समर्पण

TIME PHARMACEUTICALS

25 Years of SERVICE

TIME Pharmaceuticals (P.) Ltd.

(A WHO-GMP Certified Company)

We extend our hearty congratulations to

TIME Pharmaceuticals (P.) Ltd.

for successfully completing

the 25 years of operation.

We wish for the progress and success

in the days ahead.

TIME PHARMACEUTICALS

25 Years of SERVICE

Sudarshan Trading Co.

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Exporters in:

Pharmaceuticals, Raw Materials, Drugs & Chemicals

संस्थागत उद्देश्य

टाइम फर्मास्यूटिकल्स् प्रा. लि. गुणस्तरीय औषधी उत्पादन गरि स्वास्थ्य क्षेत्रमा गुणस्तरीय सेवा प्रदान गर्ने उद्योग हो जसले पूर्ण रूपमा औद्योगिक उन्नति, राष्ट्रिय अर्थतन्त्रमा टेवा र राष्ट्रिय आत्म निर्भरताप्रति प्रतिवद्ध संस्था हो ।

संस्थागत मूल मान्यता

- ग्राहकहरूमा उच्चस्तरीय गुणस्तरको औषधी तथा सेवा प्रदान गर्ने ।
- ग्राहकको सन्तुष्टी नै हाम्रो व्यवसायको जग हो ।
- मानवीय सुरक्षा तथा वातावरणलाई मध्यनजर गरी सम्पूर्ण काम कारबाहीको व्यवस्थापन गर्ने ।
- आत्मसम्मान तथा समानताको अभ्यास गर्दै समस्त कामदार तथा कर्मचारीहरूलाई आफ्नो क्षमताको पहिचान गराई पूर्ण क्षमताले काम गर्ने अवसर प्रदान गर्ने ।
- हाम्रा समस्त व्यवसाय साझेदारहरूसँग बहुपक्षीय हित हुने सम्बन्ध कायम गर्ने ।
- नाफामुलक बृद्धिको प्रत्याभुति गर्ने तथा शेयरधनीहरूको धनको बृद्धि गर्ने ।
- एउटा जिम्मेवार व्यवसायिक नागरिक बन्ने ।

गुणस्तरीय नीति

हामी टाइम फर्मास्यूटिकल्स् प्रा. लि. सँग आबद्ध सम्पूर्ण सदस्यहरू हाम्रा प्रक्रिया, उत्पादन, सेवा तथा प्रणालीहरूको सामुहिक कार्यमार्फत निरन्तर सुधार गरी दीर्घकालीन रूपमा हाम्रा आफ्ना आन्तरिक तथा बाह्य ग्राहकहरूको सन्तुष्टी पूर्णरूपले पूर्ति गर्न तथा अभिवृद्धि गर्न प्रतिबद्ध छौं ।

वातावरणीय नीति

हामी टाइम फर्मास्यूटिकल्स् प्रा. लि. सँग आबद्ध सम्पूर्ण सदस्यहरू हाम्रो वातावरणप्रतिको उत्तरदायित्व बोध गर्दछौं तसर्थ हामी प्रतिबद्ध छौं

क. वातावरणीय नियम तथा कानुन पालन गर्न ।

ख. वातावरणमा असर पार्ने हाम्रा उत्पादनका विभिन्न कारणहरूको पहिचान गर्न, नियन्त्रण गर्न तथा निरन्तरता दिन ।

ग. फोहरलाई कम गर्न, सुरक्षित व्यवस्थापन गर्न र उर्जाको बचत गर्ने प्रयास गर्न ।

घ. प्राकृतिक स्रोत साधनको संरक्षणको प्रबर्द्धन गर्न ।

स्वास्थ्य तथा सुरक्षा नीति

हाम्रो व्यवसायमूलक गतिविधिमा संलग्न भएका वा त्यसबाट प्रभावित हुने सबैको स्वास्थ्य तथा सुरक्षा हाम्रो जिम्मेवारी हो । तसर्थ हामी प्रतिबद्ध छौं

क. सम्पूर्ण कार्यस्थलगत स्वास्थ्य तथा सुरक्षाका आवश्यकता पुरा गर्न तथा व्यवसायजन्य स्वास्थ्य तथा सुरक्षाका असल अभ्यासहरू अवलम्बन गर्न ।

ख. हाम्रा कामदार तथा कर्मचारीहरूलाई प्रशिक्षण, सूचना, आदेश, तथा सुपरीवेक्षणका साथै सुरक्षासम्बन्धी उपकरण तथा वस्तुहरू प्रदान गर्न ।

ग. हाम्रा व्यवसायजन्य गतिविधिहरूमा हुन सक्ने स्वास्थ्य तथा सुरक्षाका खतराहरूमा आवश्यक नियन्त्रण राख्न ।

स्वास्थ्य तथा सुरक्षा उद्देश्य

क. स्थापित कार्यशैलीहरू र उपकरणहरूबाट हुन सक्ने चोटपटक कम गर्न अथक प्रयास गर्ने ।

ख. असुरक्षित कार्यस्थलको न्यूनिकरण वा उन्मूलन गर्ने तथा स्वास्थ्य सम्बन्धी खतराहरूलाई नियन्त्रणमा राख्ने ।

ग. स्वास्थ्य तथा सुरक्षाका नियमहरू सम्पूर्ण तहमा लागु गर्ने ।

Corporate Mission & Vision

Time Pharmaceuticals Pvt. Ltd is dedicated to serve the health sector by manufacturing and marketing quality products at affordable prices, fully committed for industrial growth, support national economy, and self sufficiency in pharmaceuticals.

Organizational Core Values

- To offer products & services of the highest quality to our customers.
- To achieve customer satisfaction is the fundamental of our business.
- To manage all the operation with high concern of human safety and environment.
- To practice dignity & equity in relationship and provide opportunity to our people to realize and operate to their fullest.
- To foster mutually beneficial relationship with all our business partners.
- To ensure profitable growth and enhance wealth to our shareholders.
- To be a responsible corporate citizen.

Quality Policy

We, associates of TIME Pharmaceuticals (P.) Ltd. are committed to fully achieve and enhance the satisfaction of our internal & external customer on a sustained base by continual improvement of our processes, products, services and systems through teamwork.

Our Environmental Policy

Time Pharmaceuticals Pvt. Ltd is committed to make a continuous effort to identify & control the environmental impact of its production activities & processes

- Committed to comply environmental legislation and regulation
- Committed to minimize waste generation and its impact on environment
- Committed to put efforts on reduction of waste, energy and safe disposal of waste

Our Health and Safety Policy

The health and Safety of all those involved in or affected by our business activities is our foremost concern. Thus, we are committed :

- To comply with all applicable workplace safety and health requirements and maintain occupational health and safety standards those equals and exceed the best practices in the Industry.
- To provide trainings, information, instruction and supervision to our employees, and to provide safe equipments and substances.
- To have adequate control on health and safety risks from our business activities.

Our Health & Safety Objectives

- To strive to achieve the established working patterns and machineries in order to reduce working injuries.
- To eliminate or minimize unsafe working conditions and control health hazards.
- To enforce safety and health rules at all levels.

Message

Namaste: Greetings from Time Pharmaceuticals, Nepal.

Commencing with a humble beginning in 1997, Time Pharmaceuticals has progressed as one of the leading Pharma companies of Nepal. Today the company manufacture and market a large basket of pharmaceutical formulations covering a broad spectrum of chronic and acute therapies, including generics, branded generics, specialty, complex and over-the-counter (OTC) and Active Pharmaceutical Ingredients (APIs) and Intermediates. Our broad portfolio of more than 200 high-quality molecules covers a range of chronic segments in various multiple dosage forms, including tablets, capsules, Nasal sprays, Eye/ Ear drops, ointments, creams, and liquids.

It is indeed a great pleasure to all Timeians that we have completed 25 years and enters the Silver Jubilee year. All Timeians, stood strongly to strengthen our organization and was established as one of the leading pharmaceutical companies of Nepal. We acknowledge all our valued Customers, Doctors, Chemists, Wholesalers, Vendors, and Suppliers, Stakeholders and Staff for their precious contribution and invaluable support in the journey and growth of Time Pharma.

The increasing complexity of new diseases in this new modern era and despite many new inventions and discoveries of new drugs, treatment protocols, drug delivery patterns etc the global health care has become more challenging due to the ever-increasing social quandary that poses big challenges to humankind. Time Pharmaceuticals with all its dedicated and passionate team fully committed to serve the nation and global mankind. Time Pharmaceuticals acknowledge and salute all the health professional and associated front line workers who stood always ahead to fight against any calamities and save mankind.

Our purpose is to improve the quality of human life by helping people do more, feel better and live longer. It is the guiding force to all the Timeians thus our actions are the key to deliver our promises. Our goal is to touch lives by delivering high-quality and needed healthcare products to as many people as possible, preventing and treating disease and keeping people well with our scientific and technical know-how.

To mark Time Pharmaceuticals SILVER JUBILEE YEAR CELEBRATION, I congratulate all the fellow family members, staff and also express my sincere gratitude to all who have supported us in our human serving journey.

Touching Lives and Delivering Promises

Thank you and best wishes.

G Narayan B Chhetri
Executive Chairman (Founder)

Message

It gives me immense pleasure to write this message in this happiest moment of 25th anniversary celebration of TIME Pharmaceuticals Pvt. Ltd. On the very beginning, I would like to express my sincerest appreciation to our valued doctors, stockiest, chemist and all well wishers for their continuous support throughout the years.

Now, the Nepalese pharma industry are equivalent to international standards in terms of quality and in quantity i.e. we are able to provide sufficient quality products for the nation. During our history, we served the nation in all ups and downs like earthquake, blockade, pandemic etc. So, it is very important to note that domestic companies are back-bone for the prosperous Nepal. Thus, TIME Pharmaceuticals, knowing the necessity of domestic companies in pharma sector, established on 2054 B.S. with commitment on excellence on product quality and services.

In this glorious journey of 25 years, we could stand as trusted pharma industry in Nepal with aggressive growth providing quality products and services. We constantly strive to offer a unique range of products – from pediatric to geriatric: oral, topical and sterile formulations. Beside our brand leader and firstly launched products, we are planning to come up with other niche products like sterile segment, injectables, steroids in near future. Our dedication to complete customer satisfaction and our valued relationship will remain the foundation for our next multiple years of success.

Lastly, I would like to take this opportunity to thank all our team members of this company as well as all stakeholders, for their best efforts to take company to this stage. I am sure our strengths and team work can take TIME Pharma to a new height.

"Happy 25 years of TIME Pharma". Cheers.

Sudarshan Lal Shrestha
Managing Director

भवानी प्रसाद खापुङ
Bhawani Prasad Khapung
स्वास्थ्य तथा जनसङ्ख्या मन्त्री
Minister for
Health and Population

नेपाल सरकार
Government of Nepal
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
Ministry of Health and Population

फोन: ०१-४-२६२५३४
01-4-262534
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Ramshahpath, Kathmandu, Nepal

पत्र संख्या(Ref. No.): चलानी नं.(Dispatch No.): मिति(Date): २०७९/०७/०४

शुभ–कामना सन्देश

हाम्रो देशको औषधि उत्पादनको क्षेत्रमा केही वर्ष यता उल्लेखनिय विकास भईरहेको छ। अत्याधुनिक प्रविधि आयात गरी गुणस्तरिय औषधी उत्पादनमा यहाँहरुले गर्नु भएको प्रयासले देश औषधी उत्पादनको क्षेत्रमा आत्मनिर्भरता तर्फ उन्मुख हुने कुरामा कोशे ढुङ्गा साबित हुनेछ भन्ने विश्वास लिएको छु। औषधी उत्पादनको क्षेत्रमा Time Pharmaceuticals लगायतका निजी क्षेत्रले खेलेको भुमिका उल्लेखनिय रहेको स्मरण गर्न चाहन्छु।

यसै क्रममा गुणस्तरी औषधि उत्पादन गरी देश र नागरिकको सेवा गर्ने उद्देश्यमा लागिरहेको यस Time Pharmaceuticals ले आफ्नो सेवा कालको २५ औं वार्षिक उत्सव मनाउन लागेकोमा म निकै नै हर्षित छु। यस अवसरमा विभिन्न आरोह अवरोहहरु पार गर्दै सन्तोषजनक ढंगमा संस्थालाई यस अवस्था सम्म ल्याउन अहोरात्र खटिने व्यवास्थापन समूह लगायत सम्पूर्ण कर्मचारी प्रति संस्थाको २५ औं वार्षिक उत्सवको अवसरमा धन्यवाद सहित शुभ कामना प्रकट गर्दछु।

साथै आगामी वर्षहरुमा पनि औषधि उत्पादनको क्षेत्रमा निरन्तर क्रियाशिल रहन र यस उत्सवले थप उर्जा प्रदान गर्नेछ भन्ने विश्वासका साथ वार्षिक उत्सव सफलताको शुभ-कामना समेत गर्दछु।

भवानी प्रसाद खापुङ
मन्त्री
स्वास्थ्य तथा जनसंख्या मन्त्रालय

नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)

फोन नं. ४२६२५४०
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४२६२४३५
४२६२८६२
४२२३५८०

प्राप्त पत्र संख्या :-
पत्र संख्या :-
चलानी नं. :-

रामशाहपथ,
काठमाडौं, नेपाल ।

मिति : .....

विषय :- **शुभ-कामना सन्देश ।**

गुणस्तरीय औषधिको सेवन गर्न पाउनु नागरिकहरुको नैसैर्गिक अधिकार हो । नेपाललाई औषधि उत्पादनमा आत्मनिर्भर बनाउन विगत २५ वर्ष देखि देश र जनता प्रति सेवाभाव सहित गुणस्तरीय औषधि उत्पादन गर्दै आईरहेको टाईम फर्मास्यूटिकल्स प्रा. ली. ले २५ औं वार्षिकउत्सव मनाउन लाग्दा मलाई निकै नै खुशीको अनुभुति भएको छ ।

गुणस्तरीय औषधि उत्पादन गर्ने र देश र जनताको स्वास्थ्य क्षेत्रमा उल्लेख्य सुधार ल्याई देशलाई औषधिमा आत्मर्निभरता तर्फ डोऱ्याउन यहाँहरुले खेल्नु भएको भुमिका को सन्हाना गर्दै यहाँलाई बधाई ज्ञापन गर्दछु ।

अन्त्यमा आउने दिनहरुमा यहाँहरुको सेवा र समर्पण कायम रहने छ भन्ने कामना गर्दै सफलताको शुभकामना व्यक्त गर्न चाहन्छु ।

डा. रोशन पोखरेल
सचिव

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
औषधि व्यवस्था विभाग

१७४८, मदन भण्डारी पथ-४
बिजुलीबजार, काठमाडौं।

पत्र संख्या:- ०७९।८०
चलानी नं.:- २२६२

मितीः २०७९/०९/०८

हार्दिक शुभकामना

नेपालको सर्वाङ्गीण विकासमा स्वास्थ्य क्षेत्रको निकै नै अहम भुमिका रहेको छ। यस मध्येमा गुणस्तरिय औषधिहरुको उत्पादन तथा वितरण, औषधिको सहज उपलब्धता एवं औषधिको प्रयोग सम्बन्धि ज्ञान स्वस्थ्य राष्ट्रको मात्रा नाप्ने सुचकाङ्कको रुपमा नै चित्रित गर्न सकिन्छ।

वर्तमान चुनौतिपूर्ण परिवेशमा नयाँ प्रविधियुक्त औषधिहरुको उत्पादनमा राष्ट्रले निकै नै ठुलो फड्को मारेको छ। यसै सिलसिलामा **टाईम फर्मास्यूटिकल्स प्रा.लि.** ले पनि विगत २५ वर्ष देखि आफ्ना उत्पादनहरुको प्रविधिमा समयानुकुल स्तरोन्नती गरी देश र जनतासामु गुणस्तरिय औषधिहरु उत्पादन गरी सेवा दिदैं आएकोमा म हार्दिक धन्यवाद दिन चाहन्छु।

अन्ततः आगामी दिनहरुमा पनि आफ्ना उत्पादनहरुको विविधिकरण गरी अझ अत्याधुनिक प्रविधिको प्रयोग मार्फत गुणस्तरिय औषधिहरु उत्पादन गरि राष्ट्र र जनता प्रति समर्पित रहनु हुनेछ भन्ने विश्वासका साथ टाइम फर्मास्यूटिकल्स प्रा.लि. को रजत जयन्ती महोत्सवको लागि हार्दिक बधाई तथा शुभकामना व्यक्त गर्दछु।

भरत भट्टराई
महानिर्देशक

पो.ब.नं १००३८, फोन : ०१-४७८०४३२, फ्याक्स : ०१-४७८०४७२ इ-मेल : druginfo@dda.gov.np, वेभसाइट : www.dda.gov.np

नेपाल औषधी उत्पादक संघ

Association of Pharmaceutical Producers of Nepal

"Heading Towards Pharmaceuticals Self Reliance"

च.नं. ४४०
प.सं. ०७९/८०

मिति:२०७९/०७/०६ गते

हार्दिक शुभकामना

स्वदेशी औषधी उत्पादकहरुको एकमात्र छाता संगठन नेपाल औषधी उत्पादक संघ (एपोन)र बिगत २५ वर्ष देखि स्वदेशमा नै निरन्तर अति आवश्यक औषधीहरु उत्पादन गर्दै राष्ट्रलाई औषधीमा आत्मनिर्भर बनाउने उद्देश्यका साथ स्थापना गरिएको संघको पुर्ण सदस्य रहेको टाइम फर्मास्यूटिकल्स प्रा.लि बीच पुरानो, प्रगाढ,मित्रवत र पारस्परिक सम्बन्ध रहेको छ ।

आधुनिक औषधी उद्योगको रुपमा बिकास भइरहेको टाइम फर्मास्यूटिकल्स प्रा.लि ले आफ्नो २५ औं रजत महोत्सव मनाउन लागेको कुराले हामीलाई निकै हर्षित बनाएको छ । स्वदेशमा औषधी उत्पादन गरि औषधी क्षेत्रको समग्र बिकासमा टाईम फर्मास्युटिकल्स प्रा.लि. ले खेलेको भुमिका प्रशंसायोग्य तथा सराहनीय छ । स्वदेशी औषधी उद्योगहरुको प्रर्वद्धन र बिकासको लागी नेपाल औषधी उत्पादक संघ सदैव साथ रहने बिश्वास व्यक्त गर्दछौ ।

रजत महोत्सवको अबसरमा नेपालको स्वास्थ्य क्षेत्र र औषधी व्यबसायको समग्र बस्तुस्थितिलाई समावेश गरि सन्देशमुलक,पठनीय तथा संग्रहनीय स्मारिका प्रकाशन गरिनु निकै महत्वपुर्ण हुने बिश्वास लिएका छौ । टाइम फर्मास्यूटिकल्स प्रा.लिको २५ औं रजत महोत्सव र स्मारिका प्रकाशन कार्यको पुर्ण तथा भव्य सफलताको कामना गर्दछौ । साथै आगामी दिनमा यस टाइम फर्मास्यूटिकल्स प्रा.लिको व्यबसायीक सफलताको कामना गर्दछौ ।

.....
प्रज्वल जंग पाण्डे
(अध्यक्ष)

Reg,No: 428/DAO-KTM

Elected Executive Committee
(Tenure- 2078-80 2021-23)

President
Prajwal Jung Pandey
014436396(O) 9851039755

Immediate Past President
S. Narayan Bahadur Chhetri
078502004(O) 9855055300

Senior Vice President
Mahesh Prasad Pradhan
4436683(O) 9851032382

Vice President
Santosh Baral
5541188 (O) 9841733539

General Secretary
Biplab Adhikari
4154905 (O) 9851051059

Treasurer
Prabhat Roongata
051524398 (O) 9801020825

Executive Members

Prithvi Rajbhandari
51580172 (O) 9855022272

Dipak Tibrewal
014283717(O) 9851042160

Sudeep Pradhan
014620954(O) 9802917501

Giri Raj Pathak
071547100 (O) 9857028446

Sudarshan Khayaguli
014110791 (O) 9851025200

Block/Room No: 401, 4th Floor, Bagmati Chamber, Teku, Kathmandu, Nepal
G.P.O. Box No. 23528, Tel: 4100024, T/F: 977-1-4231871
Email: appon123@gmail.com; Wbsite: www.appon.org.np

Message

It is very proud moment for me that Time Pharmaceuticals Private Limited is celebrating its 25th years of anniversary after its commercial production started on 2nd Mangsir, 2053. This company was established 25 years ago to fulfill the domestic need of medicines and to reduce the country's dependence on India for the supply of medicines.

In spite of many difficulties in the beginning, we have completed 25 years and are playing an important role in making the country self-reliant in medicine and supplying all over the country. Today, Time Pharmaceuticals is developed and have a fully qualified team of large number to reach and serve people in every corner of the country. We are successful in creating a brand of our own kind and thereby being recognized in the market as a professional company which drives its business through knowledge, expertise, dedication and customer focused service.

We had crossed the Covid pandemic period which taught us the lesson to evaluate our past and come up with more plans for the future. We are proud what we have achieved and take this opportunity to share some key areas as we move forward in our journey.

Personally I would like to express my gratitude to all the stakeholders without whom this company would not have come to this day, many thanks to Government authorities, customers, stakeholders, well-wishers, promoters and entire Time Pharma family. I sincerely hope to get continued support and cooperation in every endeavor.

May god almighty bless and keep us and our family safe always.

Thank you

Manoj Pradhan
Finance Director

Message

Congratulations and Happy 25th Anniversary!

The changes over the last 25 years in TIME Pharmaceuticals came with great efforts of each one of us and have resulted into one of the leading companies of Nepal. The journey has not been easy but the dedication, contribution and hard work of each one of us has paid to stand to the current position of the company.

Though the entire world had faced an unprecedented global health crisis, this year 2079 marks the Silver Jubilee Celebration Year of TIME Pharmaceuticals. It is very important for us as we reflect on the past and more importantly concentrate to focus on the future.

It is not just celebrating the company anniversary but an anniversary for a family that has confronted all the odds to achieve a single goal.

Wishing everyone a Happy 25th Anniversary!!

Ashesh Bhandary
Factory Operation Director

नेपाल औषधि व्यवसायी संघ
Nepal Chemists and Druggists Association (NCDA)

केन्द्रीय कार्यालय
(नेपाल सरकारबाट स्वीकृत प्राप्त)

NCDA Central Office
P.O.Box: 1337, Chhetrapati
Kathmandu, Nepal
Tel: 4269483 Fax: 4268597
E-mail: ncdacentraloffice@gmail.com
Website: www.ncda.org.np

In reply please quote
Our Ref. No.

President
Mr. Mrigendra Meher Shrestha
Chhetrapati, Kathmandu
Tel: 01/4252927, 4254005

IPP
Mr. Babu Ram Bhattarai
Butwal-6, Rupandehi
Tel: 071/540085

Senior Vice President
Mr. Prakash Kumar Khandelwal
Birganj –13, Parsa
Tel: 051/ 418440

Vice President (Importer)
Mr. Niranjan Prasad Risal
Mhepi, Nayabazar, Kathmandu
Tel: 01/4381781

Vice President (Wholesaler)
Mr. Sunil Shrestha
Butwal -6, Rupandehi
Tel: 071/541523, 540523

Vice President (Retailer)
Mr. Ram Prasad Kharel
Butwal –6, Rupandehi
Tel: 071/540478, 541868

Secretary General
Mr. Ram Chandra Sharma
Chhetrapati, Kathmandu
Tel: 01/4250948

Treasurer
Mr. Samrat Man Joshi
Khumaltar-15, Lalitpur
Tel: 01/5539862, 5231175

Secretary
Mr. Yam Nath Paudel
Pokhara-09, Kaski
Tel: 061/530574

Asst. Treasurer
Mr. Shreedhar Khanal
Baneshwor, Kathmandu
Tel: 01/4108595

Executive Members
Mr. Shrijan Kumar Bhattarai
Purano Baneshwor, Kathmandu
Tel: 01/4484640

Mr. Prama Nanda Raut
Madar-1, Siraha
Tel: 033/400057

Mr. Gaya Prasad Kushmi
Dhangadhi
Tel: 091/524705

Mr. Tanka Prasad Adhikari
Pokhara, Kaski
Tel: 061/522983, 522822

Mr. Lalitanand Joshi
Bhimdatta Na.Pa.-18, Kanchanpur
Tel: 099/524504

Mrs. Sharmila Shakya
Birtamod, Jhapa
Tel: 023/543677

Mr. Krishna Bahadur Rokaya
Kohalpur-11, Banke
Tel: 081/540483

Mr. Prakash Kumar Shrestha
Tulsipur, Dang
Tel: 082/521360

Mr. Kabiraj Kandel
Birendranagar-03, Surkhet
Tel: 083/521673

Mr. Mukunda Krishna Shrestha
Chabahil, Kathmandu
Tel: 01/4485428

Mr. Prashant Manandhar
Teku, Kathmandu
Tel: 01/5350618, 5342956

प.सं.२०७९/०८० च.नं.६८९ Date २०७९/०७/२३

हार्दिक शुभ-कामना

टाइम फर्मास्यूटिकल्स प्रा.लि ले विगत २५ वर्ष देखि देश भित्र अति आवश्यक औषधिहरु उत्पादन गरि निरन्तर रुपमा सेवा पुयाइरहेको जानकारी पाउँदा मलाई अत्यन्तै खुशी लागेको छ । त्यस उद्योगले राष्ट्रलाई विगत वर्षहरुमा विषम परिस्थितिमा समेत औषधि अभाव हुन नदिई नेपालको स्वास्थ्य क्षेत्रलाई सेवा पुयाउँदै राष्ट्रको औषधिमा आत्मनिर्भर समेत पुचाउने उदेश्यका साथ अगाडि बढिरहेकोमा यस संघको तर्फबाट धन्यवाद दिन चाहन्छु ।

यस उद्योगले आफनो रजत महोत्सव(२५औँ वर्ष) मनाईरहेको र उक्त महोत्सवलाई चिनारीको रुपमा स्मारिका प्रकाशन गर्न लागेको हुँदा प्रकाशित स्मारिका पठनीय, संग्रहनीय हुने कुरामा म विश्वस्त छु साथै यस टाइम फर्मास्यूटिकल्स प्रा.लि को रजत महोत्सवको सफलताको कामना गर्दै शुभ-कामना व्यक्त गर्दछु ।

धन्यवाद ।

मृगेन्द्र मेहर श्रेष्ठ
केन्द्रीय अध्यक्ष

औषधिको सदुपयोग गरौं, प्रतिकूल असर हुनबाट बचाऔं ।

श्री ५ को सरकार
अर्थ मन्त्रालय
आन्तरिक राजश्व विभाग

स्थायी लेखा नम्बर (PAN) दर्ता प्रमाण पत्र

पान: ३ ० ० ० ९ ४ ५ ९ ० मिति: ३१ ०१ २०५२
आन्तरिक राजश्व कार्यालय: भरतपुर मू.अ.क. दर्ता मिति: २१ ०५ २०५६
दिन महीना साल

करदाताको नाम: टाइम फार्मास्यूटिकल्स प्रा. लि.

करदाताको प्रकार: प्राइभेट लिमिटेड

ठेगाना: घर नं. , वडा नं. २, विणा रोड, नारायणघाट
भरतपुर नगरपालिका
चितवन

व्यवसाय कारोवारहरू: औषधियुक्त वस्तु उत्पादन,

करदाताको दस्तखत

कर अधिकृतको दस्तखत

यो प्रमाण पत्र देखिने गरी कारोबार स्थल मुख्य कार्यालयमा राख्नु पर्ने छ ।

Government of Nepal
Ministry of Finance
Department of Customs

EXIM Code Certificate

EXIM Code : 3000945900120NP

Business Reg. No. and Place :
1845/051/52 Department of Industry, Kathmandu

PAN : 300094590

Person with above mentioned details has been granted this EXIM Code Certificate on B.S.2074 year 03 month 27 day.

Trade Name	:	TIME PHARMACEUTICALS PVT LTD.
Address	:	Nawalparasi, Gaidakot-4, Gaindakot 4, N/A
Phone No.	:	null
Website	:	
Proprietor's Name	:	GNarayan Bahadur Chhetri
Address	:	Bharatpur-2, Chitwan
Phone No.	:	9855055300
Email	:	time.headoffice@gmail.com

Note : This certificate can be electronically received and renewed. For renewal of the certificate one should apply through this process before the beginning of every fiscal year.

Verified By : ARJUNNEUPANE

Date : Tue Jul 11 14:39:40 NPT 2017

प्रमाणपत्र दर्ता नं. ९८४२/०२४१/४२

श्री ५ को सरकार
उद्योग मन्त्रालय

उद्योग विभाग

उद्योग दर्ता प्रमाण-पत्र

श्री ५ को सरकार
उद्योग मन्त्रालय
उद्योग विभाग

प्रमाण-पत्र दर्ता नं. ९८४२/०२४१/४२ मिति:- २०५२।८।१२

उद्योग दर्ता प्रमाण–पत्र

औद्योगिक व्यवसाय ऐन २०४९ को दफा १० बमोजिम यो उद्योग दर्ता गरी प्रमाण-पत्र प्रदान गरिएको छ ।

१) उद्योगको नाम :- टाइम फार्मास्युटिकल्स प्रा. लि.

२) ठेगाना :- मुक्तपुर गा. वि. स. वडा नं. ४ नवलपरासी ।

(ख) टेलिफोन नं.

३) स्तर :- मझौला ।

४) वर्गीकरण :- उत्पादनमूलक ।

५) उद्देश्य :- एलोप्याथिक औषधि उत्पादन गर्ने । ..

