Trick-D Junior

400 IU Oral Drops

(Cholecalciferol)

ٹرک۔ڈی جونیئر

۴۰۰ آئی یو اورل ڈراپس

(کولی کیلسیفیرول)

COMPOSITION:
Each drop (0.05ml) contains:
Cholecalciferol (USP) ... 400IU
[Manufacturer's Specs.]

DESCRIPTION:
Vitamin D can be produced in the body with mild sun exposure or consumed through food or dietary supplements. Cholecalciferol is the naturally occurring form of Vitamin D. It is produced from a sterol (7-dehydrocholesterol) that is present in mammalian skin by ultraviolet irradiation. Adequate Vitamin D intake is important for the regulation of calcium and phosphorus absorption.

INDICATIONS:
Trick-D Junior is indicated for the Prevention and treatment of vitamin D deficiency, treatment of rickets and as an adjunct to a specific therapy for osteoporosis in patients at risk of vitamin D deficiency.

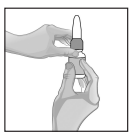
DOSAGE AND ADMINISTRATION:

Age Group	Recommended Dietary Allowance (RDA) per day	Suggested Use	Tolerable upper intake level (UL) per day
0-6 months	400-800 IU	1-2 Drops/day	1,000 IU
6-12 months	400-800 IU	1-2 Drops/day	1,500 IU
1-3 years	400-800 IU	1-2 Drops/day	2,500 IU
4-8 years	600-1,000 IU	1-3 Drops/day	3,000 IU
9-18 years	600-1,000 IU	1-3 Drops/day	4,000 IU
19-70 years	600-1,500 IU	1-4 Drops/day	4,000 IU
Above 70 Years	800-1,500 IU	2-4 Drops/day	4,000 IU

METHOD OF ADMINISTRATION:
Trick - D Junior oral drops are taken directly. The best way is to add them drop by drop into the mouth or, if necessary, administer with a spoon and some liquid.

MEASURED DOSE DELIVERY SYSTEM:

Step 1.
Remove the cap of glass bottle (A)

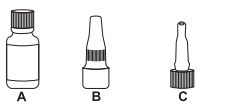


Step 2.
Replace it with rubber dropper (C) fitted in plastic cap (B)

Step 3.
Remove the plastic cap (B) only at the time of administration.

Step 4.
Now, administer the dose with help of rubber dropper (C).

Step 5.
Cover the rubber dropper (C) with plastic cap (B), until the next administration.



A Bottle
B Plastic Cap
C Rubber Dropper

CLINICAL PHARMACOLOGY:
Mechanism of Action:
The metabolic activity of cholecalciferol and its metabolites is variable. Calcitriol is the most metabolically active and binds to the Vitamin D receptors 500 times greater than Calcifediol dose and 1,000 times greater than cholecalciferol dose.

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The active metabolites increase plasma calcium and phosphorus concentrations through two primary mechanisms. First, they increase the amount of intestinal calcium-binding protein (calbindin). The amount of calcium absorbed is directly related to the amount of calbindin in the enterocytes. Thus, more calcium is absorbed from the intestines when calbindin is increased. Second, cholecalciferol metabolites stimulate calcium and phosphorus transfer from bone to plasma.

Pharmacokinetics:
Absorption: Vitamin D is easily absorbed from the gastrointestinal tract in the presence of bile. In case of reduced fat absorption, the absorption of vitamin D is also reduced.
Distribution: Vitamin D can be stored in adipose and muscle tissue for a long time. The effect of cholecalciferol starts slowly and is long lasting.
Biotransformation: The active form of vitamin D_3 is 1,25-dihydroxycholecalciferol, which is formed by hydroxylation of cholecalciferol in liver and kidneys.
Elimination: Vitamin D and its metabolites are excreted mainly in the bile and faeces. Small amounts appear in the urine.

CONTRAINDICATIONS:
Vitamin D_3 (Cholecalciferol) is contraindicated in patients with known hypersensitivity to Vitamin D.

WARNINGS AND PRECAUTIONS:
Vitamin D_3 (Cholecalciferol) should not be given to patients with hypercalcemia (high levels of calcium in blood) and hyperphosphatemia (high serum phosphate levels). It should be used with caution in infants, who may have increased sensitivity to its effects and infants with renal impairment or calculi or heart disease.

SIDE EFFECTS:
Vitamin D can cause the following undesirable effects especially in overdose:
Metabolism and nutrition disorders: Hypercalcaemia, hypercaluria.
Gastrointestinal disorders: Constipation, flatulence, nausea, stomachache, diarrhea.

DRUG INTERACTIONS:
There is an increased risk of hypercalcaemia if Vitamin D is co-administered with thiazide diuretics and calcium. Plasma-calcium concentration should be monitored in patients receiving the drugs concurrently. Some antiepileptics may increase vitamin D requirements (e.g. carbamazepine, phenobarbitone, phenytoin and primidone). A case of severely decreased prothrombin has been reported as due to a possible interaction of vitamin D with warfarin and calcium carbonate.

OVERDOSE:
Symptoms of overdosage include loss of appetite, lack of energy, nausea, vomiting, constipation, diarrhea and excessive urination.

INSTRUCTIONS:
Store below 30° C. Protect from heat and light. Keep out of the reach of children.

PRESENTATION:
Trick - D Junior 400 IU Oral Drops are available in pack size of 10ml.

خوراک: معالج کی ہدایت کے مطابق استعمال کریں۔
ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی اور روشنی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

PHARMA
Manufactured for:
Nabiqasim Industries (Pvt.) Ltd.
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Manufactured by:
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E-145 - 149, North Western Industrial
Zone, Port Qasim, Karachi - 75020, Pakistan.
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