmviUvb 50 wg.MÖv. w`‡q wbqš¿Y nq bv Zv‡`i এনজিট্যান প্লাস G cwieZ©b Ki‡Z n‡e| †jd&U †fw›UªKzjvi nvBcviUªwd m¤úbœ D"Pi³Pv‡ci †ivMx‡`i cÖviw¤¢K gvÎv এনজিট্যান প্লাস ˆ`wbK 1wU U¨ve‡jU| m‡e©v"P gvÎv এনজিট্যান প্লাস cÖwZw`b 2wU U¨ve‡jU| mvaviYZ wPwKrmv ïiæi 3 mßv‡ni g‡a¨ Gi Gw›UnvBcvi‡Ubwmf G‡d± cvIqv hvq| eq¯‹ †ivMx‡`i Rb¨ এনজিট্যান প্লাস Gi †Kvb gvÎv cwieZ©‡bi cÖ‡qvRb bvB| wKš‘, m‡e©v"P gvÎv এনজিট্যান প্লাস (2wU U¨ve‡jU) eq¯‹ †ivMx‡`i †ÿ‡Î ïiæi wPwKrmv wnmv‡e †`Iqv DwPr bq|

বৃক্কের অসমকার্যকারিতায় : hZÿY ch©šÍ †ivMxi wµ‡qwUwbb wK¬qv‡iÝ > 30 wg.wj. / wgwbU _vK‡e, ZZÿY ch©šÍ এনজিট্যান প্লাস Gi mvaviY †mebgvÎv e¨envi Kiv hv‡e| Z‡e e„‡°i gvivZ¥K AmgKvh©KvwiZvq _vqvRvBW WvBBD‡iwUK Gi †P‡q jyc WvBBD‡iwUK †`Iqv DwPr|

যকৃতের অসমকার্যকারিতায় : †jvmviUvb I nvB‡Wªv‡K¬v‡iv_vqvRvB‡Wi Kw¤^‡bkb hK…‡Zi AmgKvh©KvwiZvq wb‡`©wkZ bq| †Kbbv Gi Rb¨ cÖ‡qvRbxq †jvmviUvb 25 wg.MÖv. Gi cÖviw¤¢K †WvR †`Iqv m¤¢e nqbv|

অতি উচ্চ রক্তচাপে : AwZ D"P i³Pv‡c cÖviw¤¢K gvÎv এনজিট্যান প্লাস Gi 1wU U¨ve‡jU cÖwZw`b| 2-4 mßvn wPwKrmvi cil †hme †ivMx Avkvbyiƒc dj cvqbv, †m me †ivMxi †ÿ‡Î gvÎv n‡"Q cÖwZw`b এনজিট্যান প্লাস Gi 2wU U¨ve‡jU| m‡e©v"P gvÎv এনজিট্যান প্লাস Gi 2wU U¨ve‡jU cÖwZw`b| এনজিট্যান প্লাস Ab¨vb¨ D"Pi³Pv‡ci Ily‡ai mv‡_ e¨envi Kiv †h‡Z cv‡i GwU Lvev‡ii mv‡_ A_ev Avjv`vfv‡e LvIqv †h‡Z cv‡i|

পার্শ্ব প্রতিক্রিয়া

†jvmviUvb-nvB‡Wªv‡K¬v‡iv_vqvRvB‡Wi wPwKrmv my-mnbxq| †ekxifvM †ÿ‡ÎB, cvk¦©-cÖwZwµqvmg~n g„`y I ÿY¯'vqx, Gi g‡a¨ Av‡Q †cU e¨_v, cv †dvjv, eyK ai&di&, wcV e¨_v, wSugywb, Kvwk, mvBbymvBwUm, Avcvi †imwc‡iUix Uªv± Bb‡dKkb, i¨vm|

প্রতিনির্দেশনা

†jvmvivUvb I nvB‡Wªv‡K¬v‡iv_vqvRvBW Gi Kw¤^‡bkb cÖwZwb‡`©wkZ †mme †ivMx‡`i †ÿ‡Î hviv AwZms‡e`bkxj G‡`i †Kvb Dcv`v‡bi cÖwZ| Gi nvB‡Wªv‡K¬v‡iv_vqvRvBW Dcv`v‡bi Rb¨ GwU cÖwZwb‡`©wkZ †mme †ivMxi †ÿ‡Î hv‡`i A¨vwbDwiqv Av‡Q A_ev mvj‡dvbvgvBW D™¢zZ †Kvb Dcv`v‡bi cÖwZ AwZ ms‡e`bkxj|

