Market Perception of Doctor's towards Deltone PPI for GERD and APD Disordered and Its Competitive Analysis in Varanasi.

By

Ranjeet Kumar Yadav

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport

Jaipur-302029, Rajasthan

Ph: 0141 3924700, Fax: 3924738

Website: www.iihmr.edu.in

SCHOLAR CERIFICATE

This confirmation reflects my origins in Ranjeet Kumar Yadav 0202, under the supervision of Mr Rahul Kumar, for an award of the University's MBAs for Pharmaceutical Management, carried out during the period 12/4/2020 to 12/06/2020, entitled "Market perception of Doctors towards Deltone PPI for GERD and APD Disordered and its competitive Analysis in Varanasi."

Signature

content

Preface

Any information is insufficient at the same time as now no longer direct flair with appreciate to it. Inside the well-being location mainly coming into to rub of the matters is extraordinarily fundamental as its problems rectangular degree stressed and profound unmoving.

To tackle the problems within the MBA well-being phase, the pharmaceutical management research would like to see an agreement on non-open or open operation of the distinctive institutions, as this 1/2 of a year postulation is reserved for the second year.

In terms of postulation, I'm satisfied that under Alembic Pharmaceutical I've been given the opportunity, as I accepted, to determine also how to deal with the running of offers that organised the uplifting organisation for its customers. In the Alembic Pharmaceutical, all of our attention has been given to the state of Pine Tree for deciding on the discipline we prefer to attend to, and which I have decided on from the officials of Alembic Gastron.

Acknowledgment

I might want to offer my true thanks towards **Alembic Pharmaceutical.** for choosing me as a learner for my thesis task and allowing me a chance to chip away at this undertaking and for giving a decent working feel to fruitful finishing of this venture.

I might likewise want to offer my earnest thanks towards my Mentor **Mr. Rahul Sharma** for helping me in my undertaking. His direction and instructing have been of an incredible assistance during my venture.

At long last, I might want to offer uncommon expression of Thanks towards **Mr Shivam Singh and Mr. Harendra Singh** of Alembic Pharmaceutical. Without his direction it wouldn't have been workable for me to glance into specialty openings in my venture.

Last however not the least; I might want to communicate my true gratitude to my Institute **IIHMR** for giving me all sort of help in my paper venture at Alembic Pharmaceutical.

Ranjeet Kumar Yadav
Trainee at Alembic Pharmaceutical, Varanasi.

Objective of the thesis

A bit of a study diploma path is a critical complice. As the sight, second-12-month understandings, which are not subject to all alleged affiliation, aim to extend the affiliation and understanding of the medicinal supply framework and its capacities to a broad presentation of different work places. The big desires of the overdue estimate unit in the spring:

• This wellness transport framework associated with the open and personal segments should be better implemented.

• To monitor national/state/local implementation of various wellness segments. ·

• Implement different wellness framework factors, through co-operation with key partners, process manufacturers, software managers, scholars and professionals.

• To address the challenge / challenge of using the affiliation of the summer season paintings.

Company profile

Type	Public
Industry	Pharmaceutical
Founded	1907
Headquaeters	Vadodara, Gujrat India
Area served	World wide
Key people	Chirayu Amin (Chairman)
Products	Pharmaceuticals ,branded and Generic drugs

https://en.wikipedia.org/wiki/Alembic_Pharmaceuticals#Products_and_services

Company Products

For Digestive Treatment

- DELTONE
- PIORIDE
- RAFLE
- FREEGO
- FREEGO PEG
- ACTIGUT
- URDIOGEM

Abstract

The factor of the exam is to recognize the specialist's discernment toward Deltone PPI, and the remedy finished through Gastritis for numerous symptoms and symptoms.

In this exam I actually have finished the evaluate of one hundred experts. By this evaluate I tried to recognize for which symptoms and symptoms experts wishes to make use of PPI and what various things experts count on from PPI.

I actually have finished my evaluate with the help of poll. The consequences obtained from the evaluate is beneficial and beneficial. In this evaluate I moreover tried to recognize the contenders of DELTONE and why experts lean towards DELTONE PPI over distinctive gastritis.

The exam encourages me a super deal to recognize numerous elements of sense advertise.

Introduction

The digestive system is a set of organs operating collectively to transform meals into power and primary vitamins to feed the complete frame. In the frame known as the food or gastrointestinal traits, food passes through an extended pipeline (GI tract). The digestive system is divided mainly into 2 segments. 1) Alimentary canal 2) Accessory organs Alimentary canal can be divided in 2 parts. 1) Upper Digestive Tract 2) Lower Digestive Tract Organs of Upper Digestive Tract involve oral cavity, pharynx, esophagus, stomach, and duodenum (first part of small intestine) while lower digestive tract involves jejunum and ileum (mid and last part of small intestine), lower intestine, rectum and anus (opening of rectum).