६) वार्षिक क्षमता :- (क) विभिन्न प्रकारका टेबलेट- २५ मिलियन गोटा ।
(ख) विभिन्न प्रकारका क्याप्सुल- १५ मिलियन ।
(ग) ड्राईसिरप- ०.८ मिलियन(घ) विभिन्न प्रकारका लिक्वीड (तरल) ३०० कि. लि. (ङ) मलम - ३ टन ।

पूंजी:-

१. स्थिर पूंजी :- १,८६,८८,०००।-

२. चालु पूंजी :- १,०४,२३,०००।-

३. कुल पूंजी :- २,९०,८१,०००।-

का. महा-निर्देशक

उद्योगले पालना गर्नु पर्ने शर्तहरू

१) उद्योगलाई आवश्यक पर्ने जनशक्ति नेपाली नागरिकबाट पूर्ति गर्नु पर्नेछ । यदि विदेशी जनशक्ति बिना उद्योग संचालन हुन नसक्ने भएमा यस विभागको पूर्व स्वीकृति अनिवार्य हुनेछ ।

२) उद्योगमा विदेशी पूंजी लगानी, प्रविधि उपयोग गर्नु परेमा यस विभागको पूर्व स्वीकृति प्राप्त गर्नु अनिवार्य छ ।

३) वातावरणमा प्रतिकूल असर नपर्ने गरी उद्योग संचालन गर्नु पर्नेछ ।

४) उद्योगको पुनरस्थापना, आधुनिकिकरण विस्तार वा विविधिकरण गर्दा औद्योगिक व्यवसाय ऐन २०४९ को अनुसूचि ९ बमोजिमको अनुमति लिनु पर्ने उद्योग भएमा विभागबाट अनुमति लिनु पर्नेछ ।

५) अनुमति लिनु नपर्ने उद्योगको पुनरस्थापना, आधुनिकिकरण वा विस्तार गर्दा विभागमा दर्ता गरी मात्र कार्यान्वयन गर्नु पर्नेछ ।

६) उद्योग दर्ता भएपछि प्रत्येक ४।४ महिनामा उद्योगको प्रगति प्रतिवेदन तोकिए बमोजिम यस विभागमा पठाउनु पर्नेछ ।

७) उद्योग चालु भएपछि विभागको तत्कालिक ढाँचामा वार्षिक प्रतिवेदन वार्षिक कार्य प्रगति र उत्पादन विवरण सम्बन्धी प्रतिवेदन अनिवार्य रूपमा पेश गर्नु पर्नेछ । विजुली वा अन्य कारणले बन्द रहेको भए कारण खुलाई सूचना गर्नु पर्नेछ ।

८) उद्योग दर्ता भएको १ (एक) वर्ष भित्र वा इजाजत लिएकोमा इजाजत पत्रमा तोकिएको अवधि भित्र उद्योग स्थापना गरी संचालन नगरेमा विभागले दर्ता वा इजाजत खारेज गर्न सक्नेछ । कुनै कारणवश सो अवधि भित्र संचालन हुन नसकेमा विभागबाट म्याद थपको स्वीकृति लिनु पर्नेछ ।

९) इजाजत पत्रमा वा दर्ता प्रमाण-पत्रमा तोकिएको शर्तहरू पालना नगरेमा वा उद्योगलाई प्रदान गरिएको सुविधा दुरूपयोग गरेको पाइएमा औ. व्य. ऐनको दफा २८ अनुसार कारवाही हुनेछ ।

१०) वातावरण सम्बन्धमा विभागबाट दिइने निर्देशन तथा शर्तहरू पालना गर्नु पर्नेछ । वातावरण प्रदूषण नहुने गरी उद्योगको स्थापना र संचालन गर्नु पर्नेछ ।

११) वातावरण नियन्त्रण सम्बन्धमा विभाग र अन्य सम्बन्धित निकायहरूबाट समय समयमा तोकिएका मापदण्डहरू अनिवार्य रूपमा पालना गर्नु पर्नेछ ।

Government of Nepal
Ministry of Health
Department of Drug Administration

Certificate of Good Manufacturing Practices

This one-page certificate conforms to the format recommended by the World Health Organization (general instructions and explanatory notes attached).1

Certificate No: Time/06/21/167 **Date: 12th March, 2021**

On the basis of the inspection carried out on January 07-08, 2021, we certify that the site indicated on this certificate complies with Good Manufacturing Practices for the dosage forms, categories and activities listed in Table 1.

1. Name and address of site: M/s Time Pharmaceuticals Pvt. Ltd.
Gaidakot-10, Nawalparasi, Nepal

2. Manufacturer's licence number:

3. Table 1:

Dosage Form(s)	Category(ies)	Activity(ies)
Tablets	Non-Penicillin	Production, Packaging, Quality Control
	Cephalosporin	
Capsule	Non-Penicillin	do
	Penicillin	
	Cephalosporin	
Ointment/Cream/Gel	Non-Penicillin & Non- Cephalosporin	do
Liquid Oral	Non-Penicillin & Non- Cephalosporin	do
Powder (Powder for Oral Suspension)	Cephalosporin	do
	Penicillin	

The responsibility for the quality of the individual batches of the pharmaceutical products manufactured through this process lies with the manufacturer.

This certificate remains valid until 11th March, 2023. It becomes invalid if the activities and/or categories certified herewith are changed or if the site is no longer considered to be in compliance with GMP.

Address of certifying authority: 1740, Madan Bhandari Path, Bijulibazar, Kathmandu, Nepal

Name and function of responsible person: Bharat Bhattarai; Director General

Telephone no.: +977-1-4780 227 Fax no.: +977-1-4780572 Website: www.dda.gov.np Email: info@dda.gov.np

Signature:..... Director

Date: 12th March, 2021

अनुसूची-१

संहिता ७७(४) सँग सम्बन्धित

(औषधि उत्पादन कुशल अभ्यास प्रमाणपत्रको ढाचा)

नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

औषधि व्यवस्था विभाग

औषधि उत्पादन कुशल अभ्यास प्रमाणपत्र

प्रमाणपत्र नम्बर: Time/०२/२०७९/५८ **मिति:**२०७९/०२/१०

उत्पादकको इज्जातपत्र नम्बर र प्राप्त मिति:

श्री Time Pharmaceuticals P. Ltd.

गैडाकोट-१०, नवलपरासी, **नेपाल।**

तपाई/त्यस उद्योगले औषधि उत्पादन कुशल अभ्यासको प्रमाणपत्र पाउँ भनि यस कार्यालयमा निवेदन दिनु भएकोमा यस कार्यालयबाट खटिएको विज्ञबाट संहिता ७७ को उपसंहिता(४) बमोजिम जाचबुझ, अवलोकन तथा निरीक्षण गर्दा देहाय बमोजिमको उत्पादनमा यस संहिता बमोजिम औषधि उत्पादनको कुशल अभ्यास कायम गरेको पाइएकोले यो प्रमाणपत्र प्रदान गरिएको छ-

मात्रा फर्म (Dosage form)	प्रकार(Category)	क्रियाकलाप (Activity)
Tablet	Non-Penicillin &Cephalosporin	Production, Packaging, Quality Control
Capsule	Non-Penicillin, Cephalosporin &Penicillin	" "
Dry Powder	Cephalosporin & Penicillin	" "
Ointment/Cream/Gel	Non-Penicillin	" "
Oral Liquid	Non-Penicillin	" "

नविकरण गराएको अवस्था बाहेक प्रमाणपत्रको मान्य अवधि : २०८१/०२/०९

प्रमाणपत्र जारी गर्ने अधिकारीको,-

नाम, थर : भरत भट्टराई

पद : महानिर्देशक

दस्तखत:

कार्यालयको छाप

मिति:

महानिर्देशक

द्रष्टव्य:

१. यस प्रक्रिया बमोजिम उत्पादन गरिएका औषधिको प्रत्येक ब्याचको गुणस्तर कायम गर्ने सम्बन्धि जिम्मेवारी उत्पादन जिम्मेवारी उत्पादकमा निहित रहेनछ।

२. औषधि उत्पादन सम्बन्धमा यस संहिता बमोजिमको कुशल अभ्यास कायम गर्न नसकेमा वा प्रमाणपत्रमा उल्लेख गरिएको क्रियाकलाप वा प्रकारमा परिवर्तन गरेमा यो प्रमाणपत्र स्वत: अमान्य हुनेछ।

३. यो प्रमाणपत्र पहिलोपटक जारी भएको मितिले दुई वर्षको लागि मान्य हुनेछ र त्यस पछि मान्य अवधि समाप्त भएको मितिले पैंतिस दिन भित्र प्रत्येक पटक दुई/दुई वर्षको लागि विभागबाट नविकरण गराउनु पर्नेछ।

TIME Pharmaceuticals

Board of Directors

Dr. G. Narayan Bahadur Chettri
Executive Chairman

Sudarshan Lal Shrestha
Managing Director

Bhagat Bahadur Bista
Director

Chandra Dutta Paudel
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Manoj Pradhan
Director
Finance

Ashesh Bhandary
Director
Factory Operation

TIME Pharmaceuticals

Factory Activities

Foundation stone laying ceremony of old facility in the year B.S. 2054

Foundation stone laying ceremony of old facility in the year B.S. 2054

Foundation stone laying ceremony of old facility in the year B.S. 2054

Under construction (old facility) B.S. 2054

Puja of installed equipments B.S. 2054

First Share holders gathering of the company B.S. 2054

TIME Pharmaceuticals

Moments to Remember

Old Facility

Old Facility

Old Facility

Production Team

Production Team

Puja Ceremony

TIME Pharmaceuticals

Moments to Remember

Puja Ceremony B.S. 2058

Picnic B.S. 2058

Picnic B.S. 2058

Picnic B.S. 2058

Regular Health Checkup

Picnic B.S. 2058

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Moments to Remember

Long Tour Fellowship to Lumbini

Bishwokarma Puja at Factory

Picnic

Picnic

Picnic

Picnic

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Training & Seminars

ISO Training at Factory

ISO Training at Factory

Internal Training

Internal Training

Internal Training

Internal Training

TIME Pharmaceuticals

Training & Seminars

Award Distribution (Marketing)

ISO Audit (Factory)

Internal Training (Factory & HO)

ISO Audit (Factory)

Group Photograph (Factory)

Group Photograph (Factory)

TIME Pharmaceuticals

Health Checkup & Camps

Free Healthcamp at Pitauji Healthpost

Annual Health Checkup at Factory

Free Healthcamp on 15th Anniversary

Free Healthcamp on 15th Anniversary

Annual Eye Checkup at Factory

Annual Eye Checkup at Factory

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Intensification of Pharmaceutical Sustenance

✍ **Dr. G Narayan B Chhetri**
Founder
Time Pharmaceutical Pvt. Ltd.

During the last decade Nepal has made remarkable progress in pharmaceutical manufacturing and extends substantial support to the domestic pharma demand. The cumulative combine growth of 12 to 15% annually from the last 10 years indicates that there is good demand and prospects for pharmaceutical industries. The significant investment in pharmaceutical over last few years that resulted more 25 new companies have emerged and almost 75 companies are already in production and market operation. The national companies are able to produce almost all generic products as well the latest drugs including anti-viral, anti-cancer, and almost all therapeutic segment products except vaccines. The domestic companies have become very competitive against the imported medicines besides also putting their efforts to export in unregulated market. The domestic companies also started manufacturing herbal based medicines and active pharmaceutical ingredients.

While the invisible enemy lethal Covid-19 was well fought and contained to great extent by the global health communities. Huge appreciation to the efforts put by those Pharmaceuticals, who applied heart and science to solve complex challenges, deliver breakthroughs and could develop emergency vaccines so quick, able to produce in large quantities and made available to most countries of the world for rapid vaccination. These great efforts have enabled us to curtail the worse ever situation the world has been facing for the past two years. The COVID-19 pandemic has imposed a heavy toll on human life, health care, global economy and almost every aspect of human life. Yet despite its devastating effects, it has also mobilized and united many elements of the drug discovery and development process to seek therapies to address this most pressing public health emergency. In a record time frame, 36 vaccines have entered in clinical trials and 89 are in preclinical phase. While it usually takes 10–15 years to develop a vaccine, in less than a year, promising results from phase III clinical trials of the Pfizer/BioNTech vaccine were recently announced with results from trials by other pharma companies expected to follow soon.

Now some relief from the Covid-19 pandemic has been achieved, but the socio-economic and several unseen impacts that are prevailing and revival could take longer to recuperate. The unexpected Russia - Ukraine war is to cause unwanted and very difficult situation the world would never want to face. Due to this hostile situation in east Europe, economic sanction etc, the rampant price escalation of Petroleum products is worsening the present situation where the global economy is expected to face further set back. World Bank has predicted unfortunate global recession for next 2-3 years ahead. It is also predicted that well developed countries ie European and American could well face the crises caused by global recession.

The pharmaceutical companies cannot avoid this situation. The cost of production is severely hit by the steep rise in the price of all the relevant materials, thereby impeding in manufacture. The supply chain of Pharmaceutical materials is adversely affected. The prices of Most of the APIs (Active Pharmaceutical Ingredients) and packaging materials have increased by 50% to 150%. China plays an important role in maintaining the supply chain. China is the world's largest exporter of generic medicines and also the main source of (approximately 85%) essential intermediates and allied chemicals to global API (Active Pharmaceutical Ingredients) manufacturing companies. The pandemic situation in China is still posing difficulty

interruption of coal supply and pollution in China caused energy crises forcing insufficient production caused shortages and price escalation. While, India is not only 100% self-reliant in Pharmaceuticals and also the second-largest exporter of generic finished formulation, API and allied chemicals. Yet India also depends on approximately 70% of the Intermediates chemicals from China; this scenario again hindered the smooth supply of requisite Intermediates and allied chemicals resulting in a shortage of the required inventory and production therefore interruption in maintaining smooth supply chain of API and allied chemicals.

The Covid-19 situation has created an unpleasant environment for businesses in Nepal too, as we are fully dependent on imports for all our API and packaging materials our situation is still more pitiable. We import 80% of Raw materials from India and the rest from China and other countries, so we are facing a difficult situation even after the pandemic subsides. The new fiscal policy of reduction in CCD ratio by Nepal Rastra Bank, followed by massive liquidity crises in the commercial banks, drop in remittance compounded further crises to the trade and business. The national companies are in an agonizing shape due to the unfavorable and non-supporting policy of the nation.

Nepal Government has enforced the price ceiling of most of the Pharmaceutical products that indigenous companies manufacture. It is a very miserable that despite knowing the genuine grounds and the fact of production cost of paracetamol tablet has shot up by three fold, the Government authorities were irresponsive and reluctant to revise and increase the price ceiling of Rs 1 which was fixed 15 years ago. On the contrary, our neighboring countries strive to support their domestic Industry by showing their quick response to the situation, as and when the price of material increases they relax their price ceiling and allow increasing the price of the medicines.

Strengthening Pharmaceutical Sustenance- the remedy towards Self reliance.

Covid-19 crises have taught good lesson to every nation that self reliance is the only remedy to survive and sustain in such global calamities. In the modern era of inter-dependence it is not possible for any country to remain isolated from the other. Hence, International cooperation and coordination for harmonization is inevitable among countries. However, every country should certainly identify their key areas of strength for self-sustainability and go forward to achieve it. Nepal has achieved good size in pharmaceutical companies (more than 90 companies) well advanced infrastructures, adequate production capacities now the Industries could fulfill the national need. In the development of Pharmaceuticals the Private sector has done enough now the Government sector has to do lot, give emphasize and focus on Strengthening Pharmaceutical Sustenance.

Call to promote National Industries

We all know that without Industrial growth country's economic progress cannot be achieved. For past few years our data shows only 5-7 % Industrial contribution in our GDP, this low contribution in GDP explicate our poor economy. So for LDC country like Nepal, strong Industrial growth strategy is inevitable that will lead us progress and prosperity. More over we observed during the calamities and crises (Earth quack and economic blocked) only national industry stood in the fore front to tackle and overcome the problems of shortages of medicines. Even during covid19 pandemic shortage of paracetamol and other essential medicines our domestic companies made available to the crises. It is also a well known fact that every country would always promote their national industries and it is their prime responsibility to tackle the WTO and TRIPS agreements in the larger interest of the country. So for the economic stability and progress, sustained industrial growth is essential. So creation of favorable industrial policy, strong political and beurocratic commitment to the national industries is the need of the hour.

Nepalese Pharmaceutical industry is well developed, sufficient investment has been done and huge installed capacity is already in place, thus the national industries are capable to produce more than 90% of the nation's requirements. Now the need of the hour is how we can develop and support national industries thereby lead our country towards self reliance in pharmaceuticals. Let us realize self-sustenance is our priority for every citizen, the government lets be fully committed to achieving it. ●

Pharma Marketing in Nepal: Current and Future Perspectives

✍ **Sudarshan Lal Shrestha**
Managing Director
TIME Pharmaceuticals P. Ltd.

Disease background

Globally, there has been a shift in the disease paradigm from communicable to non-communicable disease (NCDs). Factors like increased awareness about disease, access to water, sanitation and hygiene, cutting-edged medical treatments, vaccination and emergence of nutritional supplementations have contributed to a reduction in the burden of communicable disease. Regarding Nepal, in last three decades, it has experienced a remarkable shift in the burden of disease from communicable to NCDs. As per the Wikipedia, diseases like neonatal disorder, lower respiratory tract infection and diarrhoeal diseases have shown a gradual decrease in prevalence over the period of three decades whereas there is remarkable increment in the number of other diseases like ischemic heart disease (IHD), Chronic obstructive pulmonary disease (COPD), stroke and diabetes. Mental disorder which was not listed in top 10 disease in 1990s report has been ranked in top 6th disease in 2019 record. This shows that the prevalence of diseases are shifting in current status.

Top 10 causes of DALYs* lost in 1990 and 2019

S. No.	1990	2019
1	Respiratory Infections & TB	Cardiovascular disease
2	Maternal and neonatal causes	Maternal and neonatal causes
3	Other infections	Chronic respiratory illness
4	Enteric infections	Respiratory infections & TB
5	Nutritional deficiencies	Neoplasms
6	Cardiovascular diseases	Mental disorders
7	Other NCDs	Musculoskeletal disorders
8	Unintentional injuries	Other NCDs
9	Chronic respiratory illness	Unintentional injuries
10	Digestive diseases	Digestive diseases

Source: Wikipedia, Health in Nepal

**DALYs: Daily Adjusted Life Years*

Nepalese Pharma Market

The consumption of medicines in Nepalese market in FY 2078/79 is 5582 Crore which increased by 15.5% than last fiscal year 2077/78 (i.e. 4830 Crore). Although Nepal s domestic medicine market is still having big market share by

foreign products, particularly Indian products, domestic manufacturers are increasing their market share in current status. As per the report published by IQVIA on June 2022, the domestic companies have an impressive market share of 51.4% while Indian companies contribute 43.2% and 5.5% by MNCs. Nepal imports about 80% of raw materials from India while 20% from rest of the countries in which China contributes the major.

Comparative study of growing trend of therapies in Nepal

Top therapies in Nepalese Pharma Market, June 2022 report, IQVIA

Ranking	Therapy Area	Value (Cr.)	Growth %	Contribution
1	Anti-infectives	1007.76	21.4%	18.2%
2	Gastro-intestinal	673.51	17.6%	12.2%
3	Respiratory	638.69	31.9%	11.6%
4	Cardiac	572.30	7.5%	10.4%
5	Pain/ Analgesics	449.76	17.5%	8.1%
6	Derma	415.78	8.2%	7.5%
7	Anti-diabetic	364.57	16.2%	6.6%
8	Vitamins/Minerals	289.49	2.7%	5.2%
9	Neuro/ CNS	248.73	19.9%	4.5%
10	Gyene	218.10	16.9%	3.9%
11	Opthal/ Otologicals	153.06	62.5%	2.8%
12	Hormones	94.51	18.6%	1.7%
13	Urology	88.27	12.6%	1.6%
14	Blood related	53.90	13.3%	1.0%
15	Anti-parasitic	53.34	17%	1.0%
16	Oncology	53.12	22.2%	1.0%
17	Hepatoprotectives	43.31	15.7%	0.8%
18	Stomatologicals	29.38	7.6%	0.5%
19	Others	24.58	10.3%	0.4%
20	Vaccines	20.39	-0.7%	0.4%

Top therapies in Indian Pharma market, June 2022 report, IQVIA

Ranking	Therapy Area	Value (Cr.)	Growth %	Contribution
1	Cardiac	22424.1	5.8%	12.1%
2	Anti-infectives	20827.7	9.4%	11.3%
3	Gastro-intestinal	19586.9	12.5%	10.6%
4	Anti-Diabetic	17138.8	5.7%	9.3%
5	Respiratory	15646.8	21.9%	8.5%
6	Vitamins/Minerals	14869.6	2.9%	8.0%
7	Pain/ Analgesics	14477.6	15.5%	7.8%

Ranking	Therapy Area	Value (Cr.)	Growth %	Contribution
8	Derma	13179.1	4.8%	7.1%
9	Neuro/ CNS	11058.9	11%	6%
10	Gyanae	9362.2	15.9%	5.1%
11	Antineoplastic/ Immunomoduator	3638.3	13.5%	2.0%
12	Ophthal/ Otologicals	3588.5	19.8%	1.9%
13	Urology	3515.4	16.5%	1.9%
14	Vaccines	2885.2	-1.8%	1.6%
15	Hormones	2804	5.5%	1.5%
16	Hepatoprotectives	2093.7	12.8%	1.1%
17	Blood related	1719.1	11.1%	0.9%
18	Stomatologicals	1354.3	4.4%	0.7%
19	Anti-Viral	1255.6	-66.1%	0.7%
20	Parenteral	569.4	18.7%	0.3%

The fastest growing therapies in Nepal are opthalmologicals/otologicals (62.5%), Respiratory (31.9%), Oncology (22.2%), Anti-infectives (21.4%) and Neuro/CNS (19.9%). Top 3 therapies Anti-infectives, Gastro-intestinal and Respiratory contributed 52.5% as per report of June 2022. Apart from them, Pain/analgesics (8.1%) and opthalmological/otologicals (7.1%) contributed the maximum in Nepal Pharma market.

Looking over Indian Pharma market, the fastest growing therapies are Respiratory, Opthalmological/ Otological products, Parenteral, Uology and Gynaecological products. Cardiac, Anti-diabetic and Neuro/CNS are the top 3 therapies in Chronic segments as reported by IQVIA (June 2022). Pain/analgesics grew the fastest at the rate of 24.4% and Urology grew at 16.5%.

Comparing the trends of therapies between Nepalese and Indian Pharma market, respiratory, cardiac, mental disorder, gastro-intestinal disease, anti-diabetic, Urology, pain/analgesics, oncology are the therapies in increasing trends. Different factors might be the reason for this change in trend such as immunization programs, sanitation, life-style modification, life expectancy etc. Out of these, disease awareness can be one of the important factor to reduce in the trend of communicable/ infectious disease whereas life-style is increasing the NCDs now a days. Thus, as same in Indian Pharma market, in Nepal also, even though communicable disease is having major part, the profile now is shifting towards non-communicable diseases slowly.

Quality as a major factor in pharma marketing

After the devastating earthquake occurred in April 2015 and outbreak of contagious Corona Virus in March 24, 2020 (Chaitra 11, 2076), Nepalese pharma industries are the key players to maintain the supply of the medicines in spite of shortages (RM/PM). Pharma market is serving Nepalese community continuously in this disturbing situation. Currently there are around 66 operating allopathic pharmaceutical industries manufacturing and marketing in Nepal with good number of new companies in pipeline. In the initial years, the Nepali companies used to produce only general medicines for illnesses like common cold, diarrhea, fever, cough, a few antibiotics and tonics but after the entry of private sector in 1990s, it changed the face of domestic market. Today, there is good number of molecules that

has been manufactured by the domestic manufacturer. In the meanwhile, the trust of the valued doctors has also been increasing and prescribing the brands of domestic manufacturers. The sole factor for winning the trust of our valued customer as well as encouraging growth is Quality of the products. We are confident to compete even in global market because of our quality as well as up-gradation in technologies/ infrastructures.

While writing these texts, I would like to highlight about numerous challenges that are impacting in the growth of domestic pharma industries:

1. **Import of medicines**

   Nepalese pharmaceutical industries have full potential of fulfilling around 80% market share of the required medicines. With support of government initiatives/policies, the domestic pharmaceuticals are capable to supply national demand which will definitely support national economy.

2. **Demand and supply of brands**

   Domestic companies manufacture and market good number of brands for same generics. This increases the high but unhealthy competition. This can be solved with diversification in the manufacturing technologies. All should think for the investment in new technologies rather than competing in same boat.

3. **Policies for Neutraceutical market**

   The policies of Nutraceutical market is controversy as contrary policy is designed by DDA and Food department. DDA has recently published the regarding Nutraceutical where it has mentioned that neutraceuticals and other VAT products which are actually not for cure of disease and raised the issue of quality & strength required for therapeutic use. But these are rampantly available in market and prescribed as well. This is the great challenge for survival of domestic industries and monitored with effective policies for controlling non-quality products.

4. **Export**

   Manufacturing industries are backbone of national economy which can provide mass employment i.e. it plays major role in self-sufficient economy of nation. Domestic pharma companies are investing heavily in upgrading infrastructures and we are competent with quality of products. In support of government policies with key incentives such as waive in tax or guarantee of investment, domestic companies can participate effectively in export. Bangladesh is one of the best example in which domestic manufacturer enjoys more than 90% market share while foreign/MNCs holds less than 10%.

5. **API and packaging manufacturing**

   We need to depend heavily for APIs and packaging material on India. Nepal is rich in medicinal plants from which different intermediates can be extracted and exported to foreign countries or we can manufacture finished dosage form from those ingredients. As API manufacturers need huge investment, this should be financially protected with government policies for export.

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Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided."

- Paracelsus

Dengue Virus: A Global Threat To Human

✍ **Dr. Kalpana Sah**
Medical Officer

ABSTRACT

OBJECTIVE: To provides a detailed overview on Dengue virus infections, varied Clinical manifestations, Diagnosis, Clinical Management and Prevention.

Dengue viral infections are one of the most leading mosquito borne diseases in the world and highly endemic infectious disease of the tropical countries and is rapidly becoming a global burden. It is caused by RNA virus of the family Flaviviridae and is transmitted within humans through female *Aedes* mosquitoes. Presenting features may range from asymptomatic fever to dreaded complications such as hemorrhagic fever and shock. Acute-onset high fever, muscle and joint pain, myalgia, cutaneous rash, hemorrhagic episodes, and circulatory shock are the commonly seen symptoms. Globalization, increased air travel, and unplanned urbanization have led to increase in the rate of infection and helped dengue to expand its geographic and demographic distribution. No vaccine is available for preventing this disease. Early recognition and prompt initiation of appropriate treatment are vital if disease related morbidity and mortality are to be limited.

INTRODUCTION

OVERVIEW: The dengue virus, a member of the genus *Flavivirus* of the family Flaviviridae, is an arthropode-borne virus that includes four different serotypes (DEN-1, DEN-2, DEN-3, and DEN-4). It is a mosquito-borne disease and is primarily transmitted to humans by the female *Aedes* mosquito. The disease is mainly concentrated in tropical and subtropical regions, putting nearly a third of the human population, worldwide, at risk of infection. Infection results in varying degrees of pathological conditions, ranging from mild asymptomatic dengue fever to severe dengue hemorrhagic fever and dengue shock syndrome which may turn fatal. A dramatic worldwide expansion due to increased population growth rate, global warming, unplanned urbanization, inefficient mosquito control, frequent air travel, and lack of health care facilities.

EPIDEMIOLOGY: The World Health Organization (WHO) consider dengue as a major global public health challenge in the tropic and subtropic nations. Its incidence has increased 30-fold with significant outbreaks occurring in five of six World Health Organisation (WHO) regions. At present, dengue is endemic in 128 countries in the world. A recent dengue distribution model has estimated 390 million dengue infections annually, out of which 100 million cases occurred apparently cases of dengue fever and half a million cases of dengue haemorrhagic fever in the world with a case fatality in Asian countries of 0.5%–3.5%. Of those with DHF, 90% are children less than 15 years of age. The first reported case of dengue like illness in india was in Madras in 1780, the first virologically proved epidemic of DF in India occurred in Calcutta and Eastern Coast of India in 1963-1964. Although sporadic dengue fever was known for more than 200 years, reasons for the global resurgence of epidemics of dengue fever and DHF are not very clear. In fact, there is evidence that the more virulent genotypes of the virus are replacing the less virulent genotypes, which may explain the global emergence of dengue infections.

ETIOPATHOGENESIS

Dengue virus gains entry into the host organism through the skin following an infected mosquito bite. Humoral, cellular, and innate host immune responses are implicated in the progression of the illness and the more severe clinical signs occur following the rapid clearance of the virus from the host organism. Hence, the most severe clinical presentation during the infection course does not correlate with a high viral load. Alterations in endothelial microvascular permeability and thromboregulatory mechanisms lead to an increased loss of protein and plasma. Proposed theories suggest that endothelial cell activation caused by monocytes, T-cells, the complement system, and various inflammatory molecules mediate plasma leakage. Thrombocytopenia may be related to alterations in megakaryocytopoiesis, manifested by infection of human hematopoietic cells and compromised progenitor cell growth. This may cause platelet dysfunction, damage, or depletion, leading to significant hemorrhages.

