

Its usefulness and the role in identifying patients suitable for CADG and the concerns raised about repetitive use especially in younger individuals or women after the hearing again a matter of concern.

Technique

With a 6-slice scanner of 0.37 s rotation time, A bolus of 80 ml, low-osmolar contrast (370-350 mg%) is injected at a flow rate of 5 ml/s, followed by a 50-ml saline chasing bolus. Start delay is defined by bolus tracking in the ascending aorta and scan is initiated 5 s after reaching the threshold (140 HU). Scan [ng] is performed from the aortic bifurcation to the diaphragm, using the following parameters: X-ray tube potential 120 kV, effective tube current 680 mA, slice collimation 64x0.6 mm, table feed 9.2 mm/rotation, and pitch of 0.74. CT scan is performed using fully automatic, linearly varying based dose modulation. Respective ECG gating for optimal heart phase selection is used, images are reconstructed at 0% intervals of the cardiac phase with 1-minim vessel motion. Slice thickness of 0.75 mm (interval 0.5 mm) and a medium soft-tissue reconstruction kernel (D30L) is used for evaluating coronary arteries.

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DRUG PROFILE

Troxipide

Pharmacodynamics: Troxipide has a multimodal action. The drug protects against mucosal fragility and disruption of gastric mucosal barrier by increasing the gastric mucosal content of glucosamine and mucopolysaccharides, stimulating the synthesis of cytoprotective prostaglandins and by stimulating the regeneration of collagen fibers. Troxipide acts by inhibiting the Interleukin-8 (IL-8) stimulated migration of neutrophils in the gastric mucosa, it also suppresses formyl-methionyl-leucyl-phenylalanine (FMLP) or P-selectin activating factor (PAF) stimulated superoxide generation and decreases inflammation in the mucosal tissues by increases the gastric mucosal blood flow and metabolism. **Pharmacokinetics:** Troxipide is well absorbed throughout the gastrointestinal tract and 1% is excreted in the urine. The renal clearance of the drug is 262 ml/min. It is found that at any time, a mean concentration of 5.5-8.9 µg is present per gram of tissue, which is capable of inhibiting the chemotactic migration and superoxide generation in the gastric mucosa. Thus, Troxipide is found in a concentration of 1 µg/ml in the small intestine, liver and skin etc. It has a half-life of 7.6151 ± 0.3782 hrs and is mainly excreted in the urine (96%) as metabolites. **Indications:** Troxipide is indicated for use in the treatment of (a) Acute gastritis; (b) Acute exacerbation of chronic gastritis and (c) Peptic ulcers. The drug shows 96-100% clinical improvement in various clinical symptoms viz- abdominal pain, bloating, belching, nausea, vomiting, loss of appetite and heartburn, associated with the above-mentioned indications. **Dosage and Administration:** One tablet of 300 mg once daily for 8-12 weeks. **Contraindications:** Troxipide is contraindicated in patients showing hypersensitivity to troxipide and in pregnant women. **Precautions:** Troxipide should be used with caution in children and pregnant women due to lack of safety data. It is known that sexual cycle dysfunction occurred in rats treated with Troxipide. Hence, caution should be administered while treating women in the reproductive age group. It has to be used with caution in breast-feeding women; it should not breast-feeding when in the drug. Troxipide has been extensively used in geriatric population. There have been no reports of interactions with other drugs. **Adverse Reactions:** Adverse reactions reported with Troxipide are generally mild to moderate in severity and disappear on discontinuation of the drug. The commonly reported adverse events include gas, indigestion, flatulence, occasional constipation, diarrhoea, abdominal swelling, and stomach discomfort. Abnormalities in liver functions (raised SGOT, SGPT, ALP levels), is rarely observed. General malaise