Upper Digestive Tract

1) **Buccal Cavity:**

   It is also the cavity lying at the upper end of the alimentary canal, bounded on the outside by the lips and inside by the pharynx and containing in higher vertebrates the tongue and teeth. This cavity is also known as the buccal cavy derived from the Latin bucca meaning a "cheek"

2) **Pharynx:**

   The hollow tube that is about 5 inches long. The pharynx serves as a entryway for the trachea and esophagus. Its muscular walls function in the process of swallowing and it serves as a pathway for the movement of food from the mouth to theesophagus. Divisions of the pharynx a) Nasopharynx b) Oropharynx c) Laryngopharynx

3). Esophagus:

The oesophagus is a muscle tube that links the throat with the stomach in the upper gastric system. The tube is 25cm long and 3-4 mm thick, whereas neutral phenomena are 6-7.

Role of UES & LES

The Upper Esophagus Sphincter (UES) connects the pharynx to upper end of esophagus while Lower Esophageal Sphincter (LES) is a bundle of muscles at the low end of the esophagus, where it meets the stomach.

5) Duodenum:

the first part of the small intestine just outside the belly

- It accounts for First 25 cms (10 inches) – Small intestine
- It is Horse shoe shaped
- Bile & pancreatic ducts open into the duodenum
- pH in the duodenum alkaline

6) Ileum:

- The ileum is the last part of the three-part tube that makes up the small intestine.
- It is where the remaining nutrients are absorbed before moving into the large intestine.

3) Large Intestine:

a massive gut. The colon is divided in the same way:

1. Cecum and Appendix (first colon) 1.
2. Columbus rising (ascending withinside the again wall of the abdomen)

3. Flexure of the correct colic (flexed part of the ascending and transverse colon obvious to the liver)
4. Colon crossing (passing underneath the diaphragm)
5. Flexed part of the colic (transverse and downward colon that is evident to the spleen)
6. Colon descent (descending down the left facet of the abdomen)
7. Colon Sigmoid (a loop of thesss colon closest to the rectum)
8. Rectum
9.Anus, The main feature of the massive intestine is its absorption.

Accessory Organs:

An organ that aids digestion but doesn't belong to the digestive tract. Tongue, salivary glasses, pancreas, liver or gallbladder are the digestive accessories.

Process of Digestion

In following steps, the digestion process can be divided.

• The simple act of putting food in the mouth is ingestion.

• Powered food is moved through the food duct and both sweat and peristalsis are included.

• Mechanical digestion involves chewing, mixing, burning, and segmentation as a physical process to prepare food for chemical digestion.

• Chemical digestion is a series of catabolic steps by breaking down complex food molecules into enzyme blocks.

• Absorption is a transition from GI tract lumen to the blood or lymph of digested end products through the mucosal cells.

defecation by means of anus as faeces eliminates invertebrates from the body.

Acid Peptic Disorders

The damage to the delicate mucosa, as well as the coating of the stomach, the oesophagus and duodenum leading to an ulceration known as "acid peptic disease,"

is responsible for excessive secretion of HCL and pepsin or weakened stomach mucosa protection.

"The name 'peptic acid' includes GERD, gastritis, gastric ulcer, duodenal ulcer, oesophageal ulcer, Zollinger Ellison syndrome, and divertically finched meckles. The term 'acid peptic disease' includes many conditions.

Types of Acid Peptic Disorders are as below:

Acid Peptic Disorders:

GERD

Peptic Ulcer Disease

Gastric

Duodenal

Gastro-esophageal reflux disease GERD

What is Acid Reflux?

Acid reflux is wherein acid is regurgitated (delivered returned up) into your throat and mouth. Regurgitation of acid generally reasons an unpleasant, bitter flavor on the pinnacle of your throat or the returned of your mouth.

What Is GERD?

Gastroesophageal refers to the stomach and the esophagus. Reflux refers to the backflow of acidic or non-acidic stomach contents into the esophagus. It occurs when the esophageal defenses are overwhelmed by stomach contents that reflux into the esophagus.

Symptoms of GERD GERD is characterized by symptoms and/or tissue damage that results from repeated or prolonged exposure of the lining of the esophagus to contents from the stomach.