সতর্কতা

- nvBcvi‡mbwmwUwfwU : A¨vbwRIG‡Wgv
- B‡jK‡UªvjvBU Bge¨vjvÝ Gi m¤¢vebv `yi Kivi Rb¨ wcwiqwWK B‡jK‡UªvjvBU cixÿv K‡i †`Lv DwPr
- `~j©f †ÿ‡Î nvB‡cvK¨v‡jwgqv †`Lv w`‡Z cv‡i, we‡klZt WvBBD‡iwm‡m, hLb gvivZ¥K wm‡ivwmbm _v‡K A_ev `xN©w`b wPwKrmvi ci
- e„‡°i AmgKvh©KvwiZvq Ges
- wm‡¤ú‡Uv‡gwUK nvB‡cv‡Ubkb

গর্ভাবস্থায় ও স্তন্যদানকালে ব্যবহার

গর্ভাবস্থা : wb‡`©wkZ bq|
স্তন্যদায়ী মায়েদের জন্য : wb‡`©wkZ bq|

অন্য ওষুধের সাথে প্রতিক্রিয়া

লোসারটান পটাশিয়াম : †Kvb Zvrch©c~Y© WªvM-WªvM dvgv©‡KvKvB‡bwUK B›UviA¨vKkb cvIqv hvqwb nvB‡Wªv‡K¬v‡iv_vqvRvBW, wWMw·b, Iqvi‡dwib, wm‡gwUwWb Ges †d‡bveviweUj-Gi mv‡_| GQvov Ab¨vb¨ Wªv‡Mi †ÿ‡Î †hgb-cUvwmqvg †¯úqvwis WvBBD‡iwUK (D`vniY¯^iƒc ¯úvBwi‡bvj¨v±b, Uªvqvg‡Uwib, A¨vwg‡jvivBW) cUvwkqvg mvwcø‡g›U i‡³ cUvwkqv‡gi cwigvY evwo‡q w`‡Z cv‡i| Z‡e bb-‡÷iqWvj Gw›UBbd¬¨v‡gUix WªvM Bb‡Wv‡g_vwmb, †jvmviUv‡bi Gw›U-nvBcvi‡Ubwmf G‡d± Kwg‡q w`‡Z cv‡i|

হাইড্রোক্লোরোথায়াজাইড : GKBmv‡_ e¨envi Ki‡j wb¤œewjwLZ WªvMmg~‡ni mv‡_ _vqvRvBW WvBBD‡iwU‡Ki B›UviA¨vKkb n‡Z cv‡i|

A¨vj‡Kvnj, evwiwePz‡iU; A_ev bvi‡KvwUKm& Gw›UnvBcvi‡Ubwmf G‡d± evwo‡q w`‡Z cv‡i, A‡_©v‡÷wUK nvB‡cv‡Ubmb n‡Z cv‡i|

Wvqv‡ewUK WªvMm& (lvIqvi G‡R›Um I Bbmywjb)-†Wv‡Ri ZviZg¨ Kivi Rb¨ n‡Z cv‡i|

cÖ¨vwKs

কেমিস্ট ল্যাবরেটরীজ লিমিটেড
কলেজ রো, বরিশাল, বাংলাদেশ।

Angitan Plus

Losartan Potassium &
Hydrochlorothiazide tablet

Composition

Each tablet contains Losartan Potassium BP 50 mg and Hydrochlorothiazide BP 12.5 mg

Description

Angiotensin II formed from angiotensin I in a reaction catalyzed by angiotensin converting enzyme (ACE), is a potent vasoconstrictor, the primary vasoactive hormone of the renin-angiotensin system and an important component in the pathophysiology of hypertension. It also stimulates aldosterone secretion by the adrenal cortex. Losartan and its principal active metabolite block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT_1 receptor found in many tissues, (e.g. Vascular smooth muscle, adrenal gland). *In vitro* binding studies indicate that losartan is a reversible, competitive inhibitor of the AT_1 receptor. Neither Losartan nor its active metabolite inhibits ACE (kinase II, the enzyme that converts angiotensin I to angiotensin II and degrades bradykinin); nor do they bind to or block other hormone receptors or ion channels known to be important in cardiovascular regulation.

Hydrochlorothiazide is a thiazide diuretic. Thiazides affect the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of Sodium and Chloride in approximately equivalent amounts. Indirectly, the diuretic action of Hydrochlorothiazide reduces plasma volume, with consequent increases in plasma renin activity, increases in Aldosterone secretion, increases in urinary Potassium loss, and decreases in serum Potassium. The renin-aldosterone link is mediated by angiotensin II, so co-administration of an angiotensin II receptor antagonist tends to reverse the Potassium loss associated with these diuretics.

Indications and Uses

Angitan Plus is indicated for the treatment of hypertension. It is also indicated to reduce the risk of stroke in patients with hypertension and left ventricular hypertrophy.

Dosage and Administration

The usual starting dose of **Angitan Plus** is one tablet once daily. For patients who do not respond adequately to one tablet, the dosage may be increased to 2 tablets of **Angitan Plus** once daily. A patient whose blood pressure is not adequately controlled with Losartan 50 mg monotherapy may be switched to **Angitan Plus** once daily. In hypertensive patients with left ventricular hypertrophy initial dose is **Angitan Plus** once daily. The maximum dose is of 2 tablets **Angitan Plus** once daily. In general, the antihypertensive effect is attained within three weeks after initiation of therapy.

No initial dosage adjustment of **Angitan Plus** is necessary for elderly patients. But maximum dose of **Angitan Plus** once daily dose should not be used as initial therapy in elderly patients.

Use in Patients with Renal Impairment: The usual regimens of therapy with **Angitan Plus** may be followed as long as the patient's creatinine clearance is >30 ml/min. In patients with more severe renal impairment, loop diuretics are preferred to thiazides. In that case, hydrochlorothiazide is not recommended.

Use in patients with Hepatic Impairment: The combination of Losartan and Hydrochlorothiazide is not recommended for titration in patients with hepatic impairment because the appropriate 25 mg starting dose of Losartan cannot be given.

Severe Hypertension : The starting dose for initial treatment of severe hypertension is one tablet of **Angitan Plus** once daily. For patients who do not respond adequately to this dose after 2 to 4 weeks of therapy, the dosage may be increased to 2 tablets **Angitan Plus** once daily. The maximum dose is 2 tablets of **Angitan Plus** once daily.

Angitan Plus may be administered with other antihypertensive agents.
Angitan Plus may be administered with or without food.

Side effects

Generally this product is well tolerated. However, few side effects including abdominal pain, swelling, back pain, dizziness, rash and cough may occur in rare cases.

Contraindications

The combination of Losartan and Hydrochlorothiazide is contraindicated in patients who are hypersensitive to any component of this product. Because of the Hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

Precautions

- Hypersensitivity: Angioedema
- Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals
- Hypokalemia may rarely develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy
- Impaired renal function and
- Symptomatic hypotension

Use In Pregnancy and Lactation

Pregnancy : Not recommended
Nursing mother : Not recommended

Drug Interactions

Losartan Potassium : No significant drug-drug pharmacokinetic interactions have been found in interaction studies with Hydrochlorothiazide, Digoxin, Warfarin, Cimetidine and Phenobarbital. As with other drugs that block angiotensin II or its effects, concomitant use of potassium-sparing diuretics (e.g. Spironolactone, Triamterene, Amiloride), potassium supplements, or salt substitutes containing potassium may lead to increase in serum potassium. As with other antihypertensive agents, the antihypertensive effect of Losartan may be blunted by the non-steroidal anti-inflammatory drug Indomethacin.

Hydrochlorothiazide : When administered concurrently, the following drugs may interact with Thiazide diuretics: alcohol, barbiturates, or narcotics potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and Insulin) - dosage adjustment of the antidiabetic drug may be required.
Other antihypertensive drugs - additive effect or potentiation.
Cholestyramine and colestipol resins - absorption of Hydrochlorothiazide is impaired in the presence of anionic exchange resins.

Overdosage

Losartan Potassium : Limited data are available in regard to over dosage in humans. The most likely manifestation of over dosage would be hypotension and tachycardia; bradycardia could occur from parasympathetic (vagal) stimulation. Of symptomatic hypotension should occur, supportive treatment should be instituted. Neither losartan nor its metabolite can be removed by hemodialysis.

Hydrochlorothiazide : The most common signs and symptoms observed are those caused by electrolyte depletion (hypokalemia, hypochloremia, and dehydration resulting from excessive diuresis. Of digitalis has also been administered, hypokalemia, may accentuate cardiac arrhythmias. The degree to which Hydrochlorothiazide is removed by hemodialysis has not been established.

Storage :

Store at temperature within 30 °C, protect from from light and moisture. Keep out of reach of children.

Commercial Pack

Angitan Plus tablet : Each box contains 3 Alu-Alu strips of 10 tablets.

Manufactured by :

***Chemist** Laboratories Ltd.*
College Row, Barishal, Bangladesh.