

Only for the use of Medical Professionals

Cora-DX[®]

Calcium Carbonate (from Coral source) & Vitamin D₃

Description

Cora-DX[®] is a preparation of Calcium Carbonate (from Coral source) and Vitamin D₃ (Cholecalciferol). The Calcium Carbonate from Coral has a chemical structure that is very similar to the composition of human bone. Coral Calcium is similar to other source but ensures better absorption. Vitamin D₃ helps in the absorption of Calcium from gastrointestinal tract and maintains the Calcium balance in the body.

Indications

Cora-DX[®] is used to prevent or treat low blood Calcium levels in people who do not get enough Calcium from their diets.

Cora-DX[®] is used for the treatment and prevention of the following conditions:

- Osteoporosis
- Osteomalacia
- Rickets
- Tetany
- Hypoparathyroidism
- Pre-eclampsia during pregnancy
- Premenstrual syndrome (PMS)
- Post-menopausal osteoporosis

Cora-DX[®] is also used as supplement in the following conditions:

- Pregnancy & lactation
- Elderly patients
- Inadequate intake of Calcium in childhood

Dosage and administration

One tablet of **Cora-DX[®]** is taken once or twice daily or as directed by the physician. Taking in full stomach ensure better absorption.

Use in pregnancy & lactation

During pregnancy and lactation Calcium Carbonate (from Coral source) and Vitamin D₃ should be given as per recommendation of physician.

Side effects

Most common side effects are flatulence, diarrhea, constipation, upper GI discomfort etc. Hypercalciuria and hypercalcemia due to prolong use has rarely been reported.

Contraindications

Hypersensitivity to any of the component of this preparation. It is also contraindicated in case of hypercalcemia, hyperparathyroidism, hypercalciuria, nephrolithiasis, severe renal insufficiencies, concomitant Digoxin therapy (requires careful monitoring of serum Calcium level), renal calculi and Zollinger-Ellison syndrome.

Precautions

Patients with mild to moderate renal failure or mild hypercalciuria should be supervised carefully and periodic checks of plasma Calcium levels and urinary Calcium excretion should be made. Calcium should be used cautiously in patients with pre-existing heart disease, sarcoidosis, kidney stones and kidney diseases. Calcium carbonate containing products reduce acidity of the stomach. When hypercalcemia occurs, discontinuation of the drug is usually sufficient to return serum Calcium concentrations to normal. Patients with a history of stone formation should also be recommended to increase their fluid intake. The reduction of acid decreases the absorption of Iron from the intestine. Therefore, doses of Calcium and Iron should be separated by several hours.

Drug interactions

It has possible interaction with Digoxin, antacids containing Calcium, Aluminum or Magnesium, other Calcium supplements, Calcitriol. Oral calcium can reduce the absorption of Tetracycline, Doxycycline, Aminocycline or Oxytetracycline, therefore minimum 3 hours time should be allowed between ingestion of these medications. Thiazide diuretics reduces the renal excretion of Calcium. Phenytoin, Barbiturates, Glucocorticoids may induce metabolism of Vitamin D. Concomitant ingestion of certain foods like spinach, cereals, milk and its derivatives may reduce the intestinal uptake of Calcium. So while taking Calcium (from Coral source) and Vitamin D₃ with any of these drugs consultations of the physicians is needed.

Overdose

Symptoms of overdose may include nausea and vomiting, severe drowsiness, dry mouth, loss of appetite, metallic taste, stomach cramps, unconsciousness, diarrhea, weakness, headache, constipation, dizziness or irritability. Treatment includes cessation of therapy and adequate rehydration.

Pharmaceutical precautions

Store in a cool & dry place. Protect from light.

Presentation

Cora-DX[®] tablet: Each coated tablet contains Calcium Carbonate (from Coral source) USP 1500 mg equivalent to 600 mg of elemental Calcium & Vitamin D₃ (Cholecalciferol) BP 400 IU.

Package quantities

Cora-DX[®] tablet: Carton of 30 tablets in blister.

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