



BROWN & BURK
CEFALEXIN CAPSULES 250 / 500 mg
Cefalexin Capsules BP

BROWN & BURK CEFALEXIN CAPSULES:

Composition :

250 mg:

Each capsule contains :
Cefalexin Monohydrate BP
equivalent to Anhydrous Cefalexin 250 mg.

BROWN & BURK CEFALEXIN CAPSULES 500 mg :

Each capsule contains :
Cefalexin Monohydrate BP
equivalent to Anhydrous Cefalexin 500 mg.

Chemistry:

Cefalexin is 7-(D-a-amino-a-phenylacetamido)-3- methyl-3-cephem-4-carboxylic acid monohydrate. The nucleus of Cefalexin is related to that of other cephalosporin antibiotics.

Pharmacological Category:

Cephalosporin Antibiotic.

Pharmacology:

Cefalexin is bactericidal. This is achieved by interference with the bacterial cell wall and septal synthesis by inhibiting the transpeptidases. It also combines with penicillin-binding proteins present in the bacterial cell wall.

Pharmacokinetics:

Absorption is rapid and almost complete. Food delays absorption. Peak serum levels are dose-related. T_{max} is about 1 hour. Distributed widely except into CSF. Plasma protein binding 6 to 15%. Crosses into placenta and is excreted in the breast milk. Not metabolised in body. Elimination through Kidney in active form. Elimination half-life is about 1 hour. Prolonged in renal damage and by probenecid.

Indications:

Infections of respiratory tract, Otitis media, Skin and soft tissue infections. Prophylaxis of bacterial endocarditis during surgical procedures. Peritonitis due to susceptible pathogens. Urinary tract infections and acute prostatitis, Gonococcal infections.

Contraindications:

Cefalexin is contraindicated in patients with known hypersensitivity to cephalosporins.

Adverse reactions:

Cefalexin is usually well tolerated. Side effects are usually mild and infrequent. The common side effects are,

Gastrointestinal: Nausea, vomiting, diarrhoea, abdominal pain, loss of appetite, glossitis, stomatitis, oral candidiasis and pruritus ani.

Hypersensitivity: Skin reaction, angioedema, positive coombs test

Others: Headache, dizziness, genital candidiasis.

Drug interactions:

No potentially serious drug interactions have been reported. Mean peak serum levels of Cefalexin were reduced in healthy subjects who were taking cholestyramine concurrently.

Warnings & precautions :

In pregnancy, nursing mothers and renal impairment.

Overdosage:

No acute over dosage has been reported with Cefalexin. No pharmacological effects on any of the body systems.

Dosage and Administration :

Cefalexin is administered orally. It should be taken on an empty stomach (1 hour before or 4 hours after a meal).

Usual adult dose : 1 to 2g given in divided doses at 6 to 8 hrly intervals. In Streptococcal pharyngitis in patients over 15 years: 500 mg twice a day for 7 to 14 days. In Soft tissue infections and uncomplicated cystitis : as for Streptococcal pharyngitis. In severe infections up to 4g/day can be given. In gonorrhoea a single dose of 2 to 3g along with probenecid 0.5 to 1 g.

Children : Usual dose 25 to 50mg/kg/day. In severe infections this can be doubled. The dose can be given in 2 or 4 divided doses. In Otitis media 75 to 100mg/kg/day in divided doses should be given. A common dosage regime for general use is:

- 5 to 12 years 250mg thrice a day
- 1 to 5 years 125mg thrice a day
- less than 1 year 125mg twice a day

In infections due to Beta-haemolytic Streptococci, treatment should be continued for at least 10 days. No dosage modification is required in the elderly unless renal impairment is present.

Presentation:

Blister pack of 10 x 10's

Storage :

Keep below 25°C, in a dry place.

Date of publication :

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BB Cefalexin 500 mg SIN 11396P
BB Cefalexin 250 mg SIN 11397P

Manufactured by:



MICRO LABS LIMITED
92, SIPCOT,
HOSUR-635 126. INDIA.

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