

Active agent that is intended in curing or understanding of a health condition.

All drugs are not administered directly as it can't be
 ① A → absorbed, ② D → Distributed/dissolved in blood plasma
 ③ M → undergo metabolism, ④ E → Excretion (ADME)

They won't show pharmacological action, if taken in pure form there are ~~expec~~ exceptions.

"Potent drugs" are administered in pure forms.

Pure ones are converted to "dosage forms" to be used.

Dosage form → Drug + Excipient/additives
 (Active ingredient) (Non active ingredient)

Why reason in dosage form?

- ① when we take pure drug, it is very difficult to show its effect in our body.
- ② For easy handling, transportation.
- ③ unit dosage form, for greater accuracy of drug.
- ④ Powders or liquid drug are hard for handling, transportation and absorption. These NAZs are non compatible and can't be compressed, NAZ-disadv. audility is caused. they must pass from stomach to intestines.
- ⑤ Bitter ~~test~~ taste and of noxious odour to suppress acidic formation.
- ⑥ Some drugs when taken in have to be broken down into small parts "disintegration" then "dissolution" of the drug. which is in gastric juice. only the 'absorption' starts after which pharmacological action starts.
- ⑦ 37°C is our body temp and drugs are absorbed at that temp. when alcohol is in the formulation, it is easily absorbed oral

route of administration stomach $\rightarrow$ intestine. Therefore to suppress or prevent for acidity. They are coated with shining coats for smooth flow.

* Definition of Drug:-

A drug will be defined as an agent intended for use in diagnosis, mitigation, treatment, cure or prevention of disease in man or in other animals.

Drugs are rarely administered in their pure state. They are administered in different dosage forms after converting them into a suitable formulation. Every dosage form is a combination of drug and different kind of non drug component called as additives or excipients.

* Definition of Dosage form:-

Dosage form is a blend of a drug component with non drug component produce in a definite in a physical form, shape, size, intended to be administered by a particular route of administration.

This non drug component known as excipient are used to maintain the overall stability of dosage form.

* Reason for designing dosage form:-

- 1) The smaller quantity of pure drug is difficult to weight, measure and administer.
- 2) Dosage form owing to used definite size, shape, and mechanical strength is easy to administer by the selected route.
- 3) The unit dosage form provides a greater accuracy in dose.

4) As compared to the drug in powder or liquid state, its dosage form is easy for handling, transport and storage.

5) To protect drug substance from oxidation, hydrolysis and reduction reaction.

e.g. → coated tablet & sealed ampoules.

6) To protect the drug from destruction effect of gastric juice (HCl) of the stomach after oral administration.

e.g. → enteric coated tablets.

7) To conceal bitter, salty or obnoxious taste or odour of the drug.

e.g. → Aerosols, inhalants.

8) To provide for the insertion of the drug into the one of the body cavities.

e.g. → Rectal or vaginal suppositories.

9) To provide the maximum drug action ~~for~~ from topical administration.

e.g. → Creams, ointment, ophthalmic preparation, ENT Preparation.

Solid Dosage Forms

I. UNIT Dosage Form:-

1. Tablets: Tablets are the solid dosage form containing medicament. These may be usually circular in shape and may be flat or biconvex. They are prepared by moulding or ~~comp~~ compression.

(i) uncoated Tablets: They are made by compression of granules. These tablets are usually intended to provide rapid disintegration and drug release. These tablets contain water soluble drug which after swallowing gets disintegrated in stomach and absorbed in Gastro Intestinal (GI) tract.

(ii) Film coated Tablets: These tablets are a film coating made of some polymer substances. Film coating protects medicament from atmospheric effects. They are generally tasteless.

(iii) Sugar Coated tablets: These tablets are having a sugar coating. Sugar coating is done to mask the bitter and unpleasant odour and taste of the medicaments.

(iv) Enteric Coated tablets: These tablets are meant for administration by swallowing and are designed to bypass the stomach and get disintegrated in the intestines only.

(v) Lozenges: These tablets are to be exert a local effect in the mouth or throat. These tablets are commonly use to treat some throat or to control coughing in common sugar, polyethylene glycol, gelatin.

Eg → Bismuth, strepsills, Halls.

vi) Buccal tablets: These tablets are to be placed in the buccal pouch or between gums and lips or cheek where they dissolve or disintegrate slowly and are absorbed directly without passing into the alimentary canal.

Eg:- tablets of ethisterone.

vii) Sublingual tablets: These tablets are to be placed under the tongue where they dissolve or disintegrate quickly and are absorbed directly without passing in GIT.