1. If tissue damage is present, the individual is said to have esophagitis or erosive GERD.

2. The presence of symptoms with no evident tissue damage is referred to as non-erosive GERD.

Common Symptoms of GERD

- Heartburn,
- Belching
- Difficulty or pain when swallowing
- Waterbrash (sudden excess of saliva)
- Dysphagia (the sensation of food sticking in the esophagus)

Treatment Approach for GERD

Treatment of GERD mainly includes managing or preventing the complications of GERD, maintaining the remission for long time, elevation of symptoms and healing the damaged esophageal mucosa.

Lifestyle modifications are suggested initially to control GERD before introducing medications for same.

1) **Lifestyle modifications:**
   - Avoidance of alcohol, chocolate, citric juice and tomato-based products
   - Avoidance of peppermint, coffee and perhaps the family of ointments
   - Eating small, frequent foods instead of big foods
   - Wait 3 hours after a meal to lie
   - Prevent food (except liquors) from being taken into the bed 3 hours after bed
   - Elevate bed head 8 inches
   - Avoid bending or stalling positions

2.) In gastroesophageal reflux disease, the following medicines are used:

- Antagonists of the H2 receptor (eg, ranitidine, cimetidine, famotidine, nizatidine)
- Inhibitors of the proton pump (eg, omeprazole, lansoprazole, rabeprazole, esomeprazole, pantoprazole)
- Fastening agents • (eg, aluminium hydroxide)
- Antacids (such as hydroxide aluminium, hydroxide magnesium).)

Peptic Ulcer Diseases

Peptic ulcer disorder refers in the flaking of the stomach, the first part of the small intestines, to painful sores or ulcers called the duodenum.

1. Ulcers known as Gastric Ulcer in stomach linings
2. Ulcer is called Duodenal ulcer in duodenum.

Causes of Ulcer:

Ulcer is the end result of a disruption of the digestive fluid between the stomach and the duodenum. Most ulcers are caused by an infection of Helicobacter pylori, a type of bacterium (H. pylori).).

The goal of the treatment in peptic ulcer is to relieve symptom – pain, to promote ulcer healing, to prevent complications, to prevent recurrence of ulcers pH required for healing of lesions

Peptic Ulcers: pH > 3 to 3.5
GERD: pH > 4

DYSPEPSIA/INDIGESTION

Dyspepsia commonly known as indigestion, is a difficult, painful and abnormal digestion. Causes of Dyspepsia/Indigestion
• Gastroesophageal reflux (GERD), hiatus-based hernia, and burped-up stomach juices (regurgitation or reflux) and gas.
• A disorder which affected food movement, such as irritable bowel syndrome, through the intestines.
• Ulcers or duodenal peptic ulcer (stomach).
· Unable to digest dairy products and milk (lactose intolerance).
• Bile bladder pain or inflammation (fiability colic) (cholecystitis).
• Depression or fear. Dyspepsia/indigestion symptoms
• Belly pain or discomfort.
• Bloating.
• Feeling uncomfortably full after eating.
• Nausea.

• Loss of appetite.
• Heartburn.
• Burping up food or liquid (regurgitation).
• Burping

GASTRITIS

• Inflammation, irritation or erosion of the stomach filling is the gastritis. It may happen suddenly (acutely) or progressively (chronic))

Causes of Gastritis.

Gastritis can be caused by irritation caused by excessive alcohol consumption, chronic vomiting, stress, or by medications such as aspirin or other antimicroorganisms.

It can also be caused by bacterial virus infection. The main responsible for this is Helicobecter Pylori.

Gastritis symptoms The most common signs include:

• Bloating abdominal or recurrent stomach upset

• abdominal pain

• Able to absorb

• Indigestion - stomach or night burning feeling

• Blood loss

• Appreciation of the material

• Black, tarry, bone stubs

• Blood loss

• Blood loss or coffee ground feeling.

Gastroparesis

Gastroparesis is a medical condition consisting of a paresis (partly paralysis) of the stomach, which results in an abnormal length of food being in the stomach. The condition is also called delayed gastric emptying.

• Diabetes – Paralysis of gastric nerves

• Idiopathic

• Post-operative Treatment of Gastroparesis

• Prokinetic Agents are the main stay of treatment in Gastroparesis as they – Decrease the gastric motility – Shorten the gastric emptying time – Relieve the symptoms

Mechanism of Action

Proton pump inhibitors act by irreversibly blocking the H+/K+ ATPase (hydrogen/potassium adenosine triphosphatase enzyme system) or, more commonly, the gastric proton pump of the gastric parietal cells. The proton pump acts in the terminal stage of gastric acid secretion, being directly responsible for secreting H+ ions into the gastric lumen, making it an ideal target for inhibiting acid secretion.

Therapeutic Actions

Reducing stomach acid can help heal duodenal healