Rantag

0312507B

TABLETS

A Histamine H2 - receptor Antagonist

COMPOSITION

Rantag 150: Each tablet contains : Ranitidine (as hydrochloride) 150 mg
Rantag 300 : Each tablet contains: Ranitidine (as hydrochloride) 300 mg

PROPERTIES

The active component of Rantag is a competitive antagonist of histamine-induced gastric acid secretion. Rantag inhibits both the volume and concentration of gastric acid secretion induced nocturnally and by food, and reduces pepsin output.

Rantag is a rapidly acting H2- blocker with a relatively long duration of action.

INDICATIONS

Rantag is indicated for:
- Treatment of duodenal ulcer.
- Treatment of benign gastric ulcer
- Treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
- Treatment of gastroesophageal reflux.
- Relief of persistent dyspepsia with or without peptic ulceration.
- Prophylaxis of acid aspiration syndrome during general anaesthesia.

DOSAGE

Adults : The usual dosage is 150 mg twice daily . Alternatively, patients with duodenal or gastric ulceration may be given one single bedtime dose of 300 mg. Treatment should be continued for 4 weeks. If healing did not occur by then, another course of 4 week treatment will be sufficient.
Maintenance treatment with 150 mg at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer.
Patients with hypersecretory conditions (Zollinger-Ellison syndrome) may be treated with a starting dose of 150 mg 3 times daily, and this may be increased as needed. Doses of up to 6 gm ranitidine per day have been used and well tolerated.
In the management of gastroesophageal reflux disease, a dose of 150 mg twice daily is recommended, for up to 8 weeks.
For prophylaxis of acid aspiration syndrome during general anaesthesia a dose of 150 mg to be given 2 hours before induction of anaesthesia

CONTRA - INDICATIONS

Ranitidine is contra - indicated in patients known to be hypersensitive to the drug

.PRECAUTIONS

Symptomatic response to ranitidine therapy does not preclude the presence of gastric malignancy.
Since ranitidine is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function. A regimen of 150 mg at night for 4 - 8 weeks is recommended.
Caution should be observed in patients with hepatic dysfunction since ranitidine is metabolized in the liver.
Like other drugs, ranitidine should only be used during pregnancy and nursing if considered essential.

SIDE EFFECTS

Ranitidine is usually well tolerated.
Minor adverse effects occur infrequently and include headache and skin rashes that usually subside with continued therapy, malaize, nausea, constipation and dizziness
Transient increases in serum transaminase and plasma creatinine levels have been reported.

DRUG INTERACTIONS

Ranitidine may decrease the absorption of diazepam and reduce its plasma concentration.
The concurrent administration of antacids with high neutralizing capacity may decrease the bioavailability of ranitidine.
Anticholinergic drugs may delay the absorption of ranitidine and increase its bio-availability.

PRESENTATION

Rantag 150 : Packs of 10 and 20 tablets
Rantag 300 : Packs of 10 tablets

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor

Keep all medicines out of the reach of children

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