Eg:- Tablets of glyceryl trinitrate.

viii) Chewable tablets: These tablets are chewable in the mouth and broken into smaller pieces.

Eg:- aluminium hydroxide tablets and Phenolphthalin tablets.

ix) Soluble tablets: These types of tablets are intended to be added to a given volume of water to produce a solution of given concentration.

x) Hypodermic tablets: These tablets are composed of one or more drugs with readily water soluble ingredients. These tablets are dissolved in sterile water or water for injection and administered by ~~parent~~ paraenteral route.

2. Pills: Pills are small, rounded solid dosage form containing medicament and are intended to be administered orally.

3. Capsules: They are solid unit dosage form which are enclosed within a small shell, generally prepared from a suitable form of gelatin.

(i) Hard gelatin capsules: These are used for administration of solid medicaments. The powdered material is filled into the cylindrical body of the capsule and then cap is placed over it.

(ii) Soft gelatin capsules: These are used for administration of liquid medicaments. They are available in round, oval and tube like shapes. They are made of gelatin.

4. Cachets: They are moulded from rice paper. They are also known as water capsules. They are quite hard to ~~see~~ swallow as such, but they are softened by dipping in water for few seconds and then placed on tongue and swallowed with draught of water.

(i) Wet seal cachets: It is made up of a similar convex halves having flat edges. The powdered drug is placed on one half, the edges of others half are moistenised with water and placed exactly over the first half.

(ii) Dry seal cachets: It consist of 2 halves diameter of upper half is slightly larger then the lower half. Powder drug is filled in lower half and upper half is fitted over it.

Eg: Isoniazid ~~etc~~ cachet, Sodium amino salicylate cachet.

5. Powder: It is a mixture of finely divided drug and for chemical in dry form. It is meant for external and internal use.

II. Bulk Dosage Form:-

A) Internal Use:

1. Fine Powders: These are dispensed in bulk, when accuracy of dosage is not important. They are supplied in

1) It is the mixture of finally divided drug and other ~~semi~~ chemical substance in the dry form. It may be meant for external and Internal use. The internal use of fine Powder are supplied in wide mouthed containers that Permits easy removal of spoonful of powders.

2) Granuals: Granuals are prepared by agglomeration of small particles generally these are irregular in shape of spherical. The bitter, nauseous and unpleasant powders cannot be given in tablet form (or) capsule form because a larger no of them are required to be taken in single dose. The Powder can't be also given in liquid form because of stability Problem such medicaments are given in the form of granuals. Granuals are having better flow rate than the powders, having lesser surface area per unit weight, more stable to the atmospheric moisture, easy handling. Powders can be converted into granuals uniformly in weight and drug distribution.

eg:- Granuals are antipiotics such as erythromycin, antacid & dietary supplement reconstituted antibiotics & Bulk laxatives Bulk analgesic & zenokot granules.

i) Effervescent granuals: Before administration, desired quantity is dissolved in water, the acid and bicarbonate react together producing effervescence. The carbonate water produced form, the release of CO_2 serves to mask the bitter and saline taste of drug. These granuals contain citric acid, tartaric acid, sodium bicarbonate, ~~sodium~~ saccharin acts as a sweetening agent. These are prepared by two method.

eg- ① Heat method & ② wet method.

B) External use:-

- i) Snuffs - These are finely divided solid dosage form of medicaments which are inhaled into the nostrils for its antiseptic bronchioles decongestion action.
- ii) Dusting Powders - are meant for external application to the skin and are generally applied in very fine storage of subdivision to avoid the local irritation.
- iii) Tooth Powders - these are applied with the help of tooth brush for cleaning the surface of teeth.
- iv) Ophthalmic - these are utilized for external application of eye but now-a-days they are replaced by eye drops.

LIQUID DOSAGE FORMS

I. Monophasic Liquid Dosage Form:-

It refers to liquid preparation in which there is only one phase. It is represented by true solution. The component of solution which is present in large quantity is called solvent, whereas the component present in small quantity is called solute.

A) Internal use:

- i) Syrups: Simple syrup is a saturated solution of sucrose in purified water. The concentration of sugar is 66% w/w. The syrups are sweet viscous preparation.

Reason: ① Oxidation, ② Decomposition, ③ Palatable.

Simple Syrup: Antibiotics, Antihistamines, sedative, Antitussive
Ginger syrup, tolu syrup etc.

Types: 1) Medicated syrup - Medicinal Sub.
2) Flavoured syrup - Aromatic or flavoured sub.

(ii) Elixirs: They are sweet aromatic preparation, and usually coloured. Main ingredients are ethyl alcohol (4 to 40%), water, flavouring agents, glycerine, syrup + preservatives.
eg- Terpin hydrate elixir, Piperazine citrate elixir.

- 1) Medicated elixirs - very potent drug.
- 2) Flavouring elixir - As flavour + vehicle.

(iii) Linctuses: They are viscous liquid and oral preparations that are generally prescribed for relief of cough. They contain medicaments such as demulcent, sedative or expectorant action should be taken in small dose, swallowed slowly without diluting it with water.

eg- Codeine linctus.

iv) Drops: These are liquid preparation meant for oral administration. The oil soluble vitamins such as vitamins A and D ~~concentrate~~ concentrate in fish, liver oil as drops for administration.

B) External Use:

(i) Lotions: Lotions are liquid preparations meant for external application without friction. They are applied direct to the skin with the help of some absorbent material such as cotton wool soaked in it. Alcohol is sometimes used in aqueous lotions.

(ii) Liniments: Liniments should not be applied on broken skin. They are liquid and semiliquid preparations meant for application to the skin. They are usually applied to skin with

Friction and rubbing of skin. The liniments may be alcoholic.

eg:- Camphor, turpentine liniment.

Oily solutions and emulsions contain analgesic, rubefacient, soothing and counter-irritant.

(iii) Gargles: These are aqueous solutions used to prevent or treat throat infections. They are brought into intimate contact with mucous membrane of throat and are allowed to remain in contact with it for a few seconds, before they are thrown out of the mouth.

eg- Potassium ~~chlorate~~ chlorate and phenol gargles.

(iv) Mouthwashes: Dissolved in warm water before use. These are aqueous solutions with pleasant taste and odour, use to make clean and deodorize the buccal cavity.

eg- NaCl mouth wash, Zinc sulphate and zinc chloride mouth wash.

These contain antibacterial agents, alcohol, glycerin, sweetening agents and colouring agents.

(v) Throat paints: They are viscous liquid preparations used for mouth and throat infections. Glycerine is used as a base because being viscous, being viscous it adheres to mucous membrane for a longer period.

eg- Iodine paint compound.

(vi) Spray: These are preparations of drugs in media which may be aqueous, alcoholic or glycerin. They are applied to the ~~mucous~~ mucous membrane of nose or throat with an atomiser.

eg:- Adrenaline and Atropine spray compound, Nebuliser.

vii) Eye lotions: These are aqueous solutions ~~as~~ used for washing the eyes.

eg- NaOH, NaHCO_3 eye lotion.

viii) Eye drops: These are suspensions of drugs that are instilled into the eye with a dropper.

ix) Nasal Drops: These are solution of drugs that are instilled into the nose with a dropper.

eg- Ephedrine nasal drops.

II. Biphasic Liquid Dosage Forms:

The liquids which consists of two phases are known as biphasic liquids.

1. Emulsions: An emulsion is a biphasic liquid preparation containing two immiscible liquids, one of which is dispersed as minute globules into the other. The liquid which is converted into minute globules is called the 'dispersed phase' and the liquid in which the globules are dispersed is called the 'continuous phase'.

Normally, two immiscible liquids cannot be dispersed for a long period. So, an emulsifying agent is added to the system.

It forms a film around the globules in order to scatter them indefinitely in the continuous phase, so that a stable emulsion is formed.

These are two types —

(a) Oil in water type (O/W) emulsion: in which oil is in the dispersed phase whereas water is in the continuous phase.

These type emulsion are preferred for internal use. In these emulsions, gum acacia, tragacanth, methyl cellulose,

are used as an emulsifying agent.

(b) water in oil type (w/o) emulsion: in which water is in the dispersed phase whereas oil is in continuous phase. These emulsion are mainly used externally as lotions or creams.

2. Suspensions: The suspensions are the biphasic liquid dosage form of medicament in which finely divided solid particles are dispersed in a liquid or semi-solid vehicle.

eg- ~~Bas~~ BaSO_4 for suspensions.

Ampicillin for oral suspensions.

(i) Flocculated: Suspensions are said to be flocculated, when the individual particles are in contact with each other and form a network like structure.

(ii) Deflocculated: Suspensions in which the individual particles exists as a separate entity.

* The following test are done for distinguishing between o/w and w/o emulsions:—

1) Dilution test— The emulsion is diluted with water. In case the emulsion remains stable after its ~~dis~~ dilution, if it is o/w emulsion.