CLASSIFICATION

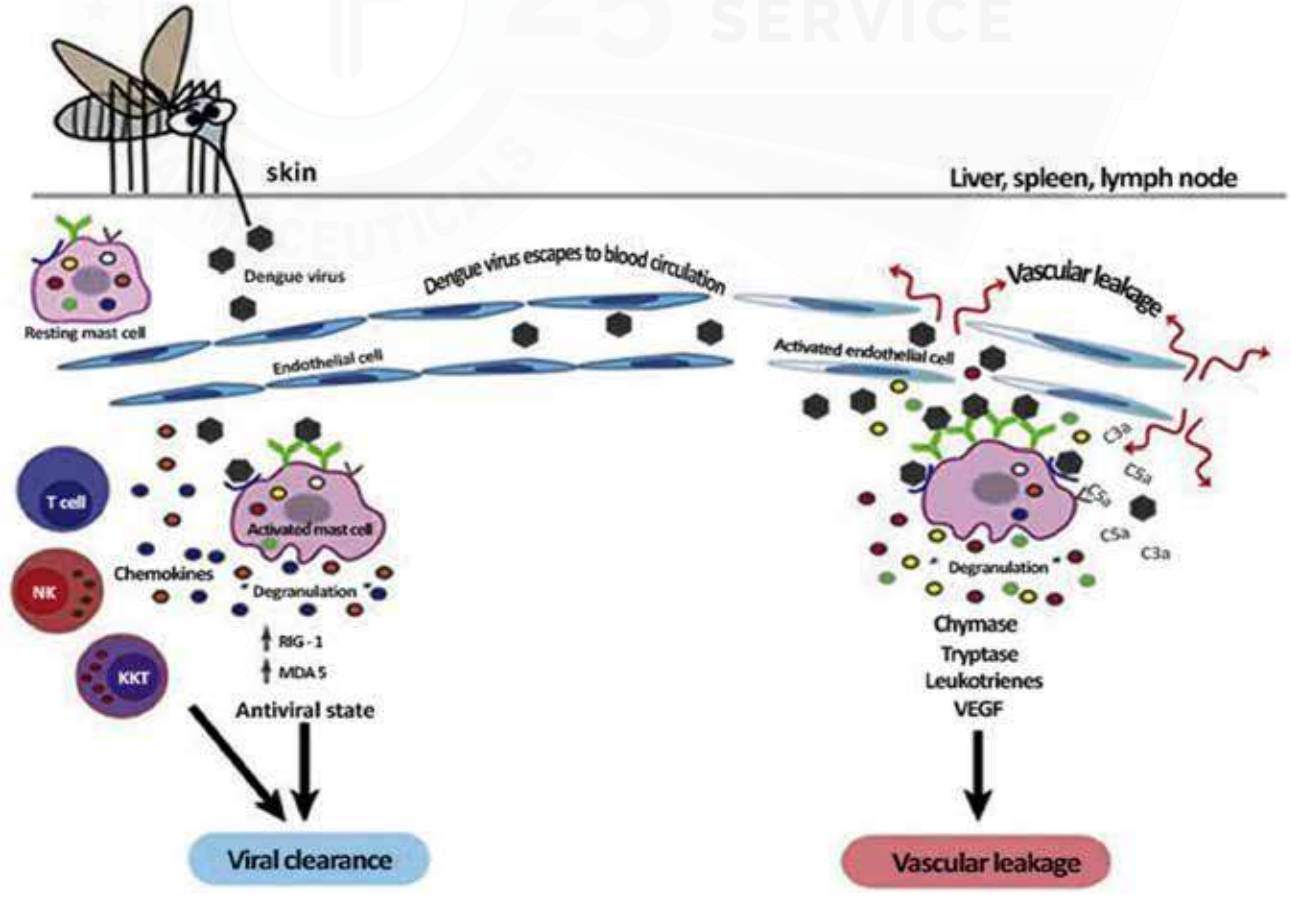
The WHO classifies Dengue into undifferentiated fever, Dengue Fever (DF), Dengue Hemorrhagic Fever (DHF) and DHF was subdivided into grade I – IV

Grade I: Only mild bruising or a positive tourniquet test
Grade II: Spontaneous bleeding into the skin & elsewhere
Grade III: Clinical sign of shock
Grade IV: Severe shock - feeble pulse, and blood pressure cannot be recorded.
Grade III and IV comprise Dengue Shock Syndrome (DSS).

CLINICAL MANIFESTATION

Undifferentiated Fever: This usually follows a primary infection but may also occur during a secondary infection. Clinically it is indistinguishable from other viral infections.

Dengue Fever: It is a self-limiting fever, lasting usually for 5–7 days. It is sometimes debilitating during the acute illness stage. The clinical features vary according to the age



of the patient. The infants and young children may have undifferentiated febrile sickness with maculopapular rash. The older children and adults may have mild febrile syndrome or severe disease with high fever (usually biphasic), severe headache, retroorbital pain, myalgia, arthralgia, nausea, vomiting, and petechiae. Leukopenia and thrombocytopenia are usually observed in all ages. In some cases, may accompany bleeding complication such as gingival bleeding, epistaxis, gastrointestinal bleeding, haematuria. A positive tourniquet test has been reported in many individuals with dengue fever possibly due to reduced capillary fragility. Recovery from dengue fever is usually uneventful, but may be prolonged especially in adults.

Dengue Hemorrhagic Fever: It is frequently seen during a secondary dengue infection. However, in infants it may also occur during a primary infection due to maternally attained dengue antibodies. It is characterized by high fever, haemorrhagic phenomena, and features of circulatory failure. For purposes of description DHF is divided into three phases: ***Febrile, leakage, and convalescent phase.***

High-grade fever of acute onset along with constitutional signs and facial erythema characterizes the commencement of the febrile illness. The initial febrile illness is marked by a morbilliform rash and hemorrhagic tendencies. The fever persists for 2 days to 1 week and then drops to normal or subnormal levels when the patient either convalesces or advances to the plasma leakage phase. Convalescence in DHF is usually short and uneventful. The return of appetite is a good indicator of recovery from shock. Bradycardia is also seen in this period. If present, a confluent petechial rash with erythema and islands of pallor (usually known as a recovery rash) is characteristic of dengue infections. During the convalescent stage, many patients also complain of severe itching especially on the palms and soles.

Dengue Shock Syndrome: It is defined as DHF accompanied by an unstable pulse, narrow pulse pressure (<20 mmHg), restlessness, cold, clammy skin, and circumoral cyanosis. Progressively worsening shock, multiorgan damage, and disseminated intravascular coagulation account for a high mortality rate associated with DSS. The patient may die within 12–24 h of going into shock or recover rapidly with volume replacement therapy.

PRIMARY AND SECONDARY DENGUE INFECTION

The first exposure of an individual to any of the four dengue virus serotypes is known as primary dengue infection. In primary infection, high titers of immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies appear in 3–5 and 6–10 days, respectively, after the onset of infection. The presence of IgM is transient, disappearing in 2-3 months after the onset of illness, whereas IgG persists for life. Hence, primary infection with a particular serotype provides life-long immunity against that serotype.

A secondary infection, with a previously unencountered DENV serotype, usually results in classical Dengue fever. During a second infection with a different serotype, the presence of low amounts of heterotypic antibodies that promotes the access of the virus to monocytes, via Fc receptors, leading to an increase in viral load and severity of the disease. This phenomenon is known as ADE (Antibody Dependent Enhancement). Although ADE has been found to result in disease severity, all the severe cases are not associated with secondary infection nor do all the cases of secondary infection progress to DHF/DSS. In addition to humoral immunity, cross-reactive memory T cells could also play a role in either providing protective immunity or causing immunopathology.

DIAGNOSIS

If a patient suffers from high fever within 2 weeks of being in the tropics or subtropics. A decreased number of white blood cells (leukopenia), accompanied by a decreased number of platelet count (thrombocytopenia) and metabolic acidosis are the initial changes on laboratory examinations. Microbiological laboratory testing confirms the diagnosis of Dengue fever.

Dengue infection is usually confirmed by identification of viral genomic RNA, antigens, or the antibodies it elicits. Antigen detection tests based on NS1 detection have been designed to detect the dengue viral NS1 protein which gets released from the dengue infected cells and appears early in the bloodstream. A 3-in-1 test for simultaneous detection of NS1, IgM, and IgG is now available. ELISA-based serological tests are easy to perform and are cost-effective for dengue detection.

CLINICAL MANAGEMENT

Up to date, there is no antiviral drug available for dengue. Treatment is usually based on symptoms and is performed through medical support. For uncomplicated cases of dengue fever, the treatment prescribed is bed rest, oral rehydration, and paracetamol as an antipyretic and analgesic. Patient's health is monitored through various blood tests from fever day 3 onwards till the condition improves.

Fluid replacement and antipyretic therapy with paracetamol is the preferred therapy following the febrile phase. Care should be taken and should avoid nonsteroidal anti-inflammatory drugs. Fluid administration forms the mainstay of treatment during the critical phase of the infection. Normal saline, Ringer's Lactate, and 5% glucose diluted 1:2 or 1:1 in normal saline, plasma, plasma substitutes, or 5% albumin are the routinely administered fluids. ***Crystalloids form the first-line choice of intravenous fluid (0.9% saline).***

Treatment for DHF patients is based on intravenous fluid therapy to maintain effective circulation during plasma leakage plus careful clinical monitoring of hematocrit, platelet count, pulse rate and blood pressure, temperature, urine output, fluid administered, and other signs of shock. Patients usually recover within 12–48 h of fluid therapy.

Treatment for DSS patients mainly consists of immediate fluid therapy with colloids and extensive monitoring of any complications. In worse case such as internal hemorrhage, whole blood transfusion may be carried out.

DENTAL MANAGEMENT

Oral lesions are infrequently seen and are often misguided as platelet defects. Significant hemorrhagic manifestations need platelet transfusions. Prophylactic platelets may be given at a level of <10,000/cu mm in absence of bleeding manifestations. In case of systemic massive bleeding, platelet transfusion may be needed along with red cell transfusion and Liver functions should be monitored.

PREVENTION AND CONTROL

Control of mosquito (vector) transmission, development of dengue vaccine, and antiviral drugs constitute future directions with an aim to prevent and treat dengue infection.

- ✓ Reducing vector breeding sites, solid waste management, modification of man made breeding sites, and improvements in house design.
- ✓ Public education programmes play a vital part if they are to be effective
- ✓ Personal protection is important in preventing man-vector contact. Sufficiently thick and loose fitting clothes reduce contact with the mosquitoes.
- ✓ Other measures such as using household insecticidal products (mosquito mats and liquid vaporisers) or mosquito repellents may also be effective.
- ✓ Control of mosquito (vector) transmission can be done by keeping guppies (*Poecilia reticulata*) or copepods (*doridicola agilis*) in standing water, and infecting the mosquito population with bacteria of the *Wolbachia* genus
- ✓ The application of larvicidal insecticides or space spraying. Space spraying is more widely used as larvicidal insecticides cost more.

CONCLUSION

Dengue has evolved as a global life-threatening public health concern, affecting around 2.5 billion individuals in 128 countries. The physician should be aware about

the varied clinical manifestations of this condition and ensure an early and adequate treatment plan. Future directions to combat this dreadful disease aim at methods of mosquito control, development of vaccine, and antiviral drug regimen.

REFERENCES

1. Halstead SB. Pathogenesis of dengue: Challenges to molecular biology. Science. 1988; 239:476–81.
2. Gubler DJ. Dengue and dengue Hemorrhagic fever. Clin Microbiol Rev. 1998; 11:480–96
3. New ed. Geneva, Switzerland: World Health Organization; 2009. World Health Organization (WHO). Dengue- Guidelines for Diagnosis, Treatment, Prevention and Control.
4. D. J. Gubler, "Dengue/dengue haemorrhagic fever: history and current status," *Novartis Foundation Symposium*, vol. 277, pp. 3–16, 2006.
5. S. Bhatt, P. W. Gething, O. J. Brady et al., "The global distribution and burden of dengue," *Nature*, vol. 496, no. 7446, pp. 504–507, 2013.
6. G. N. Malavige, S. Fernando, D. J. Fernando, and S. L. Seneviratne, "Dengue viral infections," *Postgraduate Medical Journal*, vol. 80, no. 948, pp. 588–601, 2004.
7. **Nimmannitya S.** Dengue haemorrhagic fever: current issues and future research. *Asian-Oceanian Journal of Paediatrics and Child Health*2002;**1**:1–21.
8. Gupta N, Srivastava S, Jain A, Chaturvedi UC. Dengue in India. Indian J Med Res. 2012; 136:373–90
9. Whitehorn J, Simmons CP. The pathogenesis of dengue. Vaccine. 2011;29:7221–8.
10. Chadwick D, Arch B, Wilder-Smith A, Paton N. Distinguishing dengue fever from other infections on the basis of simple clinical and laboratory features: Application of logistic regression analysis. J Clin Virol. 2006;35:147–53.
11. Geneva: World Health Organization; 2001. World Health Organization. Dengue and dengue haemorrhagic fever. Chapter 6. WHO Report on Global Surveillance of Epidemic Prone Infectious Diseases
12. Richards AL, Bagus R, Baso SM, Follows GA, Tan R, Graham RR, et al. The first reported outbreak of dengue hemorrhagic fever in Irian Jaya, Indonesia. Am J Trop Med Hyg. 1997;57:49–55.
13. Srikiatkhachorn A, Krautrachue A, Ratanaprakarn W, Wongtapradit L, Nithipanya N, Kalayanarooj S, et al. Natural history of plasma leakage in dengue hemorrhagic fever: A serial ultrasonographic study. Pediatr Infect Dis J. 2007;26:283–90.
14. Sanford JP. Harrison's Principles of Internal Medicine. 12th ed. Vol. 1. New York: McGraw-Hill; 1986.
15. World Health Organization. Dengue: Guidelines for Diagnosis, Treatment, Prevention and Control. http://whqlibdoc.who.int/publications /2009/9789241547871_eng.pdf .
16. Noble CG, Chen YL, Dong H, Gu F, Lim SP, Schul W, et al. Strategies for development of dengue virus inhibitors. Antiviral Res. 2010;85:450–62

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"One of the biggest challenges to medicine is the incorporation of information technology in our practices."

- Samuel Wilson

Paper Boat on the Water

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I saw it float on the overflowing canal, Tiny yet fighting to remain afloat, Struggling with the current it's coat, Withstanding muddy stained morale,
It displays its colors white and red note. The lonely paper boat on the water.

I see it move across the distance like time, Inconspicuous to all yet bright it seems, Avoiding leaves and twigs it expertly leans, Surrounded by waves that drown like lime,
It moves on to destination unknown.
The single paper boat on water.

I view it from under the bridge and over, Smaller it is but it never loses sight, Carrying the owners joy or plight,
A child's hand or a heartbroken traveler, It carries on with hidden pain or delight. The secret paper boat on the water.

I witness it vanish beyond the curve forever,
Invisible it is but the fresh illusion remains,
The story never unveiled or maybe attain,
It has accepted fate for victory or to disappear,
Will it survive or die losing to evil disdain.
The mysterious paper boat on the water.

I dream and it wakes me up in my saddest nights,
Unknown and unrelated yet it seems to repeat,
An often-common fact of sacrificing truth to cheat,
It startles me and consoles when wisdom loses sight,
Was it real or was it my imagination of past deed.
The memory in the paper boat on the water.

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किन फैलँदै छ मधुमेह र उच्च रक्तचाप ?

✍ **डा. विवेक प्रभात शाह**
वरिष्ठ फिजिसियन
विजयपुर हस्पिटल एन्ड रिसर्च, धरान

१६-१७ वर्षकै उमेरमा मधुमेह र उच्च रक्तचापका विरामीको संख्या बढ्दैछ

डाक्टर, मेरो फेरि सुगर बढेजस्तो छ । केही दिन औषधि खाएको थिइनँ अब के गर्ने ?' यसो भन्दै मधुमेहको समस्या लिएर अस्पताल आउने पुराना बिरामी त छँदै छन् । १६-१७ वर्षको उमेरमा नै मधुमेह र उच्च रक्तचापले समाएका बिरामीको ग्राफ पछिल्लो समय बढ्दैछ नेपालमा । मधुमेह र उच्च रक्तचाप उमेर ढल्कँदै जाँदा देखिने रोगका रुपमा केही वर्षअघिसम्म हेरिन्थ्यो। चर्चा गरिन्थ्यो । अब यी रोग उमेर हेरेर लाग्दैनन् । खानपान र रहनसहनका कारण जुनै उमेरमा पनि यसले समात्न थालेको छ । त्यसैले त भनिन्छ, 'रोगले उमेर हेर्दैन, धनी-गरिब छान्दैन ।' हो पछिल्लो समय यो उखान समाजमा लागू नै भएको छ ।

पहिले एउटा गाउँमा वा समाजमा एक/दुई जनामा देखिने मधुमेह र उच्च रक्तचापका बिरामी अहिले प्रायः प्रत्येक घरमा देखिन थालेका छन्। नियमित औषधि खाने तथा केही बढेको संकेत पाएका परिवारका सदस्य हाम्रै घरआँगनमा भेटिन्छन् । युवा अवस्थादेखि वृद्धसम्ममा यो रोग नौलो लाग्न छाडेको छ। चिकित्सकलाई नै पनि उच्च रक्तचापदेखि मधुमेहले छोएको प्रशस्त घटना छन् । यसको मुख्य कारण हाम्रो जीवनशैली नै हो। हामी जसरी जीवन जिइरहेका छौं, शरीरले पनि त्यस्तै प्रतिक्रिया जनाइरहेको हुन्छ । त्यसैले यो रोगबाट बच्ने कि रोगलाई बोक्ने ? अब हाम्रो हातमा नै निर्णय गर्ने अधिकार आइपुगेको छ ।

व्यस्त जीवनशैलीको असर स्वास्थ्यमा राति सुत्दा पनि हाम्रो मस्तिष्कमा दिनभरकै कामको तनाब हुन्छ । बिहान हतार, हतार उठ्यो । शरीरलाई सम्झनेभन्दा कामको चिन्ता बढी हुन्छ । खानालाई व्यवस्थित तरिकाले खाने, स्वाद लिएर खाने वा शरीरलाई आवश्यक मात्रै खानेभन्दा पनि छिटो खाएर दौडने चिन्ता हुन्छ । जीवनमा रमाउनेभन्दा पनि कमाउने र प्रतिस्पर्धा गर्ने समयका रुपमा हामीले लिइरहेका हुन्छौं । मानसिक तनावकै कारण हामीले उच्च रक्तचाप र मधुमेहको घर हाम्रो शरीरलाई बनाएका छौं भन्दा फरक पर्दैन ।

शरीर पनि एउटा मेसिन हो । यसको पनि ख्याल गर्न आवश्यक छ भन्ने कुरालाई हामीले सोचेका छैनौं । दैनिक वा साप्ताहिक व्यायामको सूची बनाउने आवश्यकता हामीले ठानेका छैनौं । यसकै कारण हामी नसर्ने रोगको सिकार बन्दैछौं। अझै हाम्रो व्यस्तता यतिसम्म छ कि चिकित्सकले दिएको औषधि खाने समयलाई पनि हामीले महत्त्वपूर्ण समयको सूचीमा राख्न सकेका छैनौं । यी सबैको फल भनेकै रोगको फैलावट हो। व्यस्त छु भन्ने कुरालाई बढी प्राथमिकता दिँदा हामी आफैं आफ्नो आयु घटाउँदै छौं ।

शरीरका हरेक अंग चलायमान हुनुपर्छ । सबैलाई व्यायाम आवश्यक हुन्छ । त्यसैले हामीले शरीरका लागि पनि समय छुट्ट्याउनुपर्छ । सके दैनिक, नसके सातामा दुई दिन र त्यो पनि भएन भने हप्तामा हामीले साढे दुई घण्टाको समय आफ्नो स्वास्थ्यका लागि दियौं भने शरीरले राहत पाउँछ । त्यो साढे दुई घण्टालाई बाँडेर दैनिक सूचीमा राख्दै त्यति समय व्यायाम गरे हामी ठूलाठूला रोगका समस्याबाट मुक्ति अवश्य पाउँछौं । पहिले व्यायाम गर्न समय नछुट्ट्याउने हो भने हामीले फेरि अस्पताल जाने, चिकित्सकलाई कुर्ने र औषधि उपचारका लागि दैनिक या साप्ताहिक धाउनुपर्ने समय अझै धेरै निकाल्नुपर्ने अवस्था पनि आउन सक्छ। त्यसैले आफ्नो शरीरलाई स्वस्थ्य राख्न सबैभन्दा पहिले व्यस्त जीवनशैलीको व्यवस्थापन हुन आवश्यक हुन्छ ।

मधुमेह र विश्वको अवस्था

सामान्य भाषामा चिनी रोग भनेर चिनिने रोग नै हो मधुमेह अर्थात् डाइबिटिज हो । ग्लुकोजको मात्रा रगतमा बढी भएपछि यो रोग लाग्ने गर्छ। हाम्रो शरीरमा ग्लुकोजको मात्र नै ठिक्क हुन आवश्यक हुन्छ । त्यसको मात्रा घट्नु या बढ्नुले शरीरका अंगअंगमा असर पुऱ्याउँछ । यो प्यांक्रियाज नामक ग्रन्थीबाट उत्पादन हुन्छ । इन्सुलिन हर्मोनको अनियमितता हुँदा मधुमेह हुने हो। इन्सुलिनले कार्बोहाइड्रेटलाई पचाउने काम गर्छ । रगतमा यसको मात्रा सन्तुलित र नियमित हुनुपर्छ। तर, जब इन्सुलिनको उत्पादन हुन छाड्छ रगतमा चिनीको मात्रा बढ्न थाल्छ ।

प्यांक्रियाजले पर्याप्त इन्सुलिन उत्पादन नगर्दा वा शरीरले इन्सुलिनको

उपयोग गर्न नसक्दा मधुमेह हुन्छ। यो प्रक्रियाकै कारण मधुमेह हुने वा नहुने निर्धारण गर्छ। रगत कुनै पनि जीवित प्राणिका लागि अत्यावश्यक वस्तु भएकाले यसमा हुने मात्रा वा गुणलाई जहिले पनि नियमित राख्नुपर्छ। यसो गरेको खण्डमा मात्रै हामी स्वास्थ्य रहन सक्छौं। मधुमेहले रगतमा हुने मात्रालाई असर गर्ने हो। र, हाम्रो राम्रो दैनिकीलाई परिवर्तन गर्ने हो। पानी, रक्तकोष, विभिन्न लवण तथा रसायनहरूको समि श्रणबाट रगत सन्तुलित रहने हो ।

जीवनयापनमा आइरहेको परिवर्तन, विलासी जीवनशैली तथा भौतिक मेहेनतको कमीले मधुमेहका रोगी दिनानुदिन बढिरहेको चर्चा माथि नै गरिसकेको छु । वंशानुगतका कारण पनि यो रोगमा केही व्यक्तिमा रहन सक्छ। त्यसलाई पनि हाम्रो दैनिकीले कतिको चाँडै मधुमेह शरीरमा भित्र्याउने हो, असर पार्न सक्छ ।

एक अध्ययनअनुसार विश्वमा करिब २५ करोड मानिस मधुमेहबाट प्रभावित छन्। र, आगामी २०३० सम्ममा यो संख्या दोब्बर हुने विश्व स्वास्थ्य संगठनले केही वर्षअघि नै बताइसकेको छ । नेपालमा पनि ४० वर्षसम्म उमेरसमूहका करिब १५-२० प्रतिशत नागरिक मधुमेहबाट ग्रसित छन् । सो उमेरसमूहभन्दा माथिका करिब १९ प्रतिशतलाई मधुमेह लागेको बताइएको छ। पछिल्लो समय त युवाको संख्या पनि यो पंक्तिमा थपिँदै छ ।

कुनै समय ग्रामीण क्षेत्रमा भन्दा पनि सहरी क्षेत्रमा मधुमेह प्रमुख स्वास्थ्य समस्याको रुपमा रहेको थियो । तर, पछिल्लो समय, समयमा चिकित्सकको परामर्शमा नपुग्दा र यो रोगका विषयमा जानकारी नलिँदा ग्रामीण क्षेत्रमा पनि यस्ता रोगी बढ्दै गएका छन् । यो रोगले नेपाललाई मात्रै होइन, विश्वका धनी मुलुकका नागरिकलाई पनि सताएको छ । केही वर्षअघिको तथ्यांकअनुसार अमेरिकामा करिब १५ लाख मानिस मधुमेहबाट पीडित रहेको र बेलायतमा करिब १६ लाख मानिसलाई मधुमेह लागेको बताइएको छ। विश्वमा रोगबाट मर्नेहरूमध्ये ५ प्रतिशत मधुमेहका रोगी रहेको बताइन्छ । यदि तत्काल कुनै प्रभावकारी कदम नचालिएमा आउँदो १० वर्षमा मधुमेहबाट ज्यान गुमाउनेको संख्या ५० प्रतिशतले बढ्ने विश्व स्वास्थ्य संगठनले बताउँदै आएको छ ।

उच्च रक्तचाप र मधुमेहको सम्बन्ध

मधुमेह र उच्च रक्तचाप लाग्ने कारण उस्तै-उस्तै हुन्। अधिकांश उच्च रक्तचापका बिरामीमा मधुमेह र मधुमेहका बिरामीमा उच्च रक्तचाप देखिने गरेको छ । तर, सबैमा भने यो लागू नहुन पनि सक्छ । हाम्रो खानपान र जीवनशैलीकै कारण यी रोगले समाउने र सताउने हो । दुवै रोगको उपचार सम्भव हुँदैन। मात्रै हामीले नियन्त्रण गर्ने हो । मधुमेह नियन्त्रण गर्न उच्च रक्तचाप नियन्त्रण आवश्यक हुन्छ । त्यसैले पनि यी दुई रोगको सम्बन्ध एकअर्कामा रहेको देखिन्छ। औषधिबाहेक सबै नियन्त्रणका उपाय अर्थात् व्यायाम र खानपान यी रोग नियन्त्रणका लागि अति आवश्यक कुरा हुन् ।

उच्च रक्तचापलाई अंग्रेजीमा 'हाई ब्लड प्रेसर', 'हाइपर टेन्सन' पनि भनिन्छ । उच्च रक्तचाप के हो र कसरी हुन्छ भन्नेबारे बुझ्न रक्तचाप के हो भन्ने बुझ्नु नै पर्छ। सबै जीवित प्राणीको शरीरमा निरन्तर रगत बहिरहन्छ। रगत बहँदा रक्तनलीमा चाप उत्पन्न हुन्छ र यसैलाई रक्तचाप भनिन्छ। यसमा मुटु र फोक्सो खुम्चिने र फुक्ने हुन्छ । मुटु खुम्चिने र फुक्नाले रक्तनलीमा रगत धकेलिन्छ र रगत अघि बढेर शरीरका सम्पूर्ण भागमा पुग्छ। मुटु, फोक्सो र रक्तनलीले निरन्तर काम गरिरहने रक्तसञ्चारको यही सन्तुलन नै स्वस्थ अवस्था हो । जसलाई मधुमेहले पनि असर पर्छ र मधुमेह रोग नियन्त्रणमा उच्च रक्तचापले पनि असर पुऱ्याउँछ । त्यसैले हामीले यी दुवै रोग नियन्त्रण गर्न औषधिबाहेक सबै कुरा एकै किसिमले नियन्त्रण गर्नुपर्छ ।

औषधिको भूमिका

हामीले उच्च रक्तचाप र मधुमेहका बिरामीलाई सुरूमा नै औषधि दिँदैनौं। यी रोगको अवस्था कुन चरणमा छ र त्यो बिरामीको दैनिक रहनसहन र खानपान कस्तो छ बुझ्नु नै चिकित्सकको पहिलो कर्तव्य हुन आउँछ। एकैपटक बढेर माथि पुगेको छ भने चाँडै औषधि पनि चलाउनुपर्ने अवस्था आउँछ । तर, यी दुई रोगका लागि औषधि नै अन्तिम विकल्प भने होइन ।

यी रोग औषधिले पूर्ण रुपमा निको पार्न सम्भव छैन । नियन्त्रण मात्रै गर्ने हो । त्यसैले दैनिक खानपान र व्यायामलाई प्राथमिकतामा राखे कम क्षमताका औषधि मात्रै खाए पनि हुन्छ। त्यसैले औषधि कतिको मात्रामा चलाउने भन्ने कुरा त्यो बिरामीको दैनिकीले पनि असर गर्ने हुन्छ। हाम्रो सुझाव भनेकै बिरामी वा रोग नै नलागेकाले खानपान र व्यायाममा ध्यान दिनुहोस् । व्यायाम गर्ने समय तय गर्नुहोस् । यो रोगको बिरामी हुनुहुन्छ भने औषधिको नियमित सेवन गर्ने र चिकित्सकको सल्लाह र परामर्श लिने गर्नुहोस् ।

युवा पुस्तामा पनि यो समस्या बढ्दै गएको छ। युवाले पनि शरीरलाई धेरै ध्यान दिन आवश्यक छ । कामको तनावलाई व्यवस्थापन गर्ने, योग गर्ने र दिनमा एकपटक आफ्नो शरीरलाई सम्झने हो भने हामी यसबाट बच्न सक्छौं । अनि, सरकारले पनि औषधिमा सुविधा दिने र औषधि किन्न प्रोत्साहन गर्नेभन्दा जनचेतना फैलाउनुको साथै व्यायाम गर्ने स्थानको विकास गर्नु अहिलेको आवश्यकता हो। सबैले आफ्नो स्वास्थ्यको ख्याल गरौं । आयु बढाऔं ।

साभार : अन्नपूर्ण पोष्ट


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1st National Brand
Linagliptin 5mg + Metformin 1000 mg Tablets
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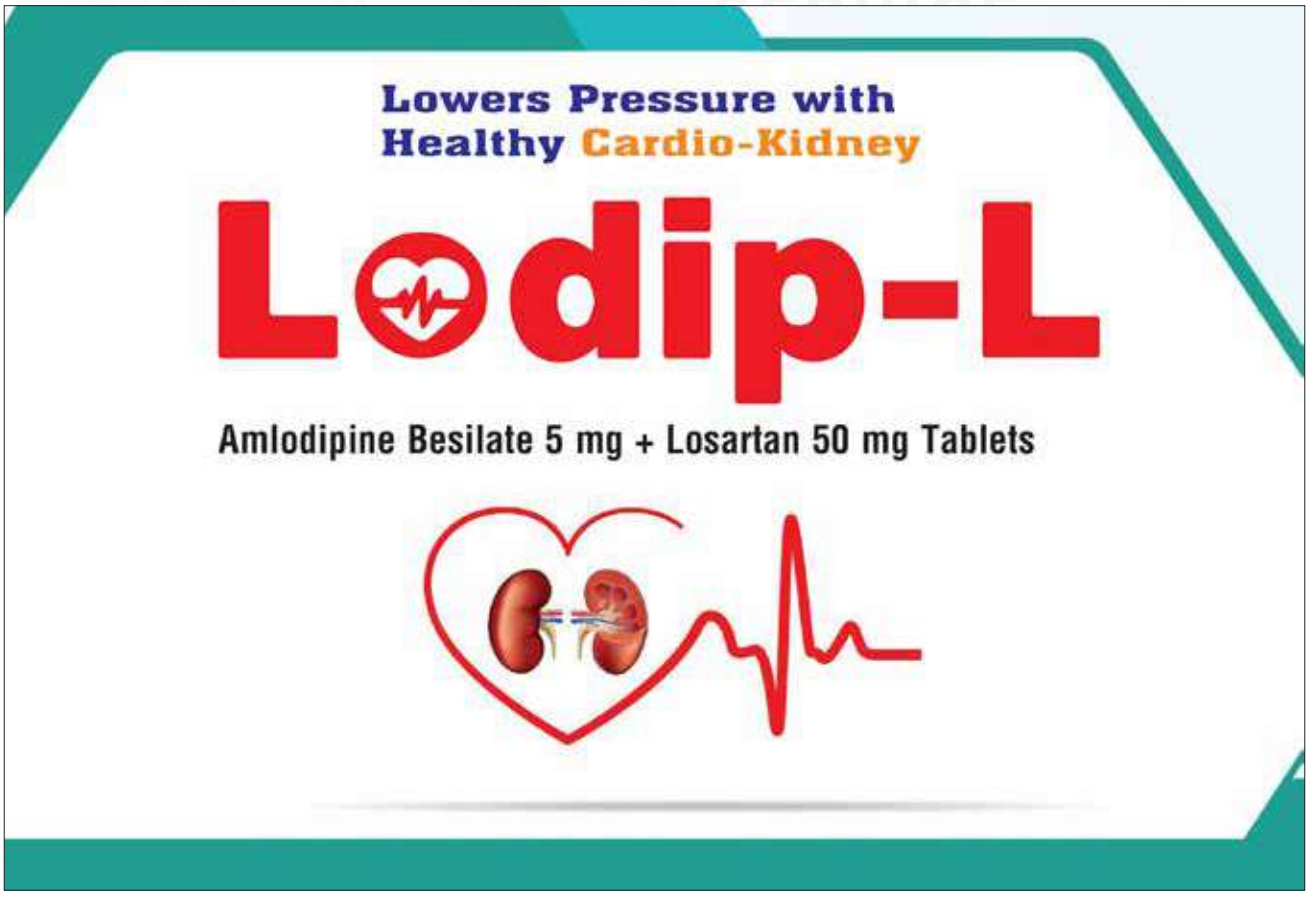
Linagliptin 2.5mg + Metformin 500/850/1000mg Tablets


Lowers Pressure with
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TIME Pharmaceuticals

Entertainments

Teej Celebration at Factory

Picnic

Dance Programme

Dance Programme

Dance Programme

Dance Programme

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Entertainments

Holi Celebration at Factory

Dance at Picnic

Holi Celebration at Factory

Picnic

Holi Celebration at Factory

Picnic

TIME Pharmaceuticals

New Facilities

New Building

Sterile Section

Sterile Section

Sterile Section

Granulation Section

Packing Section

TIME Pharmaceuticals

Marketing Activities

Participation at ANEMECOM

Doctors enjoying at TIME Stall

Doctors enjoying at TIME Stall

Award Distribution to best performance

Award Distribution to best performance

Marketing Team

TIME Pharmaceuticals

Marketing Activities

Group Photo of Time Team

Group Photo of Genesis Team

Group Photo of Nexus Team

Group Photo of Cosmo Team

At Launching of Galaxy & Erra Division

Sinex Sathi launching celebration at Marketing Office

TIME Pharmaceuticals

Marketing Activities

Launching of Galaxy & Erra Division

Marketing Training at Narayani Resort

Recognition during annual closing meeting Pokhara 2022

Recognition during annual closing meeting Pokhara 2022

HOD Meeting at Factory

Training to Marketing Team at Pokhara Grande

TIME Pharmaceuticals

Marketing Activities

Donation at 'Asha Foundation'

Donation at 'Asha Foundation'

Donating Medicines to 'Paankhal Wada Swasthya Chauki'

Donation at 'Asha Foundation'

Donation at 'The Orphan Home'

Medicines & clothes handover to 'Hami Nepali' for Melamchi flood victims

TIME Pharmaceuticals

Marketing Activities

Blood Donation Program on the occassion of 23rd Anniversary

Donation at 'The Orphan Home'

SOL Conference 2022 (Dinir 300 Launching)

ORTHOCON 2020

Prize Distribution to Students

23rd Anniversary Celebration

Importance of Setting Goals

✍ **Kusum Shrestha**
QA Manager
Time Pharmaceuticals (P.) Ltd.

If you have dreamt of achieving great things in life, becoming a successful businessman or achieving great academic and career success, then all this is not possible without a clear goal and plan.

A famous author Norman Vincent Peale said All successful people have a goal. No one can get anywhere unless he knows where he wants to go and what he wants to be or do. So it is very crucial that we set personal and professional goals in life.

Reasons for setting goals:

1. **Goal helps you remained focused:** By setting goals, you avoid wasting your time in wrong direction and focus all your energy and efforts in the right direction. Setting goals give you long term vision and short term motivation.
2. **Goal helps you stay motivated:** A well planned goal will increase your willingness to succeed. When you set a destination for yourself, you automatically jump into action towards the destination.
3. **Goal helps you measure your progress**: By setting goals, you will be able to know how close you are towards your target and how much progress you are making.
4. **Goal helps you overcome procrastination:** Setting yourself specific deadlines to complete tasks will keep you on track to achieve your goals, and as a result, you will have no time for procrastination. It ultimately helps you to organize time and resources.
5. **Goal enhances your self confidence:** One major importance of goal setting is that it helps people become the best versions of themselves. Goals help one work towards one s true and fullest potential. It will enable you to leave your comfort zone and grow, both professionally as well as personally.

How to set goals:

1. Set SMART Goals:

By setting SMART goals, your probability of success increases drastically.

- **S**- Specific (write out clear concise goals)
- **M**- Measurable (the ability to track your progress)
- **A-** Attainable (set challenging, yet attainable goals)
- **R**- Relevant (set goals that are relevant to your overall life plan)
- **T**- Time Bound (set goals with target finish time)

2. Set Lifetime Goals:

The first step of setting goals is to set lifetime goals which give you the overall perspective of your life. You can set goals for your career, finance, family, education, pleasure etc. This will show you a bigger picture.

3. Set Short-term Goals:

Once you have set your lifetime goals, you can set a five year plan that you need to complete to achieve your lifetime goals. Then break your goals into even smaller fragments like one year plan, six month plan

or monthly plan. You can also create your TO DO LIST to work towards your goal.

4. Write down your goals on paper:

When you write your goals on a diary or paper, you make them look alive. Keep them in a place where you can easily access and when you read it again and again, you start reminding yourself to keep working on those goals. According to some research, people who write their goals have a better chance at accomplishing more than those who do not write down their goals.

5. Make an action plan:

Create step wise action plans for your every goal and start working on it. As you work on individual step of your plan, tick off to see how much further you have to go and feel optimistic about your progress.

6. Stick to your Goal. Don't Quit:

The most important thing is not to make plans but to stick to the plan until the end to make it a success. Many of us have the habit of starting some task in a grand way but leaving it in the middle. So sticking to your goal requires lot of patience and belief on yourself and your goal.

Further tips on setting goals

- State goals as a positive statement
- Set priorities
- Set at least 2 daily personal goals and 2 professional goals
- Keep small achievable operational goals
- Review your long term goals time and again
- Modify them to reflect your changing priorities
- Set realistic goals
- Use paper diary or Mobile based digital diary to note down your goals

Achieving goals

When you have achieved your goal, take time to enjoy the satisfaction having done it. Share the experience with your close friends and family. If the goal was significant one, reward yourself with the things you like to stay motivated. If you achieve your goal too easily, make your next goal harder. If your goal seems too difficult, make it little easier next time to keep up the spirit.

Conclusion:

Now that you know how important goals are, it's time to take the first step toward setting goals and achieving them.

Whether it's personal goals for yourself or company-driven goals for your team, the goal-setting process can help you find purpose and meaning in your life.

"कोरोना संकटले सिकाएका पाठहरू (औषधिमा आत्मनिर्भरता देशको लागि अपरिहार्यता)"

✍ **जि. नारायण ब. क्षेत्री**
पूर्व अध्यक्ष
नेपाल औषधि उत्पादक संघ, APPON

सन् २०१९, डिसेम्बरको अन्तिम हप्तामा, चिनियाँ स्वास्थ्य अधिकारीहरूले चीनको हुबेई प्रान्त, वुहान शहरमा निमोनियाको प्रकोप बढेको प्रतिवेदन पेश गरे, यसको कारक तत्व COVID-19 नामक एक कोरोनाभाइरसको रुपमा पहिचान गरियो । यो भाइरस तीव्र रूपमा फैलन सक्ने क्षमता भएको र मानवबाट मानवमा अत्याधिक संक्रमण फैलन सक्ने खालको भनि पहिचान गरीयो । लगभग दुई महिना पछि मार्च ११, २०२० मा विश्व स्वास्थ्य संगठन WHO ले कोभिड-१९ लाई "विश्वव्यापी रूपमा सार्वजनिक स्वास्थ्य आपतकाल" घोषणा गरे लगत्तै विश्वव्यापी रूपमा सम्पूर्ण राष्ट्रहरूलाई नागरिकहरूको जीवन बचाउनको लागि आवश्यक कदमहरू उठाउन अनुरोध गऱ्यो ।

आज COVID-19 अदृश्य चुनौतीको रूपमा दोस्रो विश्वयुद्ध पछि विश्वलाई सबैभन्दा कठिन अवस्थामा पुऱ्याएको छ। प्रारम्भिक अनुमान अनुसार ग्रीष्म ऋतुको आगमनसँगै बढ्दो तापक्रम तथा आद्रताका कारणले कोभिड संक्रमण घट्ने पूर्वानुमान गलत सावित भएको छ । आजको दिनमा मरूभूमीय देखि न्यूनतम तापक्रम भएको देशहरू गरि संसारका २१२ भन्दा बढी देशहरूमा फैलिसकेको अवस्थामा संक्रमण नियन्त्रण गर्न लकडाउन अपरिहार्य भएको छ । यसरी नै विश्वव्यापी लकडाउनले अर्थतन्त्र खुम्चिएर विश्वका सम्पूर्ण देशहरूले निकै कठिन परिस्थितिको सामना गर्नुपरेको अवस्थामा बढ्दो सामाजिक र आर्थिक प्रभावलाई न्यूनीकरण गर्न सबै देशहरूले संयुक्त राष्ट्र संघ, विश्व बैंक, आईएमएफ र एडीबी का योजना र प्रयास बाहेक पनि अविकसित देशहरूले आफ्नो अर्थतन्त्र र नागरिकहरूको स्वास्थ्य सुरक्षा गर्नको लागि विभिन्न दातृ निकायहरूसँग सहयोग लिई आन्तरिक योजाना र उपायहरू खोज्नु आवश्यक छ ।

औषधि आपूर्ति व्यवस्था
(Global Pharma Supply Chain)

विश्व बजारमा सबैभन्दा बढि औषधि (Finish formulation-Generic Medicine) र आपूर्ति चीनबाट हुने भएकोले विश्व औषधि आपूर्तिमा चीनको ठूलो प्रभाव रहेको छ । साथै विश्वमा कच्चा पदार्थहरू उत्पादन गर्ने उद्योगहरूले आफ्नो कच्चा पदार्थ र अन्य रसायनहरूको लागि करिब ८०-८५०० चीनको आपूर्तिसँग निर्भर छ । विगत केही महिना देखी कोरोनाले चीन आफै संकटपूर्ण अवस्थामा गुज्री रहेकोले औषधिको आपूर्तिमा समस्या आउने अनुमान गर्न सकिन्छ । भारतका औषधि उद्योगहरूलाई चाहिने करिब ८०% सहायक कच्चा पदार्थहरू चीनबाट नै आयात गर्दछन् । भारत सरकारले औषधिहरूको उपलब्धता नियमित रुपमा सहज गर्न र अन्य उपयुक्त उपायहरूको सुझाव दिन फार्मास्यूटिकल्स विभागमा एउटा विशेष समिति गठन गरेको छ । केही वर्ष अघि भारतले चीन प्रतिको परनिर्भरता घटाउनको लागि आन्तरिक रुपमा उत्पादन बढाउन ठोस प्रयास गरेकोछ । उक्त कार्यको लागि भारत सरकारले गुजरातमा एउटा विशेष क्षेत्र (special economic zone) स्थापना गरि औषधि उद्योगलाई चाहिने सम्पूर्ण आधारभूत कच्चा पदार्थ र रसायन उत्पादन गरि केहि वर्षमा चीनबाट आफ्नो पर निर्भरता कम गर्दै औषधि उत्पादनमा आत्मनिर्भरताको लक्ष्य राखेको छ ।

औषधि आपूर्तीको सम्भावित चुनैतीहरू

भविष्यमा आइपर्ने अभावको जोखिमलाई मध्य नजर गर्दै औषधिहरूको कमि नहोस् भन्ने हेतुका कारण विभिन्न देशहरूले फार्मास्यूटिकल API and Chemical जस्ता प्रमुख सामग्रीहरूको निर्यातमा प्रतिबन्ध लगाएको देखिएको छ । भारत सरकारले ३ मार्च, २०२० मा २६ प्रकारका औषधि र कच्चा पदार्थहरूका API निर्यातमा प्रतिबन्ध

घोषणा गरेको थियो । कोभिड १९ संक्रमणको कारणले प्यारासिटामोल र हाइड्रोक्सी क्लोरोक्वाइन जस्ता अत्यावश्यक कच्चा पदार्थहरू हाल अभाव देखा परेकौ छन । प्रत्येक देशले आफ्नो नागरिकहरूको स्वास्थ्य पहिलो प्रथमिकता राखि आवश्यकता पूरा गर्न पर्याप्त मौजदात कायम गर्न प्रयास गर्नु स्वभाविकै हो । हाम्रो देशमा ५५०० औषधिहरू परनिर्भर रहेको अवस्थामा यदी निर्यातित देशले केहि कडाइ गरेमा औषधिको सहज उपलब्धतामा समस्या हुन सक्ने सम्भवाना रहेको छ ।

राष्ट्रिय स्थिरताका लागि आत्मनिर्भरता

कोभिड-१९ को संकटले विश्वका हरेक राष्ट्रहरूलाई आत्मनिर्भरताको पाठ राम्रोसँग सिकाएको छ विश्वमा माहामारी फैलिदा देशको अर्थतन्त्रलाई जोगाउन आत्मनिर्भरता नै एक मात्र उपाय हो । आजको विश्वमा हरेक राष्ट्रले केहि वस्तुहरूमा निश्चित रुपमा आत्मनिर्भर बन्न सक्ने सम्भावनाहरूको पहिचान गरि यसलाई प्राप्त गर्न रणनितिक कार्यक्रम अगाडि बढाउनुपर्दछ । हाल कोरोना महामारीको स्थिति र प्रायः सबै देशहरू लकडाउनको स्थितिमा भएको हुँदा विश्वव्यापी आपूर्ति श्रृंखला व्यापक रुपमा प्रभावित भएको छ । यसले अन्य वस्तुहरूका साथै स्वास्थ्य तथा फार्मा सामग्रीहरूको अभाव देखा परेको हुँदा र मूल्य पनि अत्याधिक बढिसकेको अवस्था छ यो असाधारण र प्रतिकूल अवस्था लगभग सबै देशले सामना गरिरहेका छन् ।

नेपाली औषधि उद्योगहरू संभावना बोकेकाले संरक्षणको अवश्यकता,

नेपाल औषधिमा आत्म निर्भर हुन सक्ने संभावना राखेको क्षेत्र हो । हालको अवस्थामा ६० भन्दा बढी औषधि उत्पादन गर्ने उद्योगहरू सञ्चालनमा छन् र २० नयाँ उद्योगहरू आगामी १ वर्षमा खुल्ने क्रममा छन् । यी औषधि उद्योगहरूले हाल ४० देखी ५००० क्षमतामा उत्पादन गरि राखेको हुँदा र पूर्णरूपमा उत्पादन गर्न सकेमा राष्ट्रिय आवश्यकता पूरा गर्न पर्याप्त क्षमताको सुनिश्चितता गर्दछ । साथै हाल करिब १२ हजार प्रत्यक्ष रोजगारी दिइरहको यस क्षेत्रले यदि पूर्णरूपमा संचालन भएमा प्रत्यक्ष रूपमा झण्डै थप १५ देखी २० हजार रोजगारी प्रदान गर्न सक्ने संभावना देखिन्छ ।

२५ देखी ३० अर्ब रूपैया लगानी भैसकेको यस क्षेत्रले ठूलो व्यापार घाटा घटाउन सक्ने सम्भावना बेकेको छ । हाल नेपालले ठूलो व्यापारमा घाटा व्यहोरी रहेको अवस्थामा स्थानिय रूपमा उत्पादन हुने औषधिहरूलाई प्रोत्साहन गर्न विदेशी औषधिहरूको आयात बन्द गरे करिब २० अर्व व्यापार घाटा घटाउन सक्ने र स्वदेशी उद्योगलाई प्रोत्साहन हुनुको साथै करिब १५ देखी २० हजार थप रोजगारी थप श्रृजना हुने संभावना देखिएको छ । नेपाली औषधि उद्योगहरूले एन्टि क्यान्सर, एन्टि भाइरस बाहेक सबै प्रकारका औषधिहरू उत्पादन गर्ने क्षमता र प्रविधि हासिल गरिसकेको हुदा यदि सरकारले पर्याप्त संरक्षण र सम्वर्द्धन गर्नेहो भने आउँदो २ वर्षमा नै औषधि उत्पादनमा ८० देखि ९०% आत्मनिर्भरता प्राप्त गर्न सकिन्छ । आत्मनिर्भरता प्रत्येक नागरिकको प्राथमिकता हो र यसलाई प्राप्त गर्न सरकार पूर्ण प्रतिबद्ध हुनु जरूरी छ । नेपाल सरकार र औषधि उद्योगमा लगानी कर्ताहरू एकजुट भई स्वदेशी उद्योगहरूलाई प्रोत्साहित गर्ने नीति अङ्गिकार गरि अगाडि बढ्न सके देशको स्वदेशी उद्योगलाई आत्मनिर्भरतामा पुऱ्याउन सक्षम रहन्छौं ।

१) सरकारले फार्मास्यूटिकल औद्योगिक विकासका लगि नीति र कार्यान्वयनको अविलम्ब कार्यक्रम बनाउनु पर्छ ।

२) 'मेड इन नेपाल प्रोडक्ट्स' प्रयोग गरेर राष्ट्रवादको भावना जगाउने प्रयास गर्नुपर्दछ ।

३) स्वास्थ्यकमी, औषधि पसल र बिरामीहरू सहित प्रत्येक नागरिकलाई स्वदेशी उत्पादनहरू प्रयोग गर्न प्रोत्साहन गर्नुपर्ने हुन्छ ।

४) स्वदेशमा उत्पादन हुने जेनेरिक औषधिहरू सट्टामा आयात हुने औषधिहरूमा प्रतिबन्ध लगाई त्यस्ता औषधिहरूको कच्चा पदार्थ मात्र आयात गर्ने नीति अपनाउनुपर्छ ।

५) बाह्य उत्पादनहरूको प्रयोगलाई निरूत्साहित गर्न र आयातमा विभिन्न नीतिहरू बनाएर कडाइ गर्नुपर्ने हुन्छ ।

६) फार्मा हब (फार्मास्यूटिकल उद्योगका लागि विशेष आर्थिक क्षेत्र) सिर्जना गरेर राष्ट्रिय उद्योगको विकास गर्नु पर्छ ।

अन्त्यमाः स्वदेशमा नै वृहत रूपमा औषधिहरू उत्पादन गरि राष्ट्रलाई आगामी २ वर्ष भित्र आत्मनिर्भर वनाउन राष्ट्र प्रेमको भावना र सरोकारवाला सबैको इच्छाशक्तिको आवश्यकता पर्दछ । वर्तमानमा जस्तै आपतकाल अवस्था आइपरेमा देशको स्वास्थ्य क्षेत्रलाई दरिलो साथ दिन सक्ने र औषधिमा आत्मनिर्भर हुने प्रेरणा प्रदान गरि सबैसँग हातेमालो गर्दै वर्तमान संकटबाट ठूलो पाठ सिक्न यस कोरोनाले मार्ग दर्शन गरेको छ ।

Numerology- A mystical science of numbers

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Numerologist

1. Introduction to Numerology:

Numerology is the ancient science of numbers, a method of character analysis which uses the numbers of your Date of birth and name in an attempt to solve the old age question –who am I? Numerology can be used as a practical method of understanding your deeper nature, talents and life goals, your hidden characteristics, opportunities and challenges. It offers insights and guidance in career, education, life goals, family, relationships, success and money.

2. Benefits of Numerology:

1. It helps in predicting your future by the help of numbers.
2. It helps to identify your strength and weakness.
3. With the help of your date of birth, your lucky numbers, lucky dates, lucky year, lucky colors, lucky profession etc can be predicted.
4. It helps to check compatibility with your business partner, life partner and suggest compatible partners for marriage.
5. It helps to correct the name spelling to correct vibrations which will bring luck and abundance in your life.
6. It also helps to predict lucky name and lucky date of birth for your child.
7. It can provide appropriate Fengshui and Vedic remedies to bring stability and balance in your life.

There are various types of predictions done through numbers. Psychic Number, Destiny Number, Angel Number, Name Number, Loshu grid etc are some number tools used to interpret your character and future. Among all these, today let's know about Psychic Number.

3. Psychic Number:

A Psychic number is also called the Driver number or Mulaank. The psychic number reveals the way a person looks at oneself. It affects what one expects and desires. It tells about your character and inner-self. How you think, behave and perceive the universe is majorly defined by your Psychic number.

4. How to calculate Psychic Number?

Psychic number is calculated by adding the birth date number (English date) and finding its single number. Refer to the below two examples to calculate your Psychic number.

For Example: If your date of birth is 24 March 1985. Now birthday is on 24,

2+4 =6, so 6 is the Psychic number here.

If your birthday is on 3 March, 1985, 3 is your Psychic Number.

Psychic Number 1:

Those who are born on 1st, 10th, 19th or 28th of any month have Psychic Number 1. They are ruled by Planet Sun. They have leadership qualities and good communication skills. They are ambitious, independent, authoritative, disciplined, and somewhat dominating. They want freedom.

Psychic Number 2:

Those who are born on 2nd, 11th, 20th or 29th of any month have Psychic Number 2. They are ruled by Planet Moon. They are emotional, helpful, caring and

sensitive. They have very good intuition power. They are confused and have mood swings and difficulty in taking decisions in life.

Psychic Number 3:

Those who are born on 3rd, 12th, 21st or 30th of any month have Psychic Number 3. They are ruled by Planet Jupiter (Brihaspati). They always seek for knowledge and have good imagination power. They are good counselors and teacher/guru, healers. They are ambitious, communicative and social.

Psychic Number 4:

Those who are born on 4th, 13th, 22nd or 31st of any month have Psychic Number 4. They are ruled by Planet Uranus (Rahu). They are impulsive, rebellious, organized, and practical and out of box thinkers with rigid attitude. They have to struggle a lot to achieve success in life. They mostly remain in controversy.

Psychic Number 5:

Those who are born on 5th, 14th or 23rd of any month have Psychic Number 5. They are ruled by Planet Mercury (Budh). They are balanced, stable, adjustable, intelligent, entertaining and born lucky in life. They have good communication skill.

Psychic Number 6:

Those who are born on 6th, 15th or 24th of any month have Psychic Number 6. They are ruled by Planet Venus (Shukra). They are family person and live the life of luxury. They are attracted towards opposite sex easily. They are highly manipulative, romantic, charming, caring, kind personality.

Psychic Number 7:

Those who are born on 7th, 16th and 25th of any month have Psychic Number 7. They are ruled by Planet Neptune (Ketu).

They are religious, spiritual, highly secretive, intuitive and somewhat confused. They like to do deep research and study. They might have to face betrayals in love, health issues and financial issues. They have interest on occult science.

Psychic Number 8:

Those who are born on 8th, 17th and 26th of any month have Psychic Number 8. They are ruled by Planet Saturn (Shani).They face lot of struggles in life and success is delayed. They are ambitious, practical, logical, strong headed personality with good money managing skills. They can become a good judge.

Psychic Number 9:

Those who are born on 9th, 18th and 27th of any month have Psychic Number 9. They are ruled by Planet Mars (Mangal). They are humanitarian, ambitious, and courageous and have strong will power and determination. They are true givers and always ready to help others. They are short-tempered and tough personality. ●

Suicide Prevention

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INTRODUCTION

Suicide is a serious public health problem that demands our attention. However many people think that only few people die of suicide; it affects only the weak type of people and nothing can be done to save the people who want to die. But that thought is wrong. Suicides are common, it may affect any of us and most suicides can be prevented.

One million people are likely to commit suicide every year. Every 40 seconds a person commits suicide somewhere in the world and every 3 seconds a person attempts to die. It is the fifteenth leading cause of death globally. More importantly suicide is the second leading cause of death among young people aged 15 – 35 years. In our country about 15 people die of suicide each day. Government data shows that the rate of suicide has been increasing each year in Nepal. According to World Health Organization the rate of suicide in Nepal (20.3 per 100,000 per annum) is almost twice the global average of 11.4 per 100,000 per annum.

Suicide is a complex problem for which there is no single cause, no single reason. It results from a complex interaction of biological, genetic, psychological, social, cultural and environmental factors. It is difficult to explain why some people decide to commit suicide while others in a similar or even worse situation do not. However, most suicides can be prevented.

SUICIDE AND MENTAL DISORDERS

A majority of people who commit suicide have a diagnosable mental disorder. The various disorders that lead to suicide are depression, alcoholism, personality disorders and schizophrenia. Though most of those who commit suicide have a mental disorder, a majority of them do not see a mental health professional, even in developed countries.

Depression

It is the most common diagnosis in completed suicide. Everyone feels depressed, sad, lonely and unstable from time to time, but usually those feelings pass. However, when the feelings are persistent and disrupt a person's usual normal life, they cease to be depressive feelings and the condition becomes a depressive illness.

PHYSICAL ILLNESS AND SUICIDE

Some types of physical illness like epilepsy, spinal injury, head injury, cancer, HIV/AIDS, diabetes, sexual disorders, disease with chronic pain are associated with an increased suicide rate.

SUICIDE - SOCIODEMOGRAPHIC AND ENVIRONMENTAL FACTORS

Certain factors like male sex, young age, divorced or unmarried status, loss of occupation, unemployment, loneliness, social or geographical isolation and migration is associated with higher rate of suicides.

Environmental factors

Life stressors: The majority of those who commit suicide have experienced a number of stressful life events in the three months prior to suicide, such as interpersonal

problems; rejection; loss events; work and financial problems; rapid changes in society and the shame of being found guilty.

Easy availability: The immediate availability of a method to commit suicide is an important factor in determining whether or not an individual will commit suicide. Reducing access to the means of committing suicide is an effective suicide prevention strategy.

Exposure to suicide: A small portion of suicide consists of vulnerable adolescents who are exposed to suicide in real life or through the media (including social media) and may be influenced to engage in suicidal behavior.

SUICIDE - FICTION AND FACT

Fiction	Fact
1. People who talk about suicide do not commit suicide.	1. Most people who kill themselves have given definite warnings of their intentions.
2. Suicidal people are absolutely intent on dying.	2. A majority are ambivalent.
3. Suicide happens without warning.	3. Suicidal people often give ample indication.
4. Not all suicides can be prevented.	4. True. But a majority is preventable.
5. Once a person is suicidal he/she is always suicidal.	5. Suicidal thoughts may return but they are not permanent and in some people they may never return.
6. Asking about suicide may provoke suicide.	6. Asking about suicide does not provoke suicide.

How to deal with a person who expresses suicidal thoughts

Whenever you find a person who expresses suicidal thoughts don't ignore him or her. Talk to him/her in a place with relative privacy. Take the situation seriously. Don't challenge him to go ahead. Try to remove all means of suicide. Don't leave him/her alone and refer him/ her to a Psychiatrist. Also try to enlist the support of family, friends, colleagues or other health care professionals.

CONCLUSION

Suicides take a high toll but most suicides are preventable. A coordinated multi-sector approach is needed to prevent suicide. Raising awareness about suicide is an important step in suicide prevention. All health care workers need to play a role in suicide prevention. ●

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Research Article

NON-COMPARTMENTAL PHARMACOKINETICS MODELING OF AMLODIPINE IN RATS

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Abstract: In the present study, we did the non –compartmental pharmacokinetics study of amlodipine using high performance liquid chromatography with ultraviolet detector (HPLC-UV) in wistar rats. Rats were allocated to two groups; intravenous group (IV study n=6) and oral group (PO study n=6).In both groups, surgical procedures were carried out under Ketamine HCL (40 mg/kg) and Diazepam (1.5mg/kg) general anesthesia (intramuscular injection).The blood samples were collected at different time interval and were analyzed using HPLC-UV system. Results showed that Amlodipine had a short terminal half-life with relatively high distribution volumes during the steady and terminal phases, and with low plasma clearance. Furthermore, the availability ratio of amlodipine through the intravenous route was higher than that through the oral route, indicating that first pass metabolism and hepatic blood flow are important factor of drug elimination of amlodipine. Bioavailability was estimated to be 78.60 ± 21.33% based on the AUCinf ratios of oral and intravenous administration.
Key**words:** Wistar rats, amlodipine, pharmacokinetics parameters and bioavailability.

Introduction

Rat is an attractive model for many biomedical researches. Availability of various breeds and knockouts that emulate disease states or altered metabolism advocate its importance in pharmacological or pharmacokinetic studies. Being small in size, it requires relatively small quantity of expensive new chemical entities to conduct pharmacokinetic studies [1, 2].

Various methods are available to collect blood from a rat for pharmacokinetic studies. Among these, a timed-sacrifice or tail-bleed methods are widely used. However, the timed-Sacrifice generates inevitable inter-animal variation, whereas tail-bleed limits to fewer samples with low blood volume [3, 4]. Big vessels cannulation generates multiple samples with precision and ease has been successfully applied in rat [5]. The surgical techniques allow low stressed sample collection from a small animal. Direct drug injection to big vessels established pharmacokinetics studies with high precision and accuracy [6].

Amlodipine is a dihydropyridine calcium antagonist (calcium ion antagonist or slow-channel blocker) that inhibits the movement of calcium ions into vascular smooth muscle cells and cardiac muscle cells [7, 8]. Experimental data suggest amlodipine binds to both dihydropyridine and nondihydropyridine binding sites. The contractile processes of cardiac muscle and vascular smooth muscle are dependent upon the movement of extracellular calcium ions into these cells through specific ion channels [9] .Amlodipine inhibits calcium ion influx across cell membranes selectively, with a greater effect on vascular smooth muscle cells than on cardiac muscle cells. Negative inotropic effects, or decreased heart muscle contractility, can be detected *in vitro*, but such effects have not been seen in intact animals at therapeutic doses. Serum calcium concentration is not affected by amlodipine [10] . Within the physiologic pH range, amlodipine is an ionized compound (pKa = 8.6), and its interaction with the calcium channel receptor is characterized by a gradual rate of association and dissociation with the receptor binding site, resulting in a gradual onset of effect [11, 12] .In the present study, we did the non –compartmental pharmacokinetics study of amlodipine using high performance liquid chromatography with ultraviolet detector (HPLC-UV) in wistar rats.

Materials and methods

After getting ethical approval from thesis committee of Department of Pharmacy, School of Health and Allied Sciences, Pokhara University on May 14, 2013, the research work has been conducted at Research and Development Department of Time Pharmaceuticals P.Ltd.

Chemicals and Reagents

Amlodipine (purity 99.96%) and Hydrochlorothiazide (Purity 100.78%) has been received as gift samples from Time Pharmaceuticals P.Ltd. Acetronitrile, Potassium dihydrogen phosphate, Orthophosphoric acid were pursed from Merck, Darmstadt, Germany. Double distilled water was obtained from Fisher Scientific, United Kingdom and all other chemicals used were of HPLC grade.

Apparatus and Chromatographic Conditions

The HPLC-UV system used was an Agilent 1260 series. System control and data analysis were carried out using Agilent HPLC software (Agilent Chemstation V.B.30.01, Germany). HPLC columns Phenomenex® C18 (phenomenex, CA, USA), 250 mm × 4.6 mm, 5 µm particle size and guard column (C18, 4.0 X 2.0mm, Shimadazu,

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Japan) were used for analyzing blood samples. Chromatographic analysis was carried out at ambient temperature (22°C - 25°C).The compounds were separated isocratically with a mobile phase consisting of acetonetrile-phosphate buffer (0.05 M) with pH 2.8 ± 0.2 in the proportion of (40/60, v/v) at a flow rate 1.0 mL/min with injection volume 20 µL. The effluent was monitored spectrophotometrically at wavelength 227 nm. The mobile phase was filtered by passing through a 0.45 µm membrane filter and then ultrasonicated for 15 min.

Animal handling and surgical procedures

250 to 350 gm, Rattus Norvegicus (Wistar type) male rats were pursed from Banaspati Bivak, Thapathali, and Kathmandu, Nepal. The rats were acclimated for two week before study. Upon arrival, animals were randomized and housed one per cage in strictly controlled environmental condition of 20 to 25^{o}C temperature and 48 to 52% relative humidity (RH). A 12 hour light and dark cycle was used with an intensity of 150 to 300 Lux.Before conducting study, rats were allocated to two groups; intravenous group (IV study n=6) and oral group (PO study n=6).In both groups, surgical procedures were carried out under Ketamine HCL (40 mg/kg) and Diazepam (1.5mg/kg) general anesthesia (intramuscular injection). The polyethylene catheter CX-8001S (ID; 0.55mm and OD: 0.57 mm, Dehan Ltd, South Korea) was implanted to femoral vein or artery for drug infusion and blood collection. Considering catheter dead volume, amlodipine (5 mg/kg) was infused through a femoral vein in the IV study or through an oral gavage in the oral study. Samples were collected at 0, 15, 30, 60, 120, 240, 360, 480,600, 720, and 1440 minutes in the IV study, and at 0, 15, 30, 60, 90, 120, 240, 360, 480,600, 720, and 1440 minutes in the oral study from femoral artery. Samples were collected with virtually no blood loss, and sample volumes were compensating for with equal volumes of heparinized saline (50units/mL). Plasma was separated by centrifuged at 4000rpm (10 minutes) and stored at -4^{o}C till analysis begins.

Sample preparation and validation

Sample preparation involved a protein precipitation method with acetronitrile. The validation samples were prepared by standard working solution spiking method to access the plasma concentration of amlodipine. For the measurement of amlodipine in plasma sample, the validation samples were prepared by following way; an aliquot of blood plasma 80µL was spiked with 10 µl standard working solution (desirable concentration of amlodipine standard solution was prepared by dissolving appropriate amount in acetronitrile) and 10 µl internal standard (Hydrochlorothiazide, 1 µg/ml, prepared in acetronitrile), and extracted with 200 µl acetronitrile solution with ultrasonicated for 10 minutes. The organic layer was separated by centrifuged at 4000 rpm for 10 minutes and 20 µl was injected to HPLC-UV system.

Lower limit of detection (LLOD) was defined as a peak with signal noise ratio(S/N) more than 10/1, while lower limit of quantification was further narrowed to have percentage coefficient of variation (CV, %) less than 15%. Five sets of validation samples at concentrations of 100 ng/ml, 200ng/ml, 500ng/ml, 1 ug/ml, 2 ug/ml, 4 ug/ml, 8 ug/ml and 10 ug/ml were used to draw calibration curve. Similarly, Inter/ Intra- day validation were assessed to validate the precision and accuracy of the assay. For interday validation, five sets of control samples at different concentrations of 100 ng/ml, 200ng/ml, 500ng/ml, 1 ug/ml, 2 ug/ml, 4 ug/ml, 8 ug/ml and 10 ug/ml were evaluated on five different days. For intraday validation, five sets of control samples at different concentrations of 100 ng/ml, 200ng/ml, 500ng/ml, 1 ug/ml, 2 ug/ml, 4 ug/ml, 8 ug/ml and 10 ug/ml with one standard curve were evaluated on same day. The assay recovery for amlodipine was assessed with five sets of quality control (QC) samples (100ng/ml, 500ng/ml and 10 ug/ml) assayed randomly along with standard samples during the interday and intraday assays.

Blood samples- analysis

Blood samples were prepared by following way; an aliquot of blood plasma 90µL was spiked with 10 µl internal standard (Hydrochlorothiazide, 1 µg/ml, prepared in acetronitrile), and extracted with 200 µl acetronitrile solution with ultrasonicated for 10 minutes. The organic layer was separated by centrifuged at 4000 rpm for 10 minutes and 20 µl was injected to HPLC-UV system. The effluent was monitored spectrophotometrically at wavelength 227 nm with a mobile phase consisting of acetonetrile-phosphate buffer (0.05 M) with pH 2.8 ± 0.2 in the proportion of (40/60, v/v) at a flow rate 1.0 mL/min.

Data Analysis

Non-compartmental pharmacokinetics analysis was performed using WinNonlin^{TM} Professional (Version 2.1, Pharsight, CA, USA) for windows. Results are expressed as mean ± standard deviation (X ± SD) and bioavailability was estimated to be based on AUC_{inf} ratios determined after oral and intravenous administration.

Result and discussion

Selection of Internal Standard and Optimization of Mobile Phase

Our objective of the chromatographic method development was to achieve a peak tailing factor ≤ 2, retention time in between 2 and 12 min, along with good resolution, hence hydrochlorothiazide (**Figure 2**) was selected as internal standard for analyte amlodipine (**Figure 1**). In order to affect the simultaneous elution of more than one component under isocratic conditions, different chromatographic conditions (organic modifier, flow rate, and pH) have been investigated. Various stationary phases were used like C8 and C18 and phenyl column, poor and distorted peaks were observed with phenyl column while C18 gave satisfactory resolution and free from tailing. Mobile phases containing methanol alone or acetonetrile alone were found to elute the compounds unresolved.

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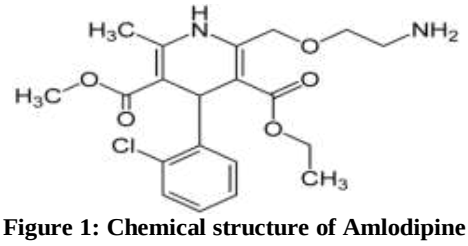

Figure 1: Chemical structure of Amlodipine

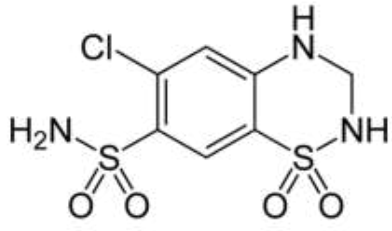

Figure 2: Chemical structure of Hydrochlorothiazide

Increasing the acetonitrile concentration to more than 65% of buffer led to inadequate separation. At a lower acetonitrile concentration (<40%), separation occurred, but with excessive tailing and increased retention time. To avoid multiple peaks of reversed phase columns, the pH must be controlled with buffers, for example potassium dihydrogen phosphate. This objective was obtained using mobile phase consisting of acetonitrile-phosphate buffer (0.05 M) in the proportion of (40/60, v/v) with the pH adjusted to of 2.8 ± 0.2 with orthophosphoric acid. The mobile phase composition was optimized under the described conditions, the analyte peaks were well defined, resolved and free from tailing, and the tailing factors were ≤ 2 for all peaks. The elution orders were hydrochlorothiazide (tR 3.025 min) and amlodipine (tR 5.019 min) at a flow rate of 1.0 ml/min. The optimum wavelength for detection was 227 nm at which much better detector responses for the three drugs were obtained. System suitability tests are used to verify that the column efficiency, selectivity factor (resolution) and reproducibility of the chromatographic system are adequate for the analysis. System suitability tests were carried out on freshly prepared standard stock solutions of amlodipine and hydrochlorothiazide.

Linearity, Detection and Quantitation Limits.

Lower limit of detection (LLOD) and Higher limit of detection (HLOD) were defined as a peak with signal noise ratio(S/N) more than 10/1, while lower limit of quantification was further narrowed to have percentage coefficient of variation (CV, %) less than 15%.LLOD and HLOD were defined at 100ng/ml and 10ug/ml respectively. Five sets of validation samples at concentrations of 100 ng/ml, 200ng/ml, 500ng/ml, 1 ug/ml, 2 ug/ml, 4 ug/ml, 8 ug/ml and 10 ug/ml were used to draw calibration curve. The calibration curve drawn for amlodipine in rat plasma was linear over the concentration range 100ng/ml to 10ug/ml, giving a mean linear regression equation for the calibration curve of *y = 1.3881x + 0.00081*, and the correlation coefficient (r^2) for amlodipine was 0.999 (**Figure 3**).

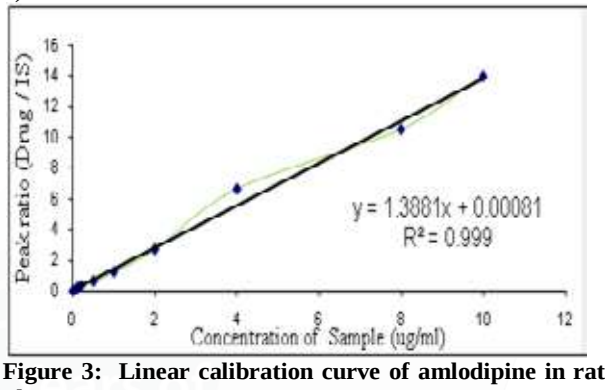

Figure 3: Linear calibration curve of amlodipine in rat plasma

Accuracy, Precision and Specificity

The interday precisions were expressed as CV% and were below 15% (maximum, 14.242% and minimum, 11.77 % for an LLOD sample), and the accuracy was between 85.42 and 104.79%, which complies with the FDA regulations [12]. The extraction procedure showed good sensitivity, specificity, precision, accuracy, recovery, and linearity, and hence the method was successfully implemented for the analysis of blood samples (**Table 1**). Similarly, the intraday precisions were also expressed as CV% and were below 15% (maximum, 12.35% and minimum, 9.66 % for an LLOD sample), and the accuracy was between 85.45 and 112.87 %, which complies with the FDA regulations. The recovery percentages of QC samples were between 101% and 119%. (**Table 2**).

Table 1: Interday validation of the HPLC method for measuring amlodipine in rat plasma.

Parameters	Obtained Results (Amlodipine)
Lower limit of detection (ng/ml)	100 ng/ml
Calibration range (ng/ml)	100ng/ml -10ug/ml
Calibration equation	y = 1.3881x + 0.0008
Coefficient if regression(r^2)	0.999
Interday Precision (CV %,n=5) [a]	
100 ng/ml	11.77
200 ng/ml	11.022
500 ng/ml	11.65
1ug/ml	11.42

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2ug/ml	14.63
4ug/ml	12.011
8ug/ml	13.846
10ug/ml	14.242
Interday Accuracy (%,n=5) [b]	
100 ng/ml	101.94
200 ng/ml	104.79
500 ng/ml	103.46
1ug/ml	101.95
2ug/ml	82.75
4ug/ml	92.12
8ug/ml	97.45
10ug/ml	85.42

[a] *%CV=Standard deviation of concentrations determined x 100/ Mean concentration determined*
[b] *Accuracy = Mean concentration determined x100/Concentration expected,*

Table 2: Intraday validation of the HPLC method for measuring amlodipine in rat plasma.

Parameters	Obtained Results (Amlodipine)
Lower limit of detection (ng/ml)	100 ng/ml
Calibration range (ng/ml)	100ng/ml -10ug/ml
Intarday Precision (CV %,n=5) [a]	
100 ng/ml	9.66
200 ng/ml	11.45
500 ng/ml	11.85
1ug/ml	10.74
2ug/ml	12.35
4ug/ml	11.77
8ug/ml	12.14
10ug/ml	12.45
Intarday Accuracy (%,n=5) [b]	
100 ng/ml	85.45
200 ng/ml	97.79
500 ng/ml	110.85
1ug/ml	101.95
2ug/ml	105.96
4ug/ml	98.63
8ug/ml	95.87
10ug/ml	112.87
QC Recovery	
100ng/ml	Accuracy 119 % (CV=11.55%)
4ug/ml	Accuracy 117 % (CV=12.17%)
10ug/ml	Accuracy 101 % (CV=10.27%)

[a] *%CV=Standard deviation of concentrations determined x 100/ Mean concentration determined*
[b] *Accuracy=Mean concentration determined x100/Concentration expected,*
The intra-and inter-day precisions expressed as coefficient of variations percent (% CV) should not exceed 15% at any concentration level, with the exception of LLOD, QC samples, where should not exceed ±20% (Bioanalytical Method Validation, FDA guidelines, May 2001).

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Chromatographic conditions, especially the composition of the mobile phase, were optimized to achieve good resolution and symmetrical peak shapes for amlodipine and the IS, acceptable retention factors ($k' \geq 2$), and a short run time. This objective was obtained using mobile phase consisting of acetonitrile-phosphate buffer (0.05 M) in the proportion of (40/60, v/v). The elution orders were hydrochlorothiazide (tR 3.025 min) and amlodipine (tR 5.019 min) at a flow rate of 1.0 ml/min. System suitability tests showed that the column efficiency, selectivity factor (resolution) and reproducibility of the chromatographic system are adequate for the analysis.

No peaks corresponding to amlodipine or the IS were observed in blank rat plasma using the HPLC-UVconditions described in **Figure 4**.The HPLC-UV chromatogram of Blank + IS was shown in **Figure 5**.

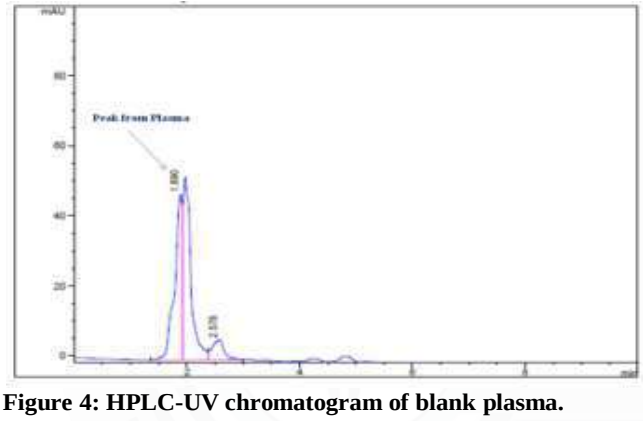

Figure 4: HPLC-UV chromatogram of blank plasma.

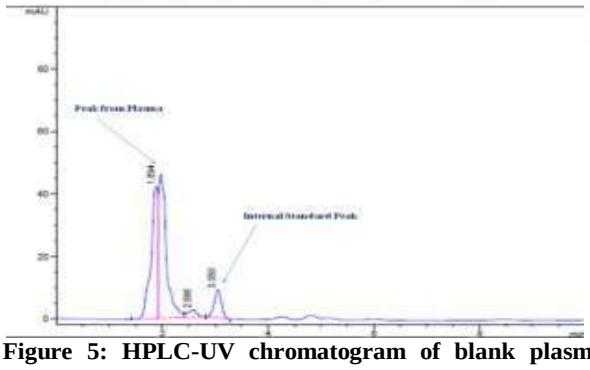

Figure 5: HPLC-UV chromatogram of blank plasma spiked with IS.

The HPLC-UV chromatogram of blood sample at 90 minutes oral study are shown in **Figure 6.**

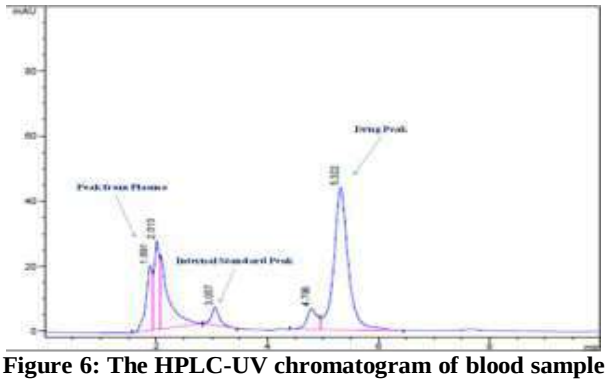

Figure 6: The HPLC-UV chromatogram of blood sample at 90 minutes oral study.

Non-Compartmental pharmacokinetics of Amlodipine

The concentration–time profile of amlodipine following its oral and intravenous administration is shown in **Figure 7** and **Figure 8**. Table 3 summarizes the PK parameters of amlodipine after intravenous and oral administration, respectively.

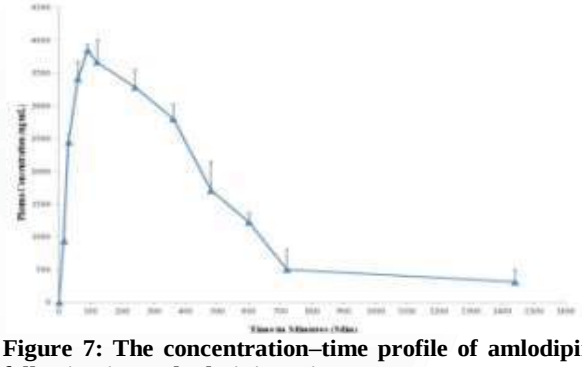

Figure 7: The concentration–time profile of amlodipine following its oral administration.

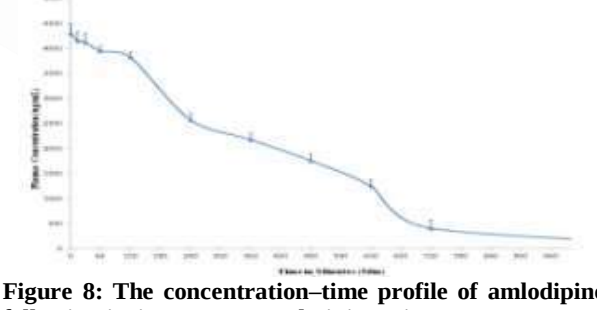

Figure 8: The concentration–time profile of amlodipine following its intervaneous administration.

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Table 3: Non-compartmental pharmacokinetics of Amlodipine (5mg/kg) in plasma samples

Parameters	Mean±SD
Oral Administration	
AUCinf(µg.min/ml)	5315.59±308.77
Tmax(min)	90 ±14.27
Cmax (µg/ml)	3849±3.08
T1/2(min)	404.22±22.00
CL(ml/min/kg)	6.97±0.14
Intravenous Administration	
AUCinf(µg.min/ml)	6762.73±123.91
Cmax(µg/ml)	4299.33±11.62
T1/2(min)	133.41±65.92
Vss(ml/kg)	1523.88±308.24
CL(ml/min/kg)	10.83±3.32
Bioavailability	**78.60 ± 21.23%**

Abbreviations;
AUC, area under curve; Tmax, time to reach maximum concentration; Cmax, maximum concentration; T1/2, terminal half life; Vss, distribution volume in the steady state; CL, total clearance.

Areas under curve (AUCinf) values were 5315.59 ± 308.77 and 6762.73 ± 123.91 for oral and intravenous administration, respectively. Amlodipine had a short terminal half-life (404.22 ± 22.00 and 133.41 ± 65.92 minutes in the oral and intravenous studies, respectively) with relatively high distribution volumes during the steady and terminal phases, and with low plasma clearance. This indicates that the absorption of amlodipine is not a limiting factor for plasma clearance and extent of distribution. Volume of distribution (V) is the parameter used to assess the amount of drug in the body from the measurement of a snapshot plasma concentration. The main clinical application of V is to compute a loading dose (e.g. the first dose of a multiple dosage regimen) in order to immediately reach the target therapeutic plasma concentration. Frequently, and often incorrectly, the numerical value of a V is advocated to support claims on the extent of drug distribution. It should be stressed that V was not primarily designed to evaluate drug distribution in the different physiological spaces, and that a V can be much higher than the total body water space . Nevertheless, a physiological interpretation of V is possible but this requires having recourse to models involving drug binding to plasma and tissues [6,9,13].High volume of distribution with relatively short terminal half life indicated that one daily dose of amlodipine is enough to cover 24 hours blood pressure. Similarly, in the oral study, peak concentration was observed at about 90 ± 14.27 minutes after dosing, indicating that amlodipine absorbed rapidly and that its absorption was independent of visit's gastric solubility and pH. Maximum concentration (Cmax) and total clearance (CL) values following oral administration were 3849 ± 3.08 and 6.97 ± 0.14 respectively, and in the intravenous study, these were 4299.33 ± 11.15 and 10.83 ± 3.32, respectively. The availability ratio of amlodipine through the intravenous route was higher than that through the oral route, indicating that first pass metabolism and hepatic blood flow are important factor of drug elimination of amlodipine. Clinically, it has been reported that first-pass metabolism is important when the fraction of the dose administered that escapes metabolism is small and variable. The liver is usually assumed to be the major site of first-pass metabolism of a drug administered orally, but other potential sites are the gastrointestinal tract, blood, vascular endothelium, lungs, and the arm from which venous samples are taken [14,15]. Although we did not study hepatic blood flow during the present study, it has previously been reported that restraint and water immersion stress caused a marked decrease in hepatic blood flow in mice, which most influences the plasma clearances of highly absorbable drugs [16, 17]. Bioavailability was estimated to be 78.60 ± 21.33% based on the AUCinf ratios of oral and intravenous administration.

Conclusion

In conclusion, amlodipine absorbed rapidly and that its absorption was independent of visit's gastric solubility and pH. The availability ratio of amlodipine through the intravenous route was higher than that through the oral route, indicating that first pass metabolism and hepatic blood flow are important factor of drug elimination of amlodipine. Bioavailability was estimated to be 78.60 ± 21.33% based on the AUCinf ratios of oral and intravenous administration.

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References

1. K. Anandakumar and M. Jayamariappan, "Absorption Correction Method For The Simultaeous Estimation of Amlodipine Besylate,Valsartan and Hydrochlorothiazide in Bulk and in Combined Tablet Dosage Form," International *Journal of Pharmacy and Pharmaceutical Sciences*, **2011**:3; 23-27.
2. K. S. Lakshmi, and S. Lakshmi, "Simultaneous Spectro-photometric Determination of Valsartan and Hydro-chlorothiazide by H-Point Standard

Int. Res J Pharm. App Sci., 2013; 3(5):120-126 ISSN: 2277-4149

Addition Method and Partial Least Squares Regression," *Acta Pharmaceutica*, **2011**;61; 37-50.
3. M. Stolarczyk, A. Maslanka, J. Krzek and J. Milczarek, "Application of Derivative Spectrophotometry for Deter-mination of Enalapril, Hydrochlorothiazide and Walsartan in Complex Pharmaceutical Preparations," *Acta Poloniae Pharmaceutica*, **2008**:65; 275-281.
4. K. R. Gupta, A. D. Mahapatra, A. R. Wadodkar and S. G. Wadodkar, "Simultaneous UV Spectrophotometric De-termination of Valsartan and Amlodipine in Tablet," *International Journal of ChemTech Research*, **2010**;3:551-556.
5. S. Tatar and S. Saglik, "Comparison of UV- and Second Derivative-Spectrophotometric and LC Methods for the Determination of Valsartan in Pharmaceutical Formula-tion," *Journal of Pharmaceutical and Biomedical Analysis*, **2002**;30:371-375.
6. Satana, S. Altinay, N. G. Goger, S. A. Ozkan and Z. Senturk, "Simultaneous Determination of Valsartan and Hydrochlorothiazide in Tablets by First-Derivative Ultra-violet Spectrophotometry and LC," *Journal of Pharmaceutical and Biomedical Analysis*, **2001**;30:1009-1013.
7. R. Shaalan and T. S. Belal, "Simultaneous Spectro-fluorimetric Determination of Amlodipine Besylate and Valsartan in Their Combined Tablets," *Drug Testing and Analysis*, **2010**;21: 489-493.
8. S. B. Wankhede, K. C. Raka, S. B. Wadkar and S. S. Chitlange, "Spectrophotometric and HPLC Methods for Simultaneous Estimation of Amlodipine Besilate, Losar-tan Potassium and Hydrochlorothiazide in Tablets*," Indian Journal of Pharmaceutical Sciences*, **2010**;72:136-140.
9. D. Kul, B. Dogan-Topal, T. Kutucu, B. Uslu and S. A. Ozkan, "High-Performance Liquid Chromatographic and First Derivative of the Ratio Spectrophotometric Deter-mination of Amlodipine and Valsartan in Their Binary Mixtures," *Journal of AOAC International*, **2010**;93:882-890.
10. X. Wei, G. Yang, L. Qi and Y. Chen, "Determination of Nicardipine and Amlodipine in Human Plasma Using On-Line Solid-Phase Extraction with a Monolithic Weak Cation-Exchange Column," *Talanta*, **2009**;72: 1197-1202.
11. V. Ramani, P. Sengupta and R. Mullangi, "Develop-ment and Validation of a Highly Sensitive and Robust LC-ESI-MS/MS Method for Simultaneous Quantitation of Simvastatin Acid, Amlodipine and Valsartan in Human Plasma: Application to a Clinical Pharmacokinetic Study," *Biomed Chromatogr*, **2009**;23: 615-622.
12. Guidance for Industry: Bioanalytical Method validation, US Department of Health and Human services, Food and drug Administration, Center for Drug Evaluation and research, Rockville, MD. **2001**.
13. Jamali F, Kunz-Dober C. Pain-mediated altered absorption and metabolism of ibuprofen: An explanation for decreased serum enantiomer concentration after dental surgery. *Br J Clin Pharmacol* **1999**; 47:391-6.
14. Lee C, Sarna SK. Central regulation of gastric empt ying of solid nutrients meals by corticotrophin relea sing factor. *Neurogasteroenterol Motil* **1997**;9:221-9.
15. Zhu Y, Kissinger BC, Kissinger TP, Bromet N. Ho w a rodent is dosed and sampled is equally importa nt to how samples are analyzed: An automated Dos ing, Sampling and LC/MS/MS with Ion Traps and Triple Quads. *Curr Sep* **2005**:21.
16. Stewart BH, Kugler AR, Thompson PR, Block-Bra der HN. A saturable transport mechanism in intesti nal absorption of gabapentin is the underlying caus e of the lack of proportionality between increasing dose and drug levels in plasma. *Pharm Res* **1993**;10 :276-82.
17. Jemal M, Ouyang Z, Xia YQ. Systematic LC-MS/ MS bioanalytical method development that incorpo rates plasma phospholipids risk avoidance, usage of incurred sample and well thought-out chromatogra phy. *Biomed Chromatogr* **2010**;24:2-19.

Impact of Covid 19 in the factory

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Deputy General Manager- Factory Operations

Globally, the pharmaceutical sector is one of the largest and most profitable sectors, requiring high-quality and high-skilled employees. Companies are required to meet national health standards and global technological developments; likewise, their workforce must do the same. Pharmaceutical companies have taken centre stage during the Covid-19 pandemic; showing a positive increase on the sales and a burst in profit where other industries have experienced loss.

TIME Pharmaceuticals (P) Ltd., A WHO-GMP certified company established in 2054 B.S. (1997 A.D.) is a technology based Pharmaceutical Company with 25 years of experience in manufacturing and marketing of Pharmaceutical products in Nepalese Market

During the Covid 19 pandemic, keeping in mind the chances and seriousness of virus spread; TIME Pharmaceuticals had to take precautions to avoid transmission & spread during travel in buses, entry & exit procedures, change rooms, avoid hand touch to doors, handles etc. at office work places & throughout the manufacturing operations at site. Though the first lockdown was a bit hectic and more terrifying, the plant was shut for six consecutive days in order to stop spreading and transmission as a case was detected Corona positive.

As per WHO, key major steps taken to protect against the infection are:

1. Compulsory temperature check at the factory entry gate.
2. Hand sanitizer at entrance and during entering each and every department.
3. Compulsory wearing face shield and mask in all the areas inside the factory premises.
4. We divided our working time in three shifts with separate in and out and lunch and tea break time so that limited people are on breaks at one time.
5. Covid Health insurance of Rs.1,00,000 (for total staff).
6. Staff bus to carry staff from Narayangarh to factory was done in two shifts in order to minimize the rush in the staff bus.
7. The staff was clearly told to inform the factory administration if any symptoms of covid were seen in any of their family member. They were informed to remain in the quarantine and pursue the swab test and not to attend the duty till corona negative report is achieved.

With all the measures strictly followed, we were success in running the factory operation in two shifts without hindering the productivity. Few cases were detected during this course of time, but following the safety measures as per the WHO and national guidelines and taking the confidence within the factory family to overcome all the hazards, we could build an environment to adapt new normal work procedure. ●

TIME Pharmaceuticals

Marketing Activities

25th Anniversary Celebration

World Environment Day Program at Shree Chandi School, Chakupat, Lalitpur

Participation at Free Health Camp at Sindupalchowk with 'Youth for Nation'

25th Anniversary Celebration

Celebrating SMS Contest

Marketing & Liaison Office Picnic 2019

TIME Pharmaceuticals

Marketing Activities

NESOG 2022

Motivational Training KFA

Motivational Training KFA

Official Tour to Delhi 2015

Official Tour to Puri 2016

Official Tour to Puri 2016

TIME Pharmaceuticals

Glimpse

Participation of TUTH Dr. in "Salif-Rebepra" Khel

Dr. Ram Kumar Shrestha with Time Pharma Banner at Mt. Everest

Refreshment during Annual Sales closing 2075-76

Serving to earthquake victim

Serving to earthquake victim

Serving to earthquake victim

TIME Pharmaceuticals

Marketing Activities

Support of TIME Pharma in Orphanage house in Lalitpur 2072-02-09

Support of TIME Pharma in Orphanage house in Lalitpur 2072-02-09

Support to earthquake victims

World Environment Day 5th June 2019

World Environment Day 5th June 2019

Galaxy launching at PANCON

TIME Pharmaceuticals

Factory Activities

23rd Anniversary celebration at factory

23rd Anniversary celebration at factory

23rd Anniversary celebration at HO

Annual health check up at factory

Annual health check up at Time

Biswokarma puja at factory

TIME Pharmaceuticals

Factory Activities

Department Head Meeting at Head Office

Picnic at Shivaghat 2016

Puja at factory 25th Anniversary

Training to officers at factory

Welcoming newly appointed MD Sir at factory

Exam of staff for promotion

TIME Pharmaceuticals

Factory Activities

Farewell to Retired Staff at Factory

Farewell Programme at Factory

Felicitation of Chairman sir as APPON President

Fire Extinguisher Training at Factory

GMP Training program at factory

Handover of cheque Rs. 100,000 Covid insurance

TIME Pharmaceuticals

Factory Activities

Handover of cheque Rs. 100,000 covid insurance

HOD Meeting Feb. 2021

Pharma Expo 2022

Felicitation of 15 years service staff

Pharma Expo 2022

Fire extinguisher training at factory

TIME Pharmaceutical (P.) Ltd.

Gaindakot-10, Nawalparasi, Nepal

Products included in National List of Essential Medicines, Nepal

S.No	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Qty	
1.	ASMAREX	Salbutamol Sulphate Syrup	Each 5 ml contains: Salbutamol Sulphate IP eq. to Salbutamol	2 mg	Beta Adrenoceptor Agonist
2.	ASMAREX-4	Salbutamol Sulphate Tablets	Each uncoated tablet contains: Salbutamol Sulphate eq. to Salbutamol IP	4 mg	Beta Adrenoreceptor Agonist
3.	AZT-500	Azithromycin Tablets IP	Each film coated tablet contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	500 mg	Macrolide Antibiotic
4.	AZT-250	Azithromycin Tablets IP	Each film coated tablet contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	250 mg	Macrolide Antibiotic
5.	AZT-200	Azithromycin Oral Suspension IP	Each 5 ml contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	200 mg	Macrolide Antibiotic
6.	CIFROX-500	Ciprofloxacin Tablets IP	Each film coated tablet contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	500 mg	Quinolone Antibiotic
7.	CIFROX-250	Ciprofloxacin Tablets IP	Each film coated tablet contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	250 mg	Quinolone Antibiotic
8.	CIFROX Eye/Ear Drops	Ciprofloxacin Eye Drops IP	Each ml contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	0.3%w/v	Quinolone Antibiotic
9.	CLARITH-500	Clarithromycin Tablet USP	Each film coated tablet contains: Clarithromycin USP	500 mg	Macrolide Antibiotic
10	CLOTIME Cream	Clotrimazole Cream IP	Composition: Clotrimazole IP	1% w/w	Anti-fungal
11	COTRIMAX-DS	Cotrimoxazole Double Strength Tablets	Each uncoated tablet contains: Trimethoprim IP Sulphomethoxazole IP	160 mg 800 mg	Anti-bacterial
12	COTRIMAX	Cotrimoxazole Tablets	Each uncoated tablet contains: Trimethoprim IP Sulphomethoxazole IP	80 mg 400 mg	Anti-bacterial
13	COTRIMAX Suspension	Cotrimoxazole for oral Suspension	Each 5 ml contains: Sulphamethoxazole IP Trimethoprim IP	200 mg 40 mg	Anti-bacterial
14	CZEPIN-100	Carbamazepine Tablets	Each uncoated tablet contains: Carbamazepine IP	100 mg	Anti-Epileptic
15	CZEPIN-200	Carbamazepine Tablets	Each uncoated tablet contains: Carbamazepine IP	200 mg	Anti-Epileptic
16	E-PRIL 2.5	Enalapril Maleate Tablets	Each uncoated tablet contains: Enalapril Maleate IP	2.5 mg	Anti-hypertensive
17	E-PRIL 5	Enalapril Maleate Tablets	Each uncoated tablet contains: Enalapril Maleate IP	5 mg	Anti-hypertensive
18	FLAM 200	Ibuprofen Tablets	Each film coated tablet contains: Ibuprofen BP	200 mg	NSAID
19	FLAM 400	Ibuprofen Tablets	Each film coated tablet contains: Ibuprofen BP	400 mg	NSAID
20	FOLVIN	Folic Acid Tablets IP	Each uncoated tablet contains: Folic Acid BP	5 mg	Vitamin- B

TIME Pharmaceutical (P.) Ltd.

Gaindakot-10, Nawalparasi, Nepal

Products included in National List of Essential Medicines, Nepal

S.No	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Qty	
21	FIXCEF-200 DT	Cefixime Dispersible Tablets IP	Each uncoated dispersible tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	200 mg	Cephalosporin Antibiotic
22	FIXCEF - 200	Cefixime Tablets USP	Each film coated tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	200 mg	Cephalosporin Antibiotics
23	FIXCEF - 400	Cefixime Tablets USP	Each film coated tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	400 mg	Cephalosporin Antibiotics
24	FIXCEF-100 Dry Syrup (30 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	100 mg	Cephalosporin Antibiotic
25	FIXCEF-100 Dry Syrup (60 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	100 mg	Cephalosporin Antibiotic
26	FAZOLE	Fluconazole Capsules IP	Each capsule contains: Fluconazole IP	150 mg	Anti-fungal Agent
27	HALODOL- 5	Haloperidol Tablets BP	Each uncoated tablet contains: Haloperidol BP	5 mg	Anti-psychotic
28	HIMOX 250	Amoxicillin Capsules BP	Each capsule contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	250 mg	Penicillin Antibiotic
29	HIMOX 500	Amoxicillin Capsules BP	Each capsule contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	500 mg	Penicillin Antibiotic
30	HIMOX Dry Syrup (60 ml)	Amoxicillin for oral Suspension BP	Each 5 ml of the reconstituted Suspension contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	125 mg	Penicillin Antibiotic
31	HIMOX Dry Syrup (100ml)	Amoxicillin for oral Suspension BP	Each 5 ml of the reconstituted Suspension contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	125 mg	Antibiotic
32	HYPERNOL-20	Propranolol Tablets IP	Each uncoated tablet contains: Propranolol Hydrochloride IP	20 mg	Anti-hypertensive
33	HYPERNOL-40	Propranolol Tablets IP	Each uncoated tablet contains: Propranolol Hydrochloride IP	40 mg	Anti-hypertensive
34	HYSIS 12.5 Tablet	Hydrochlorothiazide Tablets	Each uncoated tablet contains: Hydrochlorothiazide IP	12.5 mg	Diuretic
35	HYSIS 25 Tablet	Hydrochlorothiazide Tablets	Each uncoated tablet contains: Hydrochlorothiazide IP	25 mg	Diuretic
36	I-CARE 0.5 %	Timolol Maleate Opthalmic Solution	Each ml contains : Timolol Maleate IP eq. to Timolol	0.5% w/v	Beta-blocker
37	ITRATIME	Itraconazole Capsules BP	Each capsule contains: Itraconazole Pellets eq. to Itraconazole	100 mg	Anti-fungal
38	LIPLOW - 10	Atorvastatin Tablets IP	Each film coated tablet contains: Atorvastatin Calcium IP eq. to Atorvastatin	10 mg	HMG-Reductase Inhibitor
39	LIPLOW - 20	Atorvastatin Tablets IP	Each film coated tablet contains: Atorvastatin Calcium IP eq. to		HMG-Reductase Inhibitor

TIME Pharmaceutical (P.) Ltd.

Gaindakot-10, Nawalparasi, Nepal

Products included in National List of Essential Medicines, Nepal

S.No	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Qty	
			Atorvastatin	20 mg	
40	LIZOLID - 600	Linezolid Tablets IP	Each film coated tablet contains: Linezolid IP	600 mg	Synthetic Antibiotic
41	L-FROX - 500	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	500 mg	Quinolone Antibiotic
42	L-FROX-750	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	750 mg	Quinolone Antibiotic
43	L-FROX-250	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	250 mg	Quinolone Antibiotic
44	LODIP - L	Losartan Potassium and Amlodipine Tablets IP	Each film coated tablet contains : Losartan potassium IP Amlodipine Besilate IP eq to Amlodipine	50 mg 5 mg	Cardial (Antihypertensive)
45	LODIP - LH	Losartan Potassium and Amlodipine Tablets IP	Each film coated tablet contains : Losartan Potassium IP Amlodipine Besilate IP eq to Amlodipine	25 mg 5mg	Antihypertensive
46	LODIP - 2.5	Amlodipine Tablets IP	Each film coated tablet contains : Amlodipine Besilate IP eq to Amlodipine	2.5 mg	Cardial (Antihypertensive)
47	LODIP - 5	Amlodipine Tablets IP	Each film coated tablet contains : Amlodipine Besilate IP eq to Amlodipine	5 mg	Cardial (Antihypertensive)
48	LEXIN-250	Cephalexin Capsules USP	Each capsule contains: Cephalexin USP eq. to Anhydrous Cephalexin	250 mg	Cephalosporin Antibiotic
49	LEXIN Dry Syrup	Cephalexin for oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cephalexin USP eq. to Anhydrous Cephalexin	125 mg	Cephalosporin Antibiotic
50	MET-400	Metronidazole Tablet USP	Each film coated tablet contains : Metronidazole BP	400 mg	Anti-amoebic
51	MET-200	Metronidazole Tablets USP	Each film coated tablet contains: Metronidazole BP	200 mg	Anti-amoebic
52	MET SUSPENSION (50 ml)	Metronidazole Oral Suspension BP	Each 5 ml contains: Metronidazole Benzoate BP eq. to Metronidazole	200 mg	Anti-amoebic
53	MET SUSPENSION (60 ml)	Metronidazole Oral Suspension BP	Each 5ml contains: Metronidazole Benzoate BP eq. to Metronidazole	200 mg	Anti-amoebic
54	MET 100 SUSPENSION	Metronidazole Oral Suspension	Each 5 ml contains: Metronidazole Benzoate BP eq. to Metronidazole	100 mg	Anti-amoebic
55	NAUSINORM	Metoclopramide Hydrochloride Tablets IP	Each uncoated tablet contains: Metoclopramide Hydrochloride BP eq. to Anhydrous Metoclopramide Hydrochloride	10 mg	Anti-emetic
56	NOLAR Suspension	Fexofenadine Hydrochloride Suspension	Each 5ml contains: Fexofenadine Hydrochloride BP	30 mg	Anti-histamine
57	OFROX Eye/Ear Drops	Ofloxacin Opthalmic Solution USP	Each ml contain: Ofloxacin USP	0.3% w/v	Quinolone Antibiotic

TIME Pharmaceutical (P.) Ltd.

Gaindakot-10, Nawalparasi, Nepal

Products included in National List of Essential Medicines, Nepal

S.No	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Qty	
58	OBICHEK 1000 SR Tablet	Metformin Hydrochloride Sustained Release Tablets IP	Each uncoated sustained release tablet contains: Metformin Hydrochloride IP	1000 mg	Hypoglycemic
59	OBICHEK-850	Metformin Hydrochloride Tablets IP	Each uncoated tablet contains: Metformin Hydrochloride IP	850 mg	Hypoglycemic
60	OBICHEK-500	Metformin Hydrochloride Tablets IP	Each uncoated tablet contains: Metformin Hydrochloride IP	500 mg	Hypoglycemic
61	OZAPINE 2.5	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	2.5 mg	Antipsychotic
62	OZAPINE 5	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	5 mg	Antipsychotic
63	OZAPINE 10	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	10 mg	Antipsychotic
64	ROCIN (5 gm)	Mupirocin Ointment USP	Composition: Mupirocin USP	2% w/w	Antibiotic
65	ROCIN (10 gm)	Mupirocin Ointment USP	Composition: Mupirocin USP	2% w/w	Antibiotic
66	SART-25	Losartan Potassium Tablets IP	Each film coated tablet contains: Losartan Potassium IP	25 mg	Angiotensin II receptor antagonist
67	SART-50	Losartan Potassium Tablets IP	Each film coated tablet contains: Losartan Potassium IP	50 mg	Angiotensin II receptor antagonist
68	SEMID	Frusemide Tablets IP	Each uncoated tablet contains: Frusemide IP	40 mg	Diuretic
69	SULFAZ	Sulfasalazine Delayed Release Tablets USP	Each enteric coated tablet contains: Sulfasalazine USP	500 mg	Anti-inflammatory
70	T-DOX	Doxycycline Hyclate Capsules USP	Each capsule contains: Doxycycline Hyclate IP Eq. to Doxycycline	100 mg	Tetracycline Antibiotic
71	TICLOX-250	Cloxacillin Capsules IP	Each capsule contains: Cloxacillin Sodium BP eq. to Cloxacillin	250 mg	Penicillin Antibiotic
72	TICLOX-500	Cloxacillin Capsules IP	Each capsule contains: Cloxacillin Sodium BP eq. to Cloxacillin	500 mg	Penicillin Antibiotic
73	TIMOL	Paracetamol Tablets BP	Each uncoated tablet contains: Paracetamol IP	500 mg	NSAID
74	TIMOL SYRUP	Paracetamol Paediatric Syrup IP	Each 5 ml contains: Paracetamol IP	125 mg	NSAID
75	TRANCAP 500	Tranexamic Acid Capsules JP	Each capsule contains: Tranexamic Acid BP	500 mg	Antifibrinolytic, Haemostatic
76	T-ZOLINE A (5ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.05% w/v	Nasal Decongestant
77	T-ZOLINE A (10 ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.05% w/v	Nasal Decongestant
78	T-ZOLINE P (10 ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.025% w/v	Nasal Decongestant
79	ULSEF-20	Omeprazole Capsules	Each capsule contains: Omeprazole BP (As enteric coated pellets)	20 mg	Proton pump inhibitor

TIME Pharmaceutical (P.) Ltd.

Gaindakot-10, Nawalparasi, Nepal

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S.No	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Qty	
80	VOMISET-4	Ondansetron Tablets USP	Each film coated tablet contains: Ondansetron Hydrochloride USP eq. to Ondansetron	4 mg	Anti-emetics
81	WORMSTAT	Albendazole Tablets IP	Each uncoated tablet contains: Albendazole IP	400 mg	Anthelmintics
82	WORMSTAT SUSPENSION	Albendazole Oral Suspension IP	10 ml contains: Albendazole IP	400 mg	Anthelmintics
83	XECTIN-20	Fluoxetine Capsules USP	Each capsule contains: Fluoxetine Hydrochloride USP eq. to Fluoxetine	20 mg	Antidepressent

"He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all."

- William Osler

Consistency Leads To Permanency

✍ **Manoj Mahato**
RSM, COSMO Division

What does consistency mean to us? Consistency is defined as developing discipline in a chosen field, in support of a favorable outcome. Those who uphold discipline are rewarded with success since they harness enduring focus via concerted effort. It is surprising how many people discount the power of consistent effort towards their goals. Consistency creates powerful neural networks in the brain known as grooves. These grooved neural networks help form strong connections within the brain's synaptic connections, thus enhancing our concentration on a task or goal.

The time we live in today are nothing like they were 20 years ago. Our society and our capabilities are constantly evolving; long distance communications are no longer considered; we can simply dial a number to speak with anyone around the world. Everything is evolving day by day. We all are running with the time frame to change our status. For instance, the workplace was historically the office or our place of choice because of the pandemic, the norm has changed. Companies large or small are constantly trying to adapt digitalization. Many of us including myself and many of my colleagues had to adapt, overcome and achieve the goal. However, the year as a whole had shown us that nothing is constant. We are slowly making progress to overcome the pandemic situation. Without thinking day or night, each warrior worked to solve the problem at hand. We didn't have any cure or preventive medicine for Covid, so we tried and tried, but no one had a solution. However, the warriors did not lose their hope. Lastly, we got the vaccine and everything started getting better. This shows that there is a solution for everything, but only if the intention is positive.

Thomas Edison developed the lightbulb, making it easier to see in the dark. Without light, we can't imagine anything. But no one knows the history of the invention, how it was invented. He tried ten thousand formulas but never thought of failure. When the journalist asked Thomas Edison if he had failed ten thousand times in invention, Edison replied, no, I didn't; I used ten thousand formulas to create it. In this way, we got the lightbulb permanently. **With consistent effort, our brain builds the right neural connections due to prolonged application**. Focusing attention on our goals allows the brain to lock on to the target. Consistency is perceived as the ability to sustain continuous effort despite external forces. Ceaseless determination is paramount in obtaining a favorable outcome in this instance. Consistency builds character and sharpens the mind. Consistent people are triumphant, with an unyielding inner drive.

As a final thought, consistency is critical for a task-oriented goal since it allows us to track our results as they develop. Let's turn our attention to the power of persistent effort. Temporary effort can't be permanent but consistent effort can be permanent. Permanent results only come from permanent changes in lifestyle. We cannot get everything well unless we change the way we live permanently. The habits we practice in daily life correlate with success. Before forming habit towards the goal, we are in hurry to leave it. This is the major problem we all are facing. Hence consistency leads to a successful life & continual effort can change our lives for the better.

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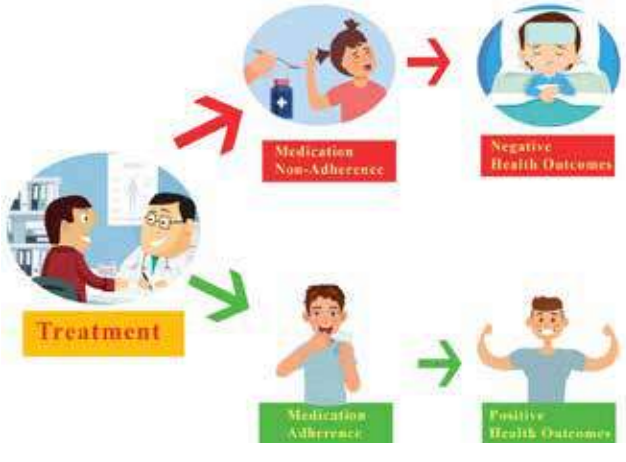
Medication Non-Adherence: A Burning Problem

Dr. Amar PD. Chaudhary
Pharm. D
Product Development Officer

Introduction

Medication adherence is the single most important factor for the success of any therapy. Medication adherence is defined as per WHO is *"the degree to which the person's behavior corresponds with the agreed recommendations from a health care provider."* The missing link between therapy and health outcomes is medication adherence which is illustrated below in the diagram.



Global Scenario

Although, medication adherence is such a crucial factor for positive health outcomes. There is poor medication adherence among patients suffering from chronic diseases. According to WHO survey, in 2003 medication adherence among patients suffering from chronic disease in developed countries have adherence of only about 50% - 60%. Similarly, study conducted in Germany to assess the medication adherence among patients having chronic illness in 2019 found only 59% of patients were adherent to their medications. Thus, there remains a huge gap of medication adherence among patient suffering from chronic illness.

Medication non-adherence have an adverse effect on the health and increases the economic burden of the patient. The meta-analysis done by Caroline A. Walsh et al. has found that there is a significant negative impact of medication non-adherence on the health outcomes of the ageing patients leading to multiple morbidity and mortality. It is also found that, the risk of hospitalization was 17% more in the patients who were non-adherent to their medication. In addition, study conducted in India, found that among the patients who were non adherent to their antihypertensive medications, prescribers increased either their dosage or added new class of drugs or both.

Besides the health impact, medication non-adherence significantly increases the economic burden of the patients. The study conducted in Australia found that **cost of medication non-adherence across three diseases i.e. hypertension, dyslipidemia and depression was $ 10.4 billion equivalent to $517 per adult**. These data suggest that there is huge population of patients who are non-adherent to their medications even in the advanced economy countries.

Causes

The cost of medication non adherence could be higher in South Asian countries like India, Nepal, Bangladesh, Pakistan and SriLanka. One of major causes may be due to low medical knowledge, low income, lack of health insurance, poor counselling. Some other factors which are prevalent globally are: forgetfulness, untimed refill of medications, adverse effects fear, etc.

Innovative Solutions

Therefore, to overcome the problem of medication non-adherence and increase the medication adherence among chronic disease patients, multiple methods are being tried by private companies all around the globe. Like an Indian Startup company **Care Dose**, this company delivers the medication in an adherence pouch and reminds patients to take their medication at proper time through their app. The Government of India also is in talk with this company to improve medication adherence in tuberculosis patients. Likewise, in USA, Hero company is selling smart dispensing device which helps to take patient medication at proper time. The device is also connected with the mobile app which helps patient to remember to take medication through its reminder feature.

One of the cost effective and easy method to improve medication adherence in developing countries can be Short Message Service (SMS) alert and medication refill reminder calls. This method can significantly help to improve medication adherence among patients and improve medication refill rate timely. There are multiple studies which have proven this technique to improve medication adherence of patient significantly.

Conclusion

It is very important for government sector to intervene and try to solve the problem which is impacting negatively to the economy and health of the country. It is also important for pharmacist to deliver an effective medication counselling and make people aware of medication adherence and its importance. These combined efforts can significantly help to reduce cost of non-medication adherence and improve health of patient.

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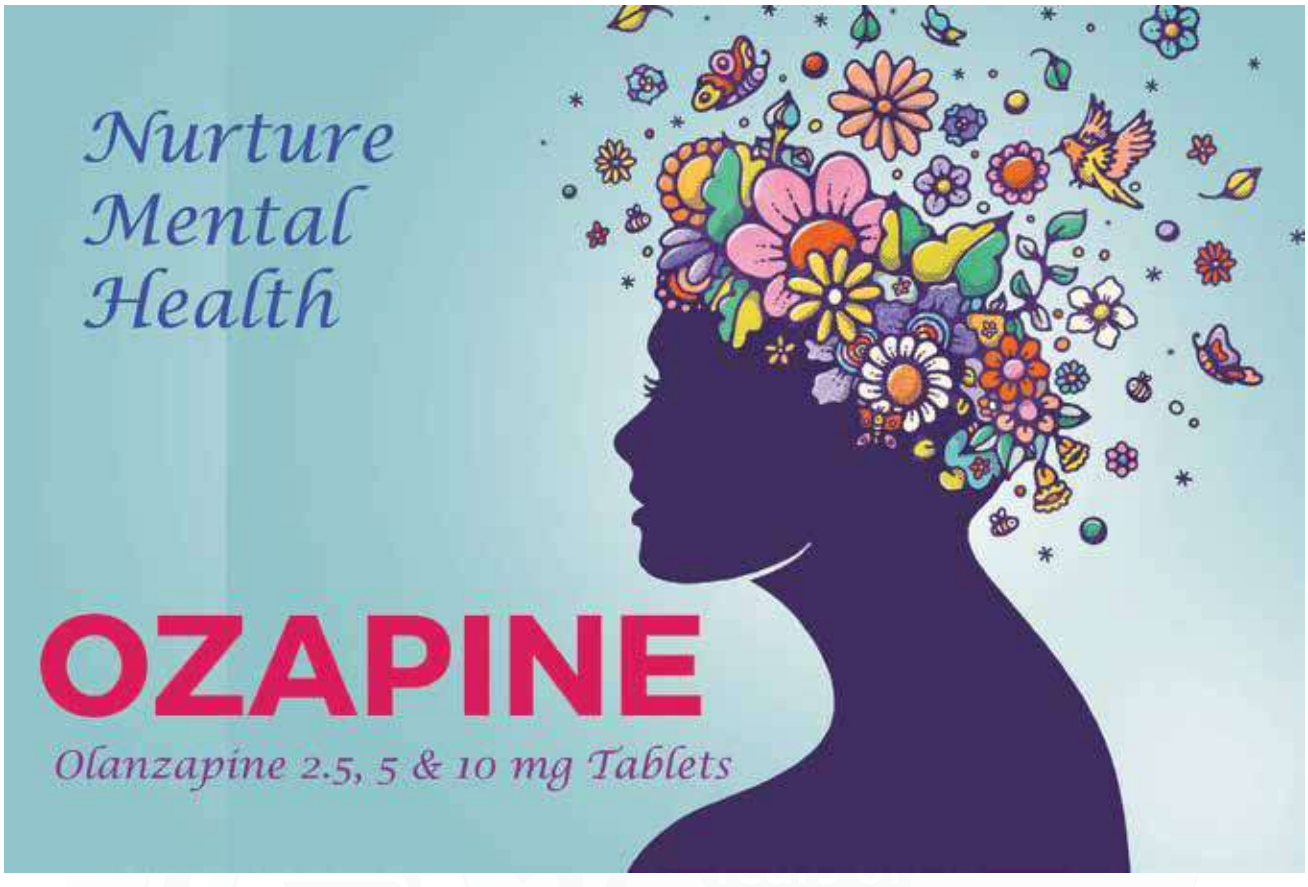
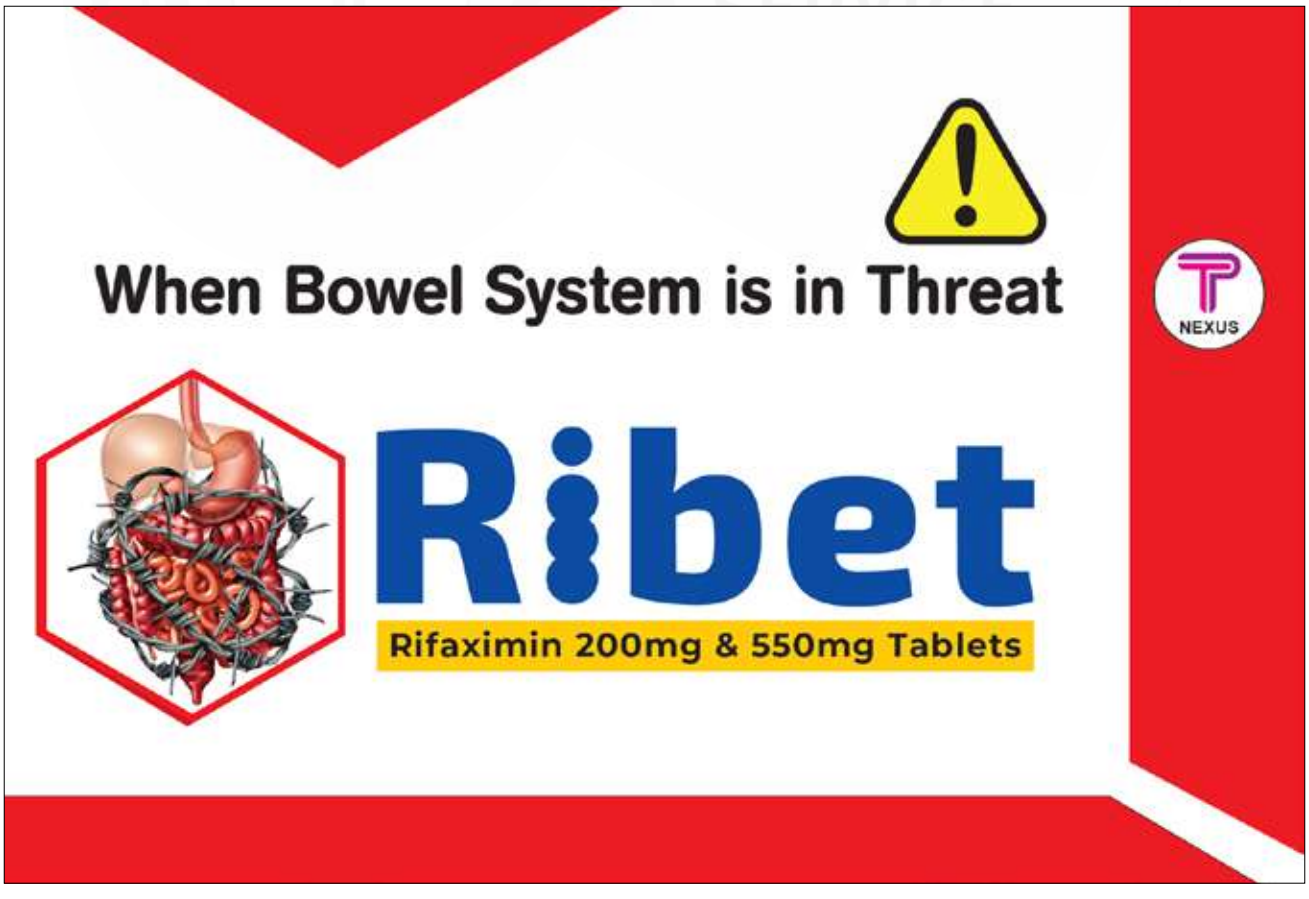

Nurture
Mental
Health
OZAPINE
Olanzapine 2.5, 5 & 10 mg Tablets


When Bowel System is in Threat
NEXUS
Ribet
Rifaximin 200mg & 550mg Tablets

Vipassana- A Life Time Retreat

✍ **Phr. Bikash Kafle**
Sr. Product Development Officer

"Liberation can be gained only by practice, never by mere discussion": SN Goenka.

Suppose you had the opportunity to free yourself of all worldly responsibilities for 10 days, with a quiet, secluded place in which to live, away from disturbances. In this place, the basic requirements of room & food would be provided. In return, you would be expected only to avoid contact with others and to spend all your waking hours with your eyes closed, keeping your mind on a free thing you get via birth which is always available in real time i.e. to observe your breath. Would you accept the offer?

We wonder about who we are, we ask this question: Who really are we? Are we our body or our mind that changes in every moment? The answer is NO. So, the universal question is: who am I truly? Every human being is conditioned to assume that the real world is outside. The way to live life is through the fusion of external reality with internal input i.e. Physical & Mental. But, we would rather explore the far side of the moon or the bottom of the ocean than the hidden depths within ourselves.

But in fact, the universe exists for each of us only when we experience it with body & mind which is always changing here & now. Thus, without investigating the world within, we will never discover the truth - we will only know our beliefs and intellectual conceptions of it. By observing ourselves, we could come to know reality directly and can learn to deal with it in a positive, creative way.

One method of exploring the inner world through meditation. Out of some of the meditation techniques that I have experienced, some of them are: Sadhguru: Isha Kriya, Art of living: Sudarshan Kriya. Recently, added to the list is the toughest technique: Vipassana. The term Vipassana means "to see what really is", an ancient technique of Buddha that has been passed down from generation to generation.

When it comes to my journey into vipassana, I have been eagerly awaiting to try this wonderful technique. Having only 10 days of vacation left from our biggest festival, Dashain, and the scarifying festive mood at home, I marched to Kathmandu's Meditation Center for ten days of complete retreat from the outside world. During the 10 days of the course, I must remain within the course site, not use my mobile phone, do not communicate with others, and keep noble silence. During the allocated time, I will be able to discuss meditation problems with teachers and material issues with management. As I have accepted all these terms & conditions with faith in myself, I am entering completely new territory.

Upon entering the course area, I made my way to the small room, where I would sleep for 10 days. There were bed accessories available for me to use. As soon as I set up my belongings, I headed to the main center. It's day zero, so I can hear the noise of other participants. Afterwards, we were taught how to use utensils and were served 3 meals per day, however, rice was served only once. Moving to

the common huge meditation center, we were practiced to observe our breath during 1 hour and some chants and followed by moving to residence, lights off.

Day 1 began with an early bell at 4AM. I had a feeling that noble silence would prevail here up to Day 10. As I am not a morning person, but I made a commitment to myself, I hurried up, got ready as I was afraid of not getting a bathroom because it was a shared one. I headed to the center. At the center, it was taught that we should concentrate only on our incoming and outgoing breath, a technique often called: "Ana-Pana." This was done the whole day until 9PM. Only the reason to rejoice was during one & half hours breakfast break @6:30AM, two hours lunch break @11AM, a hour tea break @6PM, teacher discourse at evening and regular 5 minutes break between every 1.5 hrs-2 hrs of meditation. During the 10 hours of rest, we all sat and meditated. The same routine was followed every day.

The first day was filled with difficulties and discomforts. It is partly because one is not used to sitting all day long and trying to meditate by paying attention only to one's breathing. It would have been easier to concentrate the mind if one had started repeating a word, a mantra, recalling God's name or imagining a certain shape. As long as we observed breathing as it occurs naturally, without regulating, no words or imagined forms could be added. These were not permitted because the goal is to purify the mind rather than only concentration. As we tried to concentrate, after we were able to take a few breaths, the mind caught up with other worldly things, and again we forgot to pay attention to our breath. The loop continues all day.

Day 2 & Day 3: The loop continues. Despite the fact that I had a week to discover the meditation technique I had come along to practice, nothing seemed to be in the right place. Concentration was distorting and awareness of breath was not working as it should. The mind was so restless, agitated, wild that it creates havoc when it enters a human dwelling place. Yet according to the teaching of teachers with faith, continuity of practice is the key to success.

Day 4: I already knew it was our Dashain Tika day and my mind was definitely homebound. The day I will never forget, and the day I suffered the most. I tried to pass a single minute during meditation trying to concentrate on breath but I ended up concentrating on the side participants' distractions. The technique of Vipassana was introduced on the same day which again synergized my distraction effect. Summarizing all these so-called mental torturers, I made my mind with a decision of quitting the show the next day and escaping to home and perhaps consulting a psychiatrist. With guilt on my face, I expressed my problems to Guruji (lead teacher of 3 teachers on the male side). He consoled me with the effort I had made here upto at least these 4 days, with only 6 remaining for me. He taught me that I didn't have to take on the burden of concentration, just focus on the breath. If that doesn't work, keep trying for at least 10 days. Moreover, I knew quitting would not solve the problem. Then, I decided to spend the remaining 6 days trying. Then I recall my life quote "winners never quit & quitters never win."

Day 5: This day was something special. This day, we explored in-depth with the meditation technique of vipassana. It was like a healing day compared to the previous day, free from concentration burden. Allowing myself to freely practice the Vipassana technique, which is about noticing our own bodily sensations without reacting to them. We were asked to observe our breath and to try to feel body sensations without reacting to them. Initially, we observed respiration within a limited area of the nostrils, but now we have progressed to observe sensations throughout the body.

Sensations are the end product of the reaction between mind & matter (body). Sensations may include pain, joy, pleasure, itching, perspiration etc. All of these sensations are impermanent. They come, persist sometimes, and eventually fade away just like our state of mind. This technique involves becoming aware of these sensations without reacting to them. This is called being in an equanimity state when you become aware of your mind's nature, i.e., cravings and aversions, and don't react to them. The key fact was: Deeper the craving, deeper is the aversion & deeper the aversion, deeper is the affliction.

In the past, we had similar sensations on our body, but we were not aware of them consciously, and we were reactive to them. In meditation, we work on being aware

& not reacting, to fe el whatever sensations we experience at a physical level and to maintain equanimity. Initially, when we sit for meditation we will react to the sensations, but at other times we will remain equanimous, despite significant pain. Such moments are very powerful in changing the habit pattern of the mind. If we work this way, gradually the entire law of nature will become clearer to us. To understand the truth at an experiential level, one must investigate within the framework of the body.

Days 6 and 9: These days were a lot easier with a mental count of the remaining days of the course. Same schedule and same vipassana technique followed with a more sharpened approach. An evening discussion with Guruji about the meditation process and some philosophical concepts about who we are if we are to observe sensations in the body & mind. The answer remains hidden. There is one thing to remember: we are not our ever-changing bodies and minds. Through this concept, attachments such as me & mine can be devalued as they are completely different. Then what is real? One thing we feel is real: our breath, which we do consciously every day. The rest are memories of the past or anticipations of the future.

Day 10: It was the final day. Practicing meditation in terms of the five 'Shilas' of not to harm anyone, steal, intoxicate, tell a lie & commit sexual misconduct, the path became much clearer. On the very last day, we were taught "Maitri Bhawa," which means to treat all living beings as friends with love. After 1 PM, finally after 9 and half days, we were allowed to talk. I am, however, left with the question of what to say if I did not have a question on my mind. Despite being free to speak, I remained silent for hours. Only the thing I can speak is to share my experience to other participants. The very next morning, as I was cleaning houses as a volunteer, I moved away from the center.

Performing hours of meditation without any body movements with organic diet, proper sleep and free from worldly contact with such a crest & troughs that I have experienced during vipassana days was such an unforgettable experience to me. I am grateful to the many volunteers who helped me during the course. My deepest gratitude belongs to "Guruji" for his enlightened smile and regular interactions. And Yes, it 's just a start, regular practice of vipassana is indeed needed to excel the most out of life and enjoy the journey of life.

"*May all beings be happy, peaceful, and liberated* "

References: Personal experience & Vipassana related books

•

"Mental health is something that we all need to talk about, and we need to take the stigma away from it."

"Discover real peace and harmony within yourself, and naturally this will overflow to benefit others."

हजार सपनाहरू

✍ **जीवन कुमार भण्डारी**
RSM, Genesis & Galaxy Div.

म एक हुँ,
साथमा जोडिएका छन् हजार सपनाहरू
सृजनशील हातहरूको साथमा- जीवन्त बनिरहेछु,
म हुँ, एक 'टाइम फर्मास्यूटिकल्स'

युगिन सपना बोक्ने ति कर्मठ हातहरू
अभावको अँधेरी रात झेल्न सक्ने साथहरू
पूर्णता, खुसी र सुख भोग्न लालायित मनहरू
आफ्नै बस्तीमा पसिनाको ब्याड राखी
सुनौलो भविष्य निर्माण गर्ने अठोटहरू
मेरा सामिप्यका सपनाहरू, मेरा आशाका किरणहरू.....

म हजार सपनाहरूको धरोहर
अविच्छिन्न डोऱ्याउँदैछु ति सपना र भविष्य
पुगेको छु सुदुर क्षितिजका अनकन्टार बस्तीहरूमा
जहाँ,
रोग, भोक र शोकले तर्‌ाइपरहेछन्- नेपाल आमाका सन्तानहरू
स्वर्णिम दिनको पर्खाइमा भौतारिरहेछन्- स-साना बच्चाहरू
जो सिटामोलको अभावले मृत्यूवरण गरिरहेछन्,
हो ! म पुगेको छु त्यहाँ नयाँ जिवन लिएर !!

फेरी पनि,
जीवन मरणको दोसाँधमा छटपटाइरहेका अनगिन्ती सपनाहरूमा
लगाउँदैछु मल्हम, दिँदैछु पीडा कम हुने ओखती
तब छाउँदैछ मुहारमा मिठो मुस्कान
शिखर आरोहण आरम्भ सँगै
भर्दैछु उत्साहित साथहरूमा-श्वास
प्रगतिपथमा अवरोध गर्ने आँधीबेहरी
सृष्टि नै सखाप पारौंला भन्ने महामारी
म सँगै जोडिएका- मेरा हजार सपनाहरूको मजबुत खम्वादेखि
सव-सव थकित छन्, लाग्छ युद्ध जित्दैछु

अझै थेग्नु छ दुःखको पहाड, सम्हाल्नु छ सुखको सागर
अघि बढ्नु छ नयाँ जोश जाँगरका साथ
पुरा गर्नु छ स्वप्नील लक्ष्यहरू
चुम्नु छ सफलताका शिखरहरू
लेख्नु छ नयाँ इतिहास- हजार सपनाहरूको
पवित्र भूमिमा बाल्नु छ आशाको दियो, दिनु छ नयाँ जीवन
तब मुस्कुराउनेछ मेरो देशको विशाल छातीमा- सुनौलो भविष्य
गर्व गर्नेछ भावी पुस्ताले मेरा कर्महरूमा !!

म एक टाइम फर्मा-
मेरो एक अञ्जुली श्वास- तपाईं सम्पूर्णको चोखो माया र साथ
जीवन्त रहोस् हाम्रो सम्बन्ध
सम्पूर्णमा नमन ।।

जय टाइम फर्मा ।।
जय-जय टाइमियन्स ।।

"Medicine is a science of uncertainty and an art of probability."

- William Osler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विशेषगरी दुखाई नै हुने स्थानमा ज्यादा प्रवेश हुने
औषधीका कणहरु स्थिर रहने
सजिलै फैलिने र छालाबाट हटाउन सकिने
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Dhruba Acharya	Sr. Logistic Manager
Narayan Dhakal	Asst. Maintenance Manager
Krishna Kumar Thapa	Administrative Officer
Laxmi Narayan Ray	Sr. Supervisor
Bharat P. Pudasaini	Asst. Machine Supervisor
Rishi Ram Subedi	Asst. Store Officer
Ishwor Bahadur Pun	Sr. Store Keeper
Rikhi Ram Poudel	Helper
Narayan Prasad Sapkota	Helper

Employees who have completed 15 years of service

Aananda Shrestha	Gopal Prasad Rijal	Rishi Ram Subedi
Amrita Kumari Kuwar Chettri	Homnath Poudel	Rishikesh Bhandari
Arjun Kandel	Jhalak Bahadur Pariyar	Rohit Bahadur Chaudhary
Arjun Pachhai	Lok Bahadur Shrestha	Rom Bahadur Pun
Bechu Kumar Shrestha	Madhav Devkota	Sabitri Pudasaini
Bhairab Rupakheti	Madhav Prasad Ghimire	Saddhichya Pokhrel Ghimire
Bhim Bahadur Pariyar	Man Kumar Chaudhary	Salyan Raj Bhattarai
Bimala Kumari Sharma	Mana Kumari Gurung	Sanjay Bahadur Khadgi
Bodh Raj Gautam	Manju Chaudhary	Sharmila Adhikari Subedi
Chandra Kala Niure	Mejon Raj Shrestha	Shiva Shankar Raut
Chandra Kumari Shrestha	Nawa Raj Dhakal	Srijana Adhikari(Sapkota)
Chitra Bahadur Bista	Parameswari Bhandari	Suresh Kumar K.C.
Dhakaram Sapkota	Parbati Thapa	Surya Moti Shrestha
Durga Devi Sigdel	Prem Lal Chaudhary	Tara Kandel
		Vinay Joshi

PRODUCT LIST

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
1	ANTIFLA-100	Aceclofenac Tablets IP	Each film coated tablet contains: Aceclofenac IP	 100 mg	NSAID
2	ANTIFLA-200 SR	Aceclofenac Sustained Release Tablets	Each film coated sustained release tablet contains: Aceclofenac IP	 200 mg	NSAID
3	ARIPRO-10	Aripiprazole Tablets IP	Each uncoated tablet contains: Aripiprazole IP	 10 mg	Antipsychotic
4	ARIPRO-15	Aripiprazole Tablets IP	Each uncoated tablet contains: Aripiprazole IP	 15mg	Antipsychotic
5	ACBOZ-25	Acarbose Tablets IP	Each uncoated tablet contains: Acarbose IP	 25 mg	Hypoglycemic
6	ACBOZ-50	Acarbose Tablets IP	Each uncoated tablet contains: Acarbose IP	 50 mg	Hypoglycemic
7	ASMAREX PLUS	Salbutamol Sulphate and Bromhexine Hydrochloride Syrup	Each 5 ml contains: Salbutamol Sulphate IP eq. to Salbutamol Bromhexine Hydrochloride IP	 2 mg 4 mg	Expectorant
8	ASMAREX	Salbutamol Sulphate Syrup	Each 5 ml contains: Salbutamol Sulphate IP eq. to Salbutamol	 2 mg	Beta Adrenoceptor Agonist
9	ASMAREX-4	Salbutamol Sulphate Tablets	Each uncoated tablet contains: Salbutamol Sulphate eq. to Salbutamol IP	 4 mg	Beta Adrenoreceptor Agonist
10	AZT-500	Azithromycin Tablets IP	Each film coated tablet contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	 500 mg	Macrolide Antibiotic
11	AZT-250	Azithromycin Tablets IP	Each film coated tablet contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	 250 mg	Macrolide Antibiotic
12	AZT-100	Azithromycin Oral Suspension IP	Each 5 ml contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	 100 mg	Macrolide Antibiotic
13	AZT-200	Azithromycin Oral Suspension IP	Each 5 ml contains: Azithromycin IP as Dihydrate eq. to Azithromycin anhydrous	 200 mg	Macrolide Antibiotic
14	ALZICARE-5	Donepezil Tablets IP	Each film coated tablet contains: Donepezil Hydrochloride IP	 5 mg	Anti-Alzheimer
15	ALZICARE-10	Donepezil Tablets IP	Each film coated tablet contains: Donepezil Hydrochloride IP	 10 mg	Anti-Alzheimer
16	BECOMIN Capsules	B-complex with Vitamin C Capsules	Each capsule contains: Thiamine Mononitrate USP Riboflavin BP Pyridoxine Hydrochloride BP Nicotinamide BP Calcium Pantothenate IP Folic Acid BP Ascorbic Acid BP Cyanocobalamin BP	 10 mg 10 mg 3 mg 50 mg 12.5 mg 1 mg 150 mg 5 mcg	Vitamins
17	BECOMIN Syrup	Vitamin B-complex Syrup	Each 5ml contains: Thiamine Hydrochloride USP Riboflavin Sodium Phosphate IP Pyridoxine Hydrochloride BP Nicotinamide BP D-Panthenol USP Cyanocobalamin BP	 2.25 mg 2.5 mg 1.5 mg 22.5 mg 5 mg 2.5 mcg	Vitamins
18	BECLOTIME Cream	Beclomethasone, Gentamicin & Clotrimazole Cream	Composition: Gentamicin Sulphate IP eq. to Gentamicin Beclomethasone Dipropionate IP Clotrimazole IP	 0.1 % w/w 0.025% w/w 1% w/w	Anti-fungal, Anti-bacterial
19	BETATIME Ointment	Povidone Iodine Ointment USP	Composition: Povidone Iodine USP eq. to free Iodine	 0.5% w/w	Topical anti-infective
20	BETALOL-25	Atenolol Tablets	Each uncoated tablet contains: Atenolol IP	 25 mg	Cardial (Anti-hypertensive)

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
21	BETALOL-50	Atenolol Tablets	Each uncoated tablet contains: Atenolol IP	50 mg	Cardial (Antihypertensive)
22	BROXOL	Ambroxol Tablets	Each uncoated tablet contains: Ambroxol Hydrochloride	30 mg	Mucolytic agent
23	BROCLOX Capsule	Ampicillin & Cloxacillin Capsules	Each capsule contains: Ampicillin Trihydrate BP eq. to Ampicillin Cloxacillin Sodium BP eq. to Cloxacillin	250 mg 250 mg	Penicillin Antibiotic
24	BROCLOX Dry Syrup	Ampicillin & Cloxacillin for oral Suspension	Each 5 ml of the reconstituted Suspension contains: Ampicillin Trihydrate BP eq. to Ampicillin Cloxacillin Sodium BP eq. to Cloxacillin	125 mg 125 mg	Penicillin Antibiotic
25	CEFIME-100 Dry Syrup (30 ml)	Cefpodoxime Proxetil Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	100 mg	Cephalosporin antibiotic
26	CEFIME-100 Dry Syrup (60 ml)	Cefpodoxime Proxetil Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	100 mg	Cephalosporin antibiotic
27	CEFIME- 50 Dry Syrup (30 ml)	Cefpodoxime Proxetil Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	50 mg	Cephalosporin antibiotic
28	CEFIME-50 Dry Syrup (60 ml)	Cefpodoxime Proxetil Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	50 mg	Cephalosporin antibiotic
29	CEFIME-200	Cefpodoxime Proxetil Tablets USP	Each film coated tablet contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	200 mg	Cephalosporin antibiotic
30	CEFIME-100 DT	Cefpodoxime Proxetil Dispersible Tablets	Each uncoated dispersible tablet contains: Cefpodoxime Proxetil USP eq. to Cefpodoxime	100 mg	Cephalosporin antibiotic
31	CIFROX-500	Ciprofloxacin Tablets IP	Each film coated tablet contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	500 mg	Quinolone Antibiotic
32	CIFROX-250	Ciprofloxacin Tablets IP	Each film coated tablet contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	250 mg	Quinolone Antibiotic
33	CIFROX Eye/Ear Drops	Ciprofloxacin Eye Drops IP	Each ml contains: Ciprofloxacin Hydrochloride IP eq. to Ciprofloxacin	0.3%w/v	Quinolone Antibiotic
34	CLARITH-500	Clarithromycin Tablet USP	Each film coated tablet contains: Clarithromycin USP	500 mg	Macrolide Antibiotic
35	CLOTIME Cream	Clotrimazole Cream IP	Composition: Clotrimazole IP	1% w/w	Anti-fungal
36	CLOTIME L	Clotrimazole and Lidocaine Ear Drops	Composition: Clotrimazole IP Lidocaine Hydrochloride BP	1% w/v 2% w/v	Anti-fungal, Local Anesthetic
37	CLOTIME LC	Clotrimazole Lidocaine and Chloramphenicol Ear Drops	Composition: Clotrimazole IP Lidocaine Hydrochloride BP Chloramphenicol IP	1% w/v 2% w/v 5% w/v	Anti-fungal ,Local Anesthetic & Antibiotic
38	COTRIMAX-DS	Cotrimoxazole Double Strength Tablets	Each uncoated tablet contains: Trimethoprim IP Sulphomethoxazole IP	160 mg 800 mg	Anti-bacterial
39	COTRIMAX	Cotrimoxazole Tablets	Each uncoated tablet contains: Trimethoprim IP Sulphomethoxazole IP	80 mg 400 mg	Anti-bacterial
40	CHLORAM L	Chloramphenicol and Lidocaine Ear Drops	Composition: Chloramphenicol IP Lidocaine Hydrochloride BP	5% w/v 2% w/v	Antibiotic & Local Anesthetic
41	COTRIMAX Suspension	Cotrimoxazole for oral Suspension	Each 5 ml contains: Sulphamethoxazole IP Trimethoprim IP	200 mg 40 mg	Anti-bacterial
42	CLOBSOL Cream	Clobetasol Propionate Cream	Composition: Clobetasol Propionate BP	0.05% w/w	Topical Corticosteroid
43	CLOBSOL GM	Clobetasol Propionate, Gentamicin Sulphate and Miconazole Nitrate Cream	Composition: Clobetasol Propionate BP Gentamicin Sulphate IP Equivalent to Gentamicin Miconazole Nitrate IP	0.05% w/w 0.1% w/w 2.0% w/w	Topical Corticosteroid and Antifungal
44	CTLINE-500	Citicoline Sodium Tablets IP	Each film coated tablet contains: Citicoline Sodium IP eq.to Citicoline	500 mg	Psychostimulant
45	CZEPIN-100	Carbamazepine Tablets	Each uncoated tablet contains: Carbamazepine IP	100 mg	Anti-Epileptic
46	CZEPIN-200	Carbamazepine Tablets	Each uncoated tablet contains: Carbamazepine IP	200 mg	Anti-Epileptic
47	CARPRO-5	Rosuvastatin Tablets IP	Each film coated tablet contains: Rosuvastatin Calcium IP eq. to Rosuvastatin	5 mg	Antihyperlipidaemic

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
48	CARPRO-10	Rosuvastatin Tablets IP	Each film coated tablet contains: Rosuvastatin Calcium IP eq. to Rosuvastatin	10 mg	Antihyperlipidaemic
49	CARPRO-20	Rosuvastatin Tablets IP	Each film coated tablet contains: Rosuvastatin Calcium IP eq. to Rosuvastatin	20 mg	Antihyperlipidaemic
50	DAPLIN (10 gm)	Adapalene Cream BP	Composition: Adapalene BP	0.1 % w/w	Vitamin A analogue (Anti-Acne)
51	DAPLIN (15 gm)	Adapalene Cream BP	Composition: Adapalene BP	0.1 % w/w	Vitamin A analogue (Anti-Acne)
52	DAPLIN-C (10 gm)	Adapalene & Clindamycin gel	Composition: Adapalene BP Clindamycin Phosphate USP eq. to Clindamycin	0.1 % w/w 1.0 % w/w	Vitamin A analogue Topical Antibiotic & (Anti-Acne)
53	DAPLIN-C (15 gm)	Adapalene & Clindamycin gel	Composition: Adapalene BP Clindamycin Phosphate USP eq. to Clindamycin	0.1 % w/w 1.0 % w/w	Vitamin A analogue Topical Antibiotic & (Anti-Acne)
54	DINIR-125 DT	Cefdinir Dispersible Tablets	Each uncoated dispersible tablet contains: Cefdinir USP	125 mg	Cephalosporin Antibiotics
55	DINIR-250 DT	Cefdinir Dispersible Tablets	Each uncoated dispersible tablet contains: Cefdinir USP	250 mg	Cephalosporin Antibiotics
56	DINIR -300	Cefdinir Tablets	Each uncoated tablet contains: Cefdinir USP	300 mg	Cephalosporin Antibiotics
57	DUCAP-30	Duloxetine Delayed Release Capsules USP	Each Delayed Release Capsule Contains: Duloxetine Hydrochloride (as enteric coated pellets) eqv. to Duloxetine	30 mg	Selective Serotonin nor-adrenaline reuptake inhibitor
58	DUCAP-60	Duloxetine Delayed Release Capsules USP	Each Delayed Release Capsule Contains: Duloxetine Hydrochloride (as enteric coated pellets) eqv. to Duloxetine	60 mg	Selective Serotonin nor-adrenaline reuptake inhibitor
59	EG -10	Ebastin Orodispersible Tablets	Each Orodispersible tablet contains : Ebastine BP	10 mg	Anti-Allergic
60	EG-20	Ebastin Orodispersible Tablets	Each Orodispersible tablet contains: Ebastine BP	20 mg	Anti-Allergic
61	ECT-5	Escitalopram Tablets IP	Each film coated tablet contains: Escitalopram Oxalate IP eq to Escitalopram	5 mg	Antidepressant
62	ECT-10	Escitalopram Tablets IP	Each film coated tablet contains: Escitalopram Oxalate IP eq to Escitalopram	10 mg	Antidepressant
63	ECT-20	Escitalopram Tablets IP	Each film coated tablet contains: Escitalopram Oxalate IP eq to Escitalopram	20 mg	Antidepressant
64	E-PRIL 2.5	Enalapril Maleate Tablets	Each uncoated tablet contains: Enalapril Maleate IP	2.5 mg	Anti-hypertensive
65	E-PRIL 5	Enalapril Maleate Tablets	Each uncoated tablet contains: Enalapril Maleate IP	5 mg	Anti-hypertensive
66	FLAM 200	Ibuprofen Tablets	Each film coated tablet contains: Ibuprofen BP	200 mg	NSAID
67	FLAM 400	Ibuprofen Tablets	Each film coated tablet contains: Ibuprofen BP	400 mg	NSAID
68	FOLVIN	Folic Acid Tablets IP	Each uncoated tablet contains: Folic Acid BP	5 mg	Vitamin- B
69	FEDROX-500	Cefadroxil Capsules IP	Each capsule contains: Cefadroxil Monohydrate IP eq. to Anhydrous Cefadroxil	500 mg	Cephalosporin Antibiotic
70	FEDROX-250	Cefadroxil Tablets	Each dispersible tablet contains: Cefadroxil Monohydrate IP eq. to Anhydrous Cefadroxil	250 mg	Cephalosporin Antibiotic
71	FEDROX Dry Syrup	Cefadroxil Oral Suspension IP	Each 5 ml of the reconstituted Suspension contains: Cefadroxil Monohydrate IP eq. to Anhydrous Cefadroxil	125 mg	Cephalosporin Antibiotic
72	FIXCEF-100 DT	Cefixime Dispersible Tablets IP	Each uncoated dispersible tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	100 mg	Cephalosporin Antibiotic
73	FIXCEF-200 DT	Cefixime Dispersible Tablets IP	Each uncoated dispersible tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	200 mg	Cephalosporin Antibiotic
74	FIXCEF - 200	Cefixime Tablets USP	Each film coated tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	200 mg	Cephalosporin Antibiotics
75	FIXCEF - 400	Cefixime Tablets USP	Each film coated tablet contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	400 mg	Cephalosporin Antibiotics

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
76	FIXCEF-50 Dry Syrup (30 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	 50 mg	Cephalosporin Antibiotic
77	FIXCEF-50 Dry Syrup (60 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	 50 mg	Cephalosporin Antibiotic
78	FIXCEF-100 Dry Syrup (30 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	 100 mg	Cephalosporin Antibiotic
79	FIXCEF-100 Dry Syrup (60 ml)	Cefixime Oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cefixime (as trihydrate) USP eq. to Anhydrous Cefixime	 100 mg	Cephalosporin Antibiotic
80	FAZOLE	Fluconazole Capsules IP	Each capsule contains: Fluconazole IP	 150 mg	Anti-fungal Agent
81	FESOZYME	Pepsin and Fungal Diastase Capsules	Each capsule contains: Pepsin IP (1:3000) Fungal Diastase IP (1:2000)	 10 mg 50 mg	Digestive Enzyme
82	FRUTONE	Frusemide & Spironolactone Tablets	Each film coated tablet contains: Frusemide IP Spironolactone IP	 20 mg 50 mg	Diuretic
83	FEMAX	Iron with Vitamin Capsules	Each capsule contains: Ferrous Fumarate BP Cyanocobalamin BP Folic Acid BP Ascorbic Acid BP	 350 mg 15 mcg 1.5 mg 150 mg	Haematinic
84	FUZON	Alfuzosin Hydrochloride Extended Release Tablets USP	Each uncoated extended release tablet contains: Alfuzosin Hydrochloride USP	 10 mg	Alpha-1 Adrenergic Blocker
85	FEBUMIN - 40	Febuxostat Tablets	Each film coated tablet contains: Febuxostat	 40 mg	Anti-gout (Xanthine Oxidase Inhibitor)
86	FEBUMIN - 80	Febuxostat Tablets	Each film coated tablet contains: Febuxostat	 80 mg	Anti-gout (Xanthine Oxidase Inhibitor)
87	GENTIME	Gentamicin Sulphate Cream USP	Composition: Gentamicin Sulphate IP eq. to Gentamicin	 0.2% w/w	Aminoglycoside Antibiotic
88	GLIPID - 1	Glimepiride Tablets	Each uncoated tablet contains: Glimepiride BP	 1 mg	Hypoglycemic
89	GLIPID - 2	Glimepiride Tablets	Each uncoated tablet contains: Glimepiride BP	 2 mg	Hypoglycemic
90	GLIPID - 3	Glimepiride Tablets	Each uncoated tablet contains: Glimepiride BP	 3 mg	Hypoglycemic
91	GLIPID - 4	Glimepiride Tablets	Each uncoated tablet contains: Glimepiride BP	 4 mg	Hypoglycemic
92	HALODOL- 0.25	Haloperidol Tablets BP	Each uncoated tablet contains: Haloperidol BP	 0.25 mg	Anti-psychotic
93	HALODOL- 5	Haloperidol Tablets BP	Each uncoated tablet contains: Haloperidol BP	 5 mg	Anti-psychotic
94	HIMOX 250	Amoxicillin Capsules BP	Each capsule contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	 250 mg	Penicillin Antibiotic
95	HIMOX 500	Amoxicillin Capsules BP	Each capsule contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	 500 mg	Penicillin Antibiotic
96	HICLOX	Amoxicillin & Cloxacillin Capsules	Each capsule contains: Amoxicillin Trihydrate BP eq. to Amoxicillin Cloxacillin Sodium BP eq. to Cloxacillin	 250 mg 250 mg	Penicillin Antibiotic
97	HIMOX Dry Syrup (60 ml)	Amoxicillin for oral Suspension BP	Each 5 ml of the reconstituted Suspension contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	 125 mg	Penicillin Antibiotic
98	HIMOX Dry Syrup (100ml)	Amoxicillin for oral Suspension BP	Each 5 ml of the reconstituted Suspension contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	 125 mg	Antibiotic
99	HIMOX Drops	Amoxicillin Drops BP	Each ml of reconstituted Suspension Contains: Amoxicillin Trihydrate BP eq. to Amoxicillin	 100 mg	Penicillin Antibiotic
100	HYPERNOL-10	Propranolol Tablets IP	Each uncoated tablet contains: Propranolol Hydrochloride IP	 10 mg	Anti-hypertensive
101	HYPERNOL-20	Propranolol Tablets IP	Each uncoated tablet contains: Propranolol Hydrochloride IP	 20 mg	Anti-hypertensive
102	HYPERNOL-40	Propranolol Tablets IP	Each uncoated tablet contains: Propranolol Hydrochloride IP	 40 mg	Anti-hypertensive
103	HYSIS 12.5	Hydrochlorothiazide Tablets	Each uncoated tablet contains: Hydrochlorothiazide IP	 12.5 mg	Diuretics

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
104	HYSIS 25	Hydrochlorothiazide Tablets	Each uncoated tablet contains: Hydrochlorothiazide IP	25 mg	Diuretics
105	INTIME-25	Indomethacin Capsules IP	Each capsule contains : Indomethacin IP	25 mg	NSAID
106	INTIME 75 ER	Indomethacin Extended Release Capsules USP	Each extended release capsule contains : Indomethacin (as enteric coated pellets)	75 mg	NSAID
107	I-CARE 0.5 %	Timolol Maleate Opthalmic Solution	Each ml contains : Timolol Maleate IP eq. to Timolol	0.5% w/v	Beta-blocker
108	I-CARE 0.25 %	Timolol Maleate Opthalmic Solution	Each ml contains : Timolol Maleate IP eq. to Timolol	0.25% w/v	Beta-blocker
109	ITRATIME	Itraconazole Capsules BP	Each capsule contains: Itraconazole Pellets eq. to Itraconazole	100 mg	Anti-fungal
110	ITRATIME 200	Itraconazole Capsules BP	Each capsule contains: Itraconazole Pellets eq. to Itraconazole	200 mg	Anti-fungal
111	KEROL	Ketorolac Tromethamine Opthalmic Solution	Each ml contains : Ketorolac Tromethamine USP	4 mg	NSAID
112	KEROL E	KetorolacTromethamine Opthalmic Solution	Each ml contains : Ketorolac Trometamine USP	0.5% w/v	NSAID
113	KYUTEN-100	Ubidecarenone Capsules USP (Co-enzyme Q10)	Each hard gelatin capsule contains: Ubidecarenone USP	100 mg	Dietary Supplement
114	LIPLOW - 5	Atorvastatin Tablets IP	Each film coated tablet contains: Atorvastatin Calcium IP eq. to Atorvastatin	5 mg	HMG-Reductase Inhibitor
115	LIPLOW - 10	Atorvastatin Tablets IP	Each film coated tablet contains: Atorvastatin Calcium IP eq. to Atorvastatin	10 mg	HMG-Reductase Inhibitor
116	LIPLOW - 20	Atorvastatin Tablets IP	Each film coated tablet contains: Atorvastatin Calcium IP eq. to Atorvastatin	20 mg	HMG-Reductase Inhibitor
117	LIZOLID - 600	Linezolid Tablets IP	Each film coated tablet contains: Linezolid IP	600 mg	Synthetic Antibiotic
118	L-FROX - 500	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	500 mg	Quinolone Antibiotic
119	L-FROX-750	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	750 mg	Quinolone Antibiotic
120	L-FROX-250	Levofloxacin Tablets IP	Each film coated tablet contains: Levofloxacin hemihydrate IP equivalent to Levofloxacin	250 mg	Quinolone Antibiotic
121	LINTAB - 5	Linagliptin Tablets	Each film coated tablet contains Linagliptin	5 mg	Hypoglycemic
122	LINTAB-M 1000	Linagliptin and Metformin Hydrochloride Tablets	Each film coated tablet contains Linagliptin Metformin Hydrochloride IP	2.5 mg 1000 mg	Hypoglycemic
123	LINTAB-M 5	Linagliptin and Metformin Hydrochloride Tablets	Each film coated tablet contains Linagliptin Metformin Hydrochloride IP	5 mg 1000 mg	Hypoglycemic
124	LINTAB-M 500	Linagliptin and Metformin Hydrochloride Tablets	Each film coated tablet contains Linagliptin Metformin Hydrochloride IP	2.5 mg 500 mg	Hypoglycemic
125	LINTAB-M 850	Linagliptin and Metformin Hydrochloride Tablets	Each film coated tablet contains Linagliptin Metformin Hydrochloride IP	2.5 mg 850 mg	Hypoglycemic
126	LODIP - 2.5	Amlodipine Tablets IP	Each film coated tablet contains : Amlodipine Besilate IP eq to Amlodipine	2.5 mg	Cardial (Antihypertensive)
127	LODIP - 5	Amlodipine Tablets IP	Each film coated tablet contains : Amlodipine Besilate IP eq to Amlodipine	5 mg	Cardial (Antihypertensive)
128	LODIP - L	Losartan Potassium and Amlodipine Tablets IP	Each film coated tablet contains : Losartan potassium IP Amlodipine Besilate IP eq to Amlodipine	50 mg 5 mg	Cardial (Antihypertensive)
129	LODIP - LH	Losartan Potassium and Amlodipine Tablets IP	Each film coated tablet contains : Losartan Potassium IP Amlodipine Besilate IP eq to Amlodipine	25 mg 5mg	Antihypertensive
130	LEXIN-500	Cephalexin Capsules USP	Each capsule contains: Cephalexin USP eq. to Anhydrous Cephalexin	500 mg	Cephalosporin Antibiotic
131	LEXIN-250	Cephalexin Capsules USP	Each capsule contains: Cephalexin USP eq. to Anhydrous Cephalexin	250 mg	Cephalosporin Antibiotic
132	LEXIN Dry Syrup	Cephalexin for oral Suspension USP	Each 5 ml of the reconstituted Suspension contains: Cephalexin USP eq. to Anhydrous Cephalexin	125 mg	Cephalosporin Antibiotic

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
133	LEXIN Drops	Cephalexin Drops	Each ml of the reconstituted Suspension contains: Cephalexin USP eq. to Anhydrous Cephalexin	100 mg	Cephalosporin Antibiotic
134	LUNAZ Cream (15 gm)	Luliconazole Cream	Composition : Luliconazole	1.0 % w/w	Anti-fungal
135	LUNAZ Cream (30 gm)	Luliconazole Cream	Composition : Luliconazole	1.0 % w/w	Anti-fungal
136	MECON 1500	Methylcobalamin Tablets USP	Each uncoated tablet contains: Methylcobalamin IP	1500 mcg	Vitamin B12 Substance
137	MECON 500	Methylcobalamin Tablets USP	Each uncoated tablet contains: Methylcobalamin IP	500 mcg	Vitamin B12 substance
138	MECON - P	Pregabalin and Methylcobalamin Capsules IP	Each hard gelatin capsule contains: Pregabalin IP Methylcobalamin IP	75 mg 750 mcg	Anticonvulsant
139	MECON - P 50	Pregabalin and Methylcobalamin Capsules IP	Each hard gelatin capsule contains: Pregabalin IP Methylcobalamin IP	50 mg 1500 mcg	Anticonvulsant
140	MECON - P 75	Pregabalin and Methylcobalamin Capsules IP	Each hard gelatin capsule contains: Pregabalin IP Methylcobalamin IP	75 mg 1500 mcg	Anticonvulsant
141	MET-400	Metronidazole Tablet USP	Each film coated tablet contains : Metronidazole BP	400 mg	Anti-amoebic
142	METDIL	Metronidazole and Diloxanide Furoate Tablets	Each film coated tablet contains : Metronidazole BP Diloxanide Furoate BP	400 mg 500 mg	Anti-amoebic
143	MET-200	Metronidazole Tablets USP	Each film coated tablet contains: Metronidazole BP	200 mg	Anti-amoebic
144	MET SUSPENSION (50 ml)	Metronidazole Oral Suspension BP	Each 5 ml contains: Metronidazole Benzoate BP eq. to Metronidazole	200 mg	Anti-amoebic
145	MET SUSPENSION (60 ml)	Metronidazole Oral Suspension BP	Each 5ml contains: Metronidazole Benzoate BP eq. to Metronidazole	200 mg	Anti-amoebic
146	MET 100 SUSPENSION	Metronidazole Oral Suspension	Each 5 ml contains: Metronidazole Benzoate BP eq. to Metronidazole	100 mg	Anti-amoebic
147	METDIL SUSPENSION	Metronidazole & Diloxanide Furoate Oral Suspension	Each 5 ml contains: Metronidazole Benzoate BP eq. to Metronidazole Diloxanide Furoate BP	100 mg 125 mg	Anti-amoebic
148	MOXICARE EYE Drops	Moxifloxacin Eye Drops IP	Each ml contains: Moxifloxacin Hydrochloride IP equivalent to Moxifloxacin	0.5% w/v	Antibacterial
149	NAUSINORM	Metoclopramide Hydrochloride Tablets IP	Each uncoated tablet contains: Metoclopramide Hydrochloride BP eq. to Anhydrous Metoclopramide Hydrochloride	10 mg	Anti-emetic
150	NAFIN CREAM	Terbinafine Hydrochloride Cream IP	Composition: Terbinafine Hydrochloride BP	1% w/w	Anti- fungal
151	NAFIN	Terbinafine Tablet USP	Each uncoated tablet contains: Terbinafine Hydrochloride BP equivalent to Terbinafine	250 mg	Anti- fungal
152	NAPHERINE	Phenylephrine Hydrochloride Nasal Solution	Each ml contain : Phenylephrine Hydrochloride USP	1% w/v	Nasal Decongestant
153	NEUROFIT	Pyridoxine Hydrochloride Tablets	Each uncoated tablet contains: Pyridoxine Hydrochloride BP	40 mg	Vitamin
154	NEUROFIT-60	Pyridoxine Hydrochloride Tablets	Each uncoated tablet contains: Pyridoxine Hydrochloride BP	60 mg	Vitamin
155	NEUROFIT-100	Pyridoxine Hydrochloride Tablets	Each uncoated tablet contains: Pyridoxine Hydrochloride BP	100 mg	Vitamin
156	NOLAR - 120	Fexofenadine Tablets BP	Each film coated tablet contains: Fexofenadine Hydrochloride BP	120 mg	Anti-histamine
157	NOLAR-180	Fexofenadine Tablets BP	Each film coated tablet contains: Fexofenadine Hydrochloride BP	180 mg	Anti-histamine
158	NOLAR Suspension	Fexofenadine Hydrochloride Suspension	Each 5ml contains: Fexofenadine Hydrochloride BP	30 mg	Anti-histamine
159	OFROX Suspension	Ofloxacin Oral Suspension IP	Each 5 ml contains: Ofloxacin USP	50 mg	Quinolone Antibiotic
160	OFROX 200	Ofloxacin Tablets USP	Each film coated tablet contains: Ofloxacin USP	200 mg	Quinolone Antibiotic
161	OFROX 400	Ofloxacin Tablets USP	Each film coated tablet contains: Ofloxacin USP	400 mg	Quinolone Antibiotic

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
162	OFROX Eye/Ear Drops	Ofloxacin Opthalmic Solution USP	Each ml contain: Ofloxacin USP	 0.3% w/v	Quinolone Antibiotic
163	OBICHEK-850	Metformin Hydrochloride Tablets IP	Each uncoated tablet contains: Metformin Hydrochloride IP	 850 mg	Hypoglycemic
164	OBICHEK-500	Metformin Hydrochloride Tablets IP	Each uncoated tablet contains: Metformin Hydrochloride IP	 500 mg	Hypoglycemic
165	OBICHEK - G1	Glimepiride and Metformin Hydrochloride Tablets	Each uncoated tablet contains: Glimepiride BP Metformin Hydrochloride IP	 1 mg 500 mg	Hypoglycemic
166	OBICHEK - G2	Glimepiride and Metformin Hydrochloride Tablets	Each uncoated tablets contains: Glimepiride BP Metformin Hydrochloride IP	 2 mg 500 mg	Hypoglycemic
167	OBICHEK-1000 SR	Metformin Hydrochloride Sustained Release Tablets IP	Each uncoated sustained release tablet contains: Metformin Hydrochloride IP	 1000 mg	Hypoglycemic
168	OBICHEK-500 SR	Metformin Hydrochloride Sustained Release Tablets IP	Each uncoated sustained release tablet contains: Metformin Hydrochloride IP	 500 mg	Hypoglycemic
169	OROSIS-D	Calcium and Vitamin D_3 Tablets IP	Each film coated tablet contains: Calcium Carbonate IP eq. to Elemental Calcium Vitamin D_3 Stabilized	 500 mg 200 IU	Calcium Supplement
170	OZAPINE 2.5	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	 2.5 mg	Antipsychotic
171	OZAPINE 5	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	 5 mg	Antipsychotic
172	OZAPINE 10	Olanzapine Tablets IP	Each uncoated tablet contains: Olanzapine IP	 10 mg	Antipsychotic
173	PARAZINE-5	Prochlorperazine Maleate Tablets IP	Each uncoated tablet contains: Prochlorperazine maleate IP	 5 mg	Anti-emetic
174	PARKDYL	Benzhexol Hydrochloride Tablets	Each uncoated tablet contains: Benzhexol Hydrochloride IP	 2 mg	Anti-parkinsonism Agent
175	PARAFLAM	Ibuprofen and Paracetamol Tablets IP	Each uncoated tablet contains: Ibuprofen BP Paracetamol IP	 400 mg 500 mg	NSAID
176	PARAFLAM Suspension	Ibuprofen and Paracetamol Suspension	Each 5 ml contains: Ibuprofen BP Paracetamol IP	 100 mg 125 mg	NSAID
177	POLYMAX	Iron Hydroxide Polymaltose Complex and Folic Acid Tablets	Each chewable tablet contains: Iron(III) Hydroxide Polymaltose Complex equivalent to elemental iron Folic Acid BP	 100 mg 1 mg	Nutritional Supplement for Anemia
178	PRE-Z 75	Pregabalin Capsules IP	Each capsule contains: Pregabalin IP	 75mg	Anticonvulsant
179	PRE-Z 150	Pregabalin Capsules IP	Each capsule contains: Pregabalin IP	 150 mg	Anticonvulsant
180	PRE-Z 50	Pregabalin Capsules IP	Each capsule contains: Pregabalin IP	 50 mg	Anticonvulsant
181	PROLONG -30	Dapoxetine Hydrochloride Tablet IP	Each film coated tablet contains: Dapoxetine Hydrochloride IP eq. to Dapoxetine	 30 mg	Selective serotonin reuptake inhibitor
182	PULMARIN Syrup	Chlorpheniramine Dextromethorphan and Phenylephrine Syrup	Each 5 ml contains: Chlorpheniramine Maleate IP Dextromethorphan Hydrobromide IP Phenylephrine Hydrochloride IP	 2 mg 15 mg 5 mg	Antihistamine , Antitussive, Nasal Decongestant
183	PULMARIN-X Syrup (60 ml)	Bromhexine Hydrochloride and Terbutaline Sulphate Syrup	Each 5 ml contains: Bromhexine Hydrochloride IP Terbutaline Sulphate IP	 4 mg 1.5 mg	Expectorant, Mucolytics
184	PULMARIN-X Syrup (100 ml)	Bromhexine Hydrochloride and Terbutaline Sulphate Syrup	Each 5 ml contains: Bromhexine Hydrochloride IP Terbutaline Sulphate IP	 8 mg 2.5 mg	Expectorant, Mucolytics
185	RABEPRA-20	Rabeprazole Sodium Capsules	Each capsule contains: Rabeprazole Sodium IP (as enteric coated pellets)	 20 mg	Anti-ulcerants
186	ROCIN (5 gm)	Mupirocin Ointment USP	Composition: Mupirocin USP	 2% w/w	Antibiotic
187	ROCIN (10 gm)	Mupirocin Ointment USP	Composition: Mupirocin USP	 2% w/w	Antibiotic
188	ROCIN-B (5 gm)	Mupirocin and Beclomethasone Ointment	Composition: Mupirocin USP Beclomethasone propionate IP	 2% w/w 0.025% w/w	Antibiotic
189	ROCIN-B (10 gm)	Mupirocin and Beclomethasone Ointment	Composition: Mupirocin USP Beclomethasone propionate IP	 2% w/w 0.025% w/w	Antibiotic

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
190	RIBET-200 Tablet	Rifaximin Tablets	Each film coated tablet contains: Rifaximin BP	 200 mg	Anti bacterial
191	RIBET-550 Tablet	Rifaximin Tablets	Each film coated tablet contains: Rifaximin BP	 550 mg	Anti bacterial
192	SALIF GEL	Diclofenac Diethlyamine, Linseed oil and Methyl Salicylate Gel	Composition: Diclofenac Diethylamine BP eq. to Diclofenac Sodium 1.0%w/w Linseed Oil BP Methyl Salicylate IP	 1.16% w/w 3% w/w 10% w/w	Rubeficient and Counter irritant
193	SART-25	Losartan Potassium Tablets IP	Each film coated tablet contains: Losartan Potassium IP	 25 mg	Angiotensin II receptor antagonist
194	SART-50	Losartan Potassium Tablets IP	Each film coated tablet contains: Losartan Potassium IP	 50 mg	Angiotensin II receptor antagonist
195	SART - H	Losartan Potassium and Hydrochlorothiazide Tablets IP	Each film coated tablet contains: Losartan Potassium IP Hydrochlorothiazide IP	 50 mg 12.5mg	Anti-Hypertensive, Diuretic
196	SEMID	Frusemide Tablets IP	Each uncoated tablet contains: Frusemide IP	 40 mg	Diuretic
197	SINEX	Chlorpheniramine, Phenylephrine and Paracetamol Tablet	Each uncoated tablet contains: Chlorpheniramine Maleate IP Phenylephrine Hydrochloride IP Paracetamol IP	 4 mg 10 mg 500 mg	Anti-cold
198	SINEX Suspension	Chlorpheniramine, Phenylephrine and Paracetamol Suspension	Each 5 ml contains: Chlorpheniramine Maleate IP Phenylephrine Hydrochloride IP Paracetamol IP	 1 mg 2.5 mg 125 mg	Anti-cold
199	SINEX MINI Oral Drops	Phenylephrine Hydrochloride and Chlorpheniramine Maleate Oral Drops IP	Each ml contains: Phenylephrine Hydrochloride IP Chlorpheniramine Maleate IP	 2.5 mg 1 mg	Nasal Decongestant, Anti-Allergic
200	SETRA -25	Sertraline Hydrochloride Tablets USP	Each film coated tablet contains Sertraline Hydrochloride USP eq. to Sertraline	 25 mg	Selective serotonin-reuptake inhibitors
201	SETRA-50	Sertraline Hydrochloride Tablets USP	Each film coated tablet contains Sertraline Hydrochloride USP eq. to Sertraline	 50 mg	Selective serotonin-reuptake inhibitors
202	SETRA-100	Sertraline Hydrochloride Tablets USP	Each film coated tablet contains Sertraline Hydrochloride USP eq. to Sertraline	 100 mg	Selective serotonin-reuptake inhibitors
203	SITA-M 500	Sitagliptin & Metformin Hydrochloride Tablets	Each film coated tablet contains: Sitagliptin Phosphate IP eq. to Sitagliptin Metformin Hydrochloride IP	 50 mg 500 mg	Hypoglycemic
204	SITA-M 850	Sitagliptin & Metformin Hydrochloride Tablets	Each film coated tablet contains: Sitagliptin Phosphate IP eq. to Sitagliptin Metformin Hydrochloride IP	 50 mg 850 mg	Hypoglycemic
205	SITA-M 1000	Sitagliptin & Metformin Hydrochloride Tablets	Each film coated tablet contains: Sitagliptin Phosphate IP eq. to Sitagliptin Metformin Hydrochloride IP	 50 mg 1000 mg	Hypoglycemic
206	SPASMID	Dicyclomine Hydrochloride Tablets IP	Each uncoated tablet contains: Dicyclomine Hydrochloride IP	 20 mg	Anti-spasmodic
207	SULFAZ	Sulfasalazine Delayed Release Tablets USP	Each enteric coated tablet contains: Sulfasalazine USP	 500 mg	Anti-inflammatory
208	TRAMA	Tramadol Capsules BP	Each capsule contains: Tramadol Hydrochloride USP	 50 mg	Analgesic
209	TRANCAP-500	Tranexamic Acid Capsules JP	Each capsule contains: Tranexamic Acid BP	 500 mg	Antifibrinolytic Agent
210	TRANCAP-250	Tranexamic Acid Capsules JP	Each capsule contains: Tranexamic Acid BP	 250 mg	Antifibrinolytic Agent
211	TRINE-35 MR	Trimetazidine Hydrochloride Modified Release Tablets	Each film coated modified release tablet contains: Trimetazidine Hydrochloride IP	 35 mg	Anti-anginal
212	TRINE-20	Trimetazidine Hydrochloride Tablets IP	Each film coated tablet contains: Trimetazidine Hydrochloride IP	 20 mg	Anti-anginal
213	TICLOX-250	Cloxacillin Capsules IP	Each capsule contains: Cloxacillin Sodium BP eq. to Cloxacillin	 250 mg	Penicillin Antibiotic
214	TICLOX-500	Cloxacillin Capsules IP	Each capsule contains: Cloxacillin Sodium BP eq. to Cloxacillin	 500 mg	Penicillin Antibiotic
215	TIMOL	Paracetamol Tablets BP	Each uncoated tablet contains: Paracetamol IP	 500 mg	NSAID
216	T-CET	Cetrizine Tablets	Each film coated tablet contains: Cetrizine Hydrochloride BP	 10 mg	Antihistamine
217	TIMOL SYRUP	Paracetamol Paediatric Syrup IP	Each 5 ml contains: Paracetamol IP	 125 mg	NSAID

S. No.	Brand Name	Generic Name	Label Claim		Category
			Active Ingredients	Strength	
218	T-CARDIS - 20	Telmisartan Tablets IP	Each film coated tablet contains: Telmisartan IP	20 mg	Angiotensin II Receptor Antagonist
219	T-CARDIS - 40	Telmisartan Tablets IP	Each film coated tablet contains: Telmisartan IP	40 mg	Angiotensin II Receptor Antagonist
220	T-CARDIS - 80	Telmisartan Tablets IP	Each film coated tablet contains: Telmisartan IP	80 mg	Angiotensin II Receptor Antagonist
221	T-CET SYRUP	Cetrizine Hydrochloride Syrup IP	Each 5 ml Contains: Cetrizine Hydrochloride BP	5 mg	Antihistamine
222	T-DOX	Doxycycline Hyclate Capsules USP	Each capsule contains: Doxycycline Hyclate IP Eq. to Doxycycline	100 mg	Tetracycline Antibiotic
223	TRAMINO	Acetaminophen & Tramadol Hydrochloride Tablets USP	Each film coated tablet contains: Acetaminophen IP Tramadol Hydrochloride USP	325 mg 37.5 mg	Analgesic/ NSAID
224	T-ZOLINE A (5ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.05% w/v	Nasal Decongestant
225	T-ZOLINE A (10 ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.05% w/v	Nasal Decongestant
226	T-ZOLINE MINI (10 ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.01% w/v	Nasal Decongestant
227	T-ZOLINE P (10 ml)	Oxymetazoline Hydrochloride Nasal Solution USP	Each ml contains: Oxymetazoline Hydrochloride USP	0.025% w/v	Nasal Decongestant
228	T-ZOLINE S 0.065% (10 ml)	Sodium Chloride Nasal Solution	Each ml contains: Sodium Chloride IP	0.65% w/v	Nasal Decongestant
229	ULSEF-20	Omeprazole Capsules	Each capsule contains: Omeprazole BP (As enteric coated pellets)	20 mg	Proton pump inhibitor
230	URODINE-2	Tolterodine Tartrate Tablets IP	Each film coated tablet contains: Tolterodine Tartrate BP	2 mg	Anticholinergic
231	UROSIL- 4	Silodosin Capsules	Each capsule contains: Silodosin JP	4 mg	Symptomatic treatment of Benign Prostatic Hyperplasia (BPH)
232	UROSIL- 8	Silodosin Capsules	Each capsule contains: Silodosin JP	8 mg	Symptomatic treatment of Benign Prostatic Hyperplasia (BPH)
233	VOMISET-4	Ondansetron Tablets USP	Each film coated tablet contains: Ondansetron Hydrochloride USP eq. to Ondansetron	4 mg	Anti-emetics
234	VOMISET-8	Ondansetron Tablets USP	Each film coated tablet contains: Ondansetron Hydrochloride USP eq. to Ondansetron	8 mg	Anti-emetics
235	VOMISET SYRUP	Ondansetron Oral solution USP	Each 5 ml contains: Ondansetron Hydrochloride USP eq. to Ondansetron	2 mg	Anti-emetics
236	WORMSTAT	Albendazole Tablets IP	Each uncoated tablet contains: Albendazole IP	400 mg	Anthelmintics
237	WORMSTAT SUSPENSION	Albendazole Oral Suspension IP	10 ml contains: Albendazole IP	400 mg	Anthelmintics
238	XECTIN-10	Fluoxetine Capsules USP	Each capsule contains: Fluoxetine Hydrochloride USP eq. to Fluoxetine	10 mg	Antidepressent
239	XECTIN-20	Fluoxetine Capsules USP	Each capsule contains: Fluoxetine Hydrochloride USP eq. to Fluoxetine	20 mg	Antidepressent
240	ZANID	Tizanidine Hydrochloride Tablets IP	Each uncoated tablet contains: Tizanidine Hydrochloride IP eq. to Tizanidine	2 mg	Skeletal Muscles relaxants
241	ZOLAP - 0.25	Alprazolam Tablets IP	Each uncoated tablet contains: Alprazolam IP	0.25 mg	Anxiolytic
242	ZOLAP - 0. 5	Alprazolam Tablets IP	Each uncoated tablet contains: Alprazolam IP	0. 5 mg	Anxiolytic

"Whenever the art of medicine is loved, there is also a love of humanity."

- Hippocrates

TIME Pharmaceuticals

Pharma Expo

Pharma Expo 2022

Pharma Expo 2022

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TIME Pharmaceuticals

Other Activities

Fellowship with Shareholders

Fellowship with Shareholders

Leadership Training

Leadership Training Workshop

Officers Gathering at Factory

Teej Fellowship at Factory

Mission

To exceed the customer's expectation with high valued products and services at all times to Nepalese fellow citizens.

Vision

To be a leading pharmaceutical company of Nepal and have a significant presence in the global healthcare market by providing international and innovative products & services.

Core Value

Dedication to Quality & Excellence
Internal & External Customer Satisfaction
Stable Manufacturing & Sustained Supply Chain
Human Safety Management System

- **2079** — Introduction of GALAXY Division with focus on psychiatric products and ERRA Division with focus on antibiotic, opthalmic and pediatric segments
- **2078** — Celebration of 25th Anniversary of TIME Pharmaceuticals
- **2075** — Establishment of Time Pharma Investment Investment in Herbal Extraction, Intermediate and API manufacturing.
- **2072** — Technical Collaboration with Multi-National Company
- **2072** — Established separate Cephalosporin block with ultra modern manufacturing facility
- **2072** — Introduction of COSMO Division with focus on Dermatology, ENT, Gynaecology & Urology therapeutic segments
- **2067** — Expansion of separate manufacturing facility of Sterile Products esp. E/E Drops
- **2066** — Introduction of NEXUS Division with focus on Orthopedic, Neurology, Gastroenterology & Dental therapeutic segments
- **2065** — Certified with WHO:GMP, ISO 9001 & ISO 14001
- **2064** — Expansion of facility- Oral Liquid Production
- **2063** — Modernization of Infrastructures with separate Penicillin Block
- **2063** — Launching of speciality division GENESIS with focus on Cardiology, Diabetology/Endocrionology & Psychiatric therapeutic segments
- **2059** — Expansion of product range- Cephalosporin Products
- **2056** — Expansion of facility- Ointment Production
- **2054** — Expansion of product range- Penicillin Products
- **2054** — Commercial Operation Started

We extend our hearty congratulations to

TIME Pharmaceuticals (P.) Ltd.

for successfully completing

the 25 years of operation.

We wish for the progress and success

in the days ahead.

Prem Tibrewala | Pravin Tibrewala

Dolphin M.B. Pvt. Ltd.

Radha Bhawan 6th floor, Saraswati Marg -115,
Tripureshwor, Kathmandu, Nepal.
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prem.tibrewala@gmail.com | pravin@dolphinmb.com
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टि.एन. घिमिरे, व्यवस्थापक

सुगम ट्रान्सपोर्ट नेपाल प्रा. लि.

शाखा: नारायणगढ, चितवन

फोन: ०५६-५२०२५२

मुख्य कार्यालय: सुन्धारा, काठमाडौँ

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