



Eromycin®

Erythromycin
Macrolide

COMPOSITION

- Eromycin® Tablet : Each film coated tablet contains Erythromycin Stearate USP equivalent to 250 mg Erythromycin USP.
- Eromycin® DS Tablet : Each film coated tablet contains Erythromycin Stearate USP equivalent to 500 mg Erythromycin USP
- Eromycin® dry syrup : Each 5 ml of reconstituted syrup contains Erythromycin Ethylsuccinate USP equivalent to 125 mg Erythromycin USP.
- Eromycin® paediatric drops : Each 5 ml of paediatric drops contains Erythromycin Ethylsuccinate USP equivalent to 200 mg Erythromycin USP.

PHARMACOLOGY

Erythromycin inhibits microsomal protein synthesis in susceptible organisms by inhibiting the translocation process. Specific binding to the 50S subunit or 70S ribosome occurs in these organisms but there is no binding to the stable 80S mammalian ribosome. Erythromycin is active against many Gram-positive bacteria, some Gram-negative bacteria and against mycoplasmas and chlamydia.

INDICATION

Erythromycin is the drug of choice in the following indications-

Alternative to a penicillin in penicillin-sensitive patients, penicillin-resistant staphylococcal infections, alternative to a tetracycline in mycoplasma pneumonia, Pertussis diphtheria- especially in treatment of the carrier state, rheumatic fever prophylaxis, Chronic bronchitis, Otitis media and Chronic prostatitis.

DOSAGE AND ADMINISTRATION

Adults: The usual dose is 1-2 gm daily in divided doses. This may be increased up to 4 gm per day according to the severity of the infection.

Children: The usual regimen is 30-50 mg/kg/day. In severe cases the dose may be doubled.

CONTRAINDICATION AND PRECAUTION

Eromycin® is contraindicated in patients hypersensitive to erythromycin.

Eromycin® should be given with care in patients with impaired hepatic function.

SIDE EFFECT

Eromycin® is one of the safer antibiotics. Nausea, gastrointestinal disturbances and allergy being the commonest (0.5-5%) adverse effects.

DRUG INTERACTION

Theophylline: Intravenous theophylline reduces the mean steady state erythromycin concentration after oral dosing by 37%. The clearance of intravenous theophylline is reduced by 83% in subjects currently taking oral erythromycin.

Carbamazepine: Several patients receiving treatment with carbamazepine showed two or three fold increases in their steady state plasma concentrations when erythromycin was given.

Digoxin: 12% of patients receiving digoxin metabolize up to 40% of an oral dose into cardioinactive metabolites in their guts. This microbiological conversion may be inhibited by erythromycin , resulting in increases in the serum digoxin level of up to 200%.

Warfarin: There have been several case reports of prolongation of the prothrombin time and bleeding in patients on warfarin given erythromycin.

Ergotamine: A single case report describes ergotamine toxicity in a patient under treatment with ergotamine.

USE IN PREGNANCY AND LACTATION

There is no evidence that the use of erythromycin is hazardous in pregnancy though it does cross the placental barrier.

HOW SUPPLIED

- Eromycin® Tablet : Box containing 5 x 10 film coated tablets in strip pack.
- Eromycin® DS Tablet : Box containing 5 x 6 film coated tablets in blister pack.
- Eromycin® Dry Syrup : Bottle containing dry ingredients to make 100 ml syrup and a measuring spoon.
- Eromycin® paediatric drops : Bottle containing 60 ml concentrated suspension with dropper.



**Remac[®]**Clarithromycin
Macrolide**COMPOSITION**Remac[®] 250 : Each film-coated tablet contains Clarithromycin USP 250 mg.Remac[®] 500 : Each film-coated tablet contains Clarithromycin USP 500 mg.**PHARMACOLOGY**

Clarithromycin acts by inhibiting microsomal protein synthesis in susceptible organisms mainly by binding to the donor site on the 50S sub-unit of the bacterial ribosome and preventing translocation to that site. Clarithromycin is active against most Gram-positive bacteria and Chlamydia, some Gram-negative bacteria and Mycoplasmas.

Clarithromycin's activity is the same as, or greater than, that of erythromycin in vitro against most Gram-positive bacteria. Clarithromycin is more acid stable than erythromycin and therefore, is better tolerated. Clarithromycin has twice the activity of erythromycin against *H. influenzae*. Most species of Gram-negative bacteria are resistant to clarithromycin because of failure to penetrate to the target.

INDICATION

Clarithromycin is indicated in-

(1) Streptococcal pharyngitis (2) Sinusitis (3) Infective exacerbations of chronic bronchitis (4) Community-acquired pneumonia (5) Atypical pneumonia (6) Skin and soft tissue infection (7) Adjunct in the treatment of duodenal ulcers by eradication of *H. pylori*

DOSAGE AND ADMINISTRATION

Clarithromycin may be given with or without meals.

Adults:

Infection	Dosage (every 12 hour)	Normal duration (days)
Pharyngitis/Tonsillitis	250 mg	10
Acute maxillary sinusitis	500 mg	14
Chronic bronchitis	250 - 500 mg	7-14
Pneumonia	250 mg	7-14
Uncomplicated skin and skin structure infections	250 mg	7-14
Community-acquired upper and lower respiratory tract infections	250 - 500 mg	5-14

MACROLIDES