2) Dye test— The scarlet red dye is mixed with the emulsion. Place a drop of emulsion on microscope slide ~~a~~ ~~8~~ ~~5~~ ~~exam~~ examine under microscope. If the disperse globules appear red & 'ground' colourless. Then emulsion is o/w type. The reverse condition in w/o type.

3) Conductivity test— water is good conductor of electricity. If bulb glows. Then o/w type of emulsion.

The emulsions are of three types according to their use. There are —

(a) Emulsions for oral administration: These are generally o/w type emulsions, and are used for administration of medicinal oils. The emulsification helps to mask the disagreeable taste.

eg-liquid paraffin emulsion.

(b) Emulsions for external use: The emulsions for external application may be both o/w or w/o but o/w types emulsion is preferred. Generally the emulsions for application to the skin are semi-solid at room temperature.

(c) Intravenous (IV) emulsion: The oil soluble sex hormones vitamin A, D and K are administered as intravenous injections. The emulsified oils are also injected as diagnostic aids. These emulsions should have small globule size and must be sterile.

SEMI-SOLID DOSAGE FORMS

Semi-solid dosage forms are mainly meant for external application (eg-ointments, creams, pastes, jellies etc). The suppositories are also included in this category although these are unit dosage forms.

A. Ointments: Ointments are semi-solid preparations meant for application to the skin or mucous membrane. They usually contain a medicament or medicaments dissolved, suspended or emulsified in the ointment base. They may contain a suitable antimicrobial preservative. The ointments are mainly used as protective or emollient for the skin. The medicated

Ointments are meant for action on epidermis or for action on deeper layers of cutaneous tissues or to penetrate deep and release medicaments to body fluids.

The ointments which are meant for application to the eye are called 'Ophthalmic Ointments'. These Ointments are sterile and free from irritation. In the preparation of these ointments, the yellow soft paraffin is used instead of white soft paraffin; the reason for this being that white soft paraffin may contain small traces of the bleaching agent which are generally left over after bleaching the yellow soft Paraffin. Hence, the white soft paraffin may cause irritate to the eye.

An ideal ointment base should possess the following properties

- ① It should be inert, odourless and smooth.
- ② It should be physically and chemically stable.
- ③ It should be compatible with the skin and with the incorporated medicaments.
- ④ It should be of such a consistency that it spreads and softens when applied to the skin with stress.
- ⑤ It should not retard healing of the wound.
- ⑥ It should not produce irritation or sensitisation of the skin.

The ointment bases are classified into:

1. Oleaginous bases
2. Absorption bases
3. Emulsion bases
4. Water soluble bases.

Oleaginous Bases: These bases consist of water soluble hydrocarbons, vegetable oils, animal fats and waxes. The constituents of hydrocarbon bases are soft paraffin, hard paraffin and liquid paraffin. The animal fat includes lard. The vegetable oils are used chiefly in ointments to lower the melting point or to soften bases of higher consistency.

These bases serve to keep the medicaments in prolonged contact with the skin and also act as occlusive dressings. They have a low capacity to absorb water and are used chiefly for ~~the~~ their emollient effects.

These bases are losing their importance now a days for the following reasons: —

1. They are greasy.
2. They are sticky and are difficult to remove both from skin and clothing.
3. They retain body heat which may produce an uncomfortable feeling of warmth.
4. They do not help in the absorption of medicaments.

c. Absorption Bases: These bases are generally anhydrous substance which have the property of absorbing ~~the~~ (emulsifying) considerable quantities of water but still retaining their ointment-like consistency. The absorption bases are of two types: (i) Non-emulsified bases
(ii) water in oil emulsions.

The non-emulsified bases absorb water and aqueous solutions producing w/o emulsions e.g. wool fat (anhydrous lanolin), wool alcohol, bees wax and cholesterol. The water in oil

emulsions are capable of absorbing more water and have the properties of non-emulsified bases eg. hydrous wool fat (lanolin).

These bases are used as vehicles for aqueous liquids or as solutions of medicaments.

D. **Emulsion Bases:** These bases are semisolid or have a cream-like consistency. Both o/w and w/o emulsions are used as ointment base. The oil in water type of emulsion bases are more popular because these can be easily removed from the skin or clothes by washing with water. The w/o type of bases are greasy and sticky eg. compound benzoic acid ointment and zinc undecenoate ointment are prepared by using the emulsifying ointment. The emulsifying ointment is prepared from emulsifying wax, white soft Paraffin and liquid paraffin.

E. **Water-Soluble Bases:** These are commonly known as "greaseless ointment bases". The water-soluble bases consist of water soluble ingredients, such as, polyethylene glycol polymers which are popularly known as carbowaxes. The carbowaxes are water soluble, non-volatile and inert substances. These are available in varying consistencies depending upon their molecular weights.

F. **Creams:** These are viscous semi-solid emulsions which are meant for external use. The creams are of two types, aqueous and oily creams. In case of aqueous creams, the emulsions are oil-in-water type and in case of oily creams, emulsions are water in oil type. The oil-in-water type

cream is relatively non-greasy. In aqueous creams, the emulsifying anionic, cationic and non-ionic waxes, polysorbates and triethanolamine soaps are used as emulsifying agents. The oily creams are generally prepared with emulsifying agents, such as, codol fat, wool alcohols, beeswax and calcium soaps. A suitable preservative is generally added in ^{aqueous cream} which have the tendency to reduce the growth of bacteria and fungi. Creams should be stored and supplied in well ~~to~~ closed containers which prevent the ~~evaporation~~ ^{evaporation} and ~~contamination~~ ^{contamination}. Collapsible tubes of metal or suitable plastic should be used for storage of creams.

G. Pastes: Pastes are semi-solid preparation intended for external application to the skin. They differ from ointment as they contain a high proportion of finely powdered medicaments such as zinc oxide, calcium carbonate, starch etc. These substances make the paste very thick and stiff. Moreover pastes are less greasy than ointments. The stiffness property of paste makes them useful as protective coatings. They are used mainly as antiseptic, protective or soothing dressing which are often spread on lint before being applied.

Pastes should be stored and supplied in containers made of materials which do not allow absorption or diffusion of the contents.

Jellies: Jellies are transparent or translucent, non-greasy, semi-solid preparations mainly used for external application to the skin. These are also used for lubricating ~~the~~ catheters, surgical gloves and rectal thermometers. The substance like gelatin, starch, tragacanth, sodium alginate and cellulose

derivative are used in the preparation of Jellies. These are now becoming popular for contraceptive purpose and contain surfactants to enhance the supermicroidal properties of the jelly.

PRESCRIPTION

10.12.21

* Prescription:- Prescription is a written order from a registered medical practitioner, or other properly licensed Practitioners, such as dentist, Veterinarian etc. to a pharmacist to compound and dispense a specific medication for the patient. The order is accompanied by directions for the Pharmacist to prepare a specific type and quantity of ~~prepa~~ Preparation for a patient. The prescription also include the directions for the patient regarding the mode of administration of drugs, which is dispensed for him.

The prescription are generally written in the English language but Latin words or abbreviations are frequently used in order to save time.

* Parts of Prescription —

Prescription are generally written on a typical format which are usually kept as pads. A typical prescription consists of following parts:-

(1) Date

(2) Name, age, sex and address of the patient

(3) Superscription

(4) Inscription

(5) Subscription

(6) Signatura

(7) Renewal instructions

(8) Signature, address, and registration number of the

Prescriber

1. Date: It helps a pharmacist to find out the date of prescribing and date of presentation for filling the prescription. The prescription which prescribe narcotic or other habit forming drugs, must bear the date, so as to avoid the misuse of prescription if it is presented by the patient, a number of times for dispensing.

2. Name, age, sex and address of the patient: Name, age, sex and address of the patient must be written in the prescription because it serves to identify the prescription. In case, if ~~any~~ any of these information is missing in the Prescription, the same may be included by the Pharmacist after proper enquiry from the patient. Age and sex of the patient, especially in case of children, help the pharmacist to check the prescribed dose of medication. In some cases the weight of the patient may also be require in order to calculate the appropriate dose.

3. Superscription: It is represented by a symbol $\mathcal{R}$ which is written before writing the prescription. $\mathcal{R}$ is an abbreviation of the Latin word *recipe*, meaning 'You take' (Take thou). In olden days, the symbol was employed considered to be originated from the sign of Jupiter, God of healing. This symbol was employed by the ancient in requesting God for the quick recovery of the patient.

4. Inscription: This is the main part of the prescription order, contains the names and quantities of the prescribed ingredients. The names of ingredients are generally written in English language but common abbreviation used

can be written both in English and Latin languages.

The name of each ingredient is written on a separate line along with its quantity. In complex Prescriptions containing several ingredients the inscription is divided into following parts:—

(a) Base: The active medicaments which are intended to produce the therapeutic effect.

(b) Adjuvant: It is included either to enhance the action of medicament or to improve the palatability of the preparation.

(c) Vehicle: It is included in the prescription either to dissolve the solid ingredients or to increase the volume of the preparation.

5. Subscription: This comprises direction to the pharmacist for preparing the prescription and number of doses to be dispensed. These days, the prescribers are omitting the specific ~~is~~ instructions to the pharmacist because the majority of the prescriptions are not compounded and ~~dis~~ dispensed.

6. Signatura: This consists of the direction to be given to the patient regarding the administration of the drug. It is usually written as 'sig' on the prescription. The instructions given in the prescription. The instructions given in the prescription are required to be transferred to the label of the container in

which the medicament is to be dispensed, so that the patient can follow it.

The instruction may include the following:-

- (a) The quantity to be taken
- (b) The frequency of administration or application
- (c) The mode of administration.
- (d) The special instructions such as dilution direction.

7. Renewal instructions: The prescriber indicate on every Prescription order, whether it may be renewed and if so, how many times. It is very important particularly in the prescription containing the narcotic and other habit forming drugs to prevent its misuse.

8. Signature, address & registration number of the prescriber:

The ~~prescriber~~ prescription must bear the signature of the prescriber along with its registration number and ~~add~~ address. It is very important particularly in the prescription containing the narcotic and other habit forming drugs, to prevent its misuse.

+ SWASTIK NURSING HOME.
Model Town, Delhi

Date - 23-12-2021

Name - XYZ

Age :- 40 years

Address - Delhi.

Rx (Superscription)

cod liver oil - 30ml

Syrup - 12 ml

Ferric ammonium citrate - 4g

Cinnamon water - 90ml

Flat emulsion (subscriptio)

Sig - cochleare magnum bismolie sumenda

Refill

Sd/-

Name of Prescribe

M.B.B.S, MD

Regd No - ---

ix) Handling of Prescription:-

The following procedure should be adopted by the Pharmacist while handling the prescription for compounding and dispensing -

1. Receiving
2. Reading and checking.
3. collecting and weighing the materials.
4. compounding, labelling and packaging.

1. Receiving : The prescription should be received from the patient by the pharmacist himself. while receiving

a prescription, a pharmacist should ~~to~~ not change his facial expression which gives an ~~im~~pression to the Patient that he is surprised or confused after seeing the prescription.

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2. Reading and checking: On receiving a prescription, always check it that it is written in a proper format i.e. doctor's Pad or OPD slip of the hospital/nursing home and signed by the prescriber along with date.

A prescription should always be screened behind the counter. In case of any difficulty in reading or any ~~bad~~ doubt regarding the prescription ingredients or directions, the pharmacist should consult the other Pharmacist or the prescriber. But under no circumstance Patient should come to know ~~to~~ about it. ~~B~~ Pharmacist should never guess about the meaning of any illegal or confused word. It may lead to serious consequences.

Sometimes prescription is received on telephone by senior pharmacist. In ~~set~~ such case, after taking down the prescription, it should be verified by repeating it on phone to the prescriber. It is very important because nowadays, the number of drugs with almost the same pronunciation and spelling are available in the market.

For example →

<u>Acidin (R)</u>	<u>Apidin (R)</u>
Prednisone	Prednisolone
Digoxin	Digitoxin
Althrocin	Eltroxin

If there is any omission of any important particulars such as the dose, the prescriber should be contacted.

3. collecting and weighing the material: Before compounding the prescription, all the materials required for it, should be collected on the left hand side of the balance. After weighing the material it should be shifted to right hand side of the balance. This gives a check of ingredients which have been weighed. while compounding, the label of every stock bottle should be read at least three times in order to avoid any error —

a) when taken from the shelf or drawer,

b) when the contents are removed for weighing and measuring.

c) when the containers are returned back to its proper place.

4. compounding, labelling and packaging: Compounding should be carried out in a neat place. All the equipment etc. required should be thoroughly cleaned and dried. Only one prescription should be compounded at one time. All the ingredients should be compounded according to the direction of the prescriber or according to Pharmaceutical art. The compounded medicaments should be filled in suitable containers depending on its quantity and use. The filled containers are

suitably labelled. white plain paper of good quality should be proportional to the sized of the container which is written or typed, giving all the desired ~~informed~~ information. The label should be fixed with a good quality of adhesive, almost in the centre leaving equal space from the bottom and top of the container. The container is polished so as to removed the finger prints. While delivering the prescription to the patient, the pharmacist should explain the mode of administration, direction for use, and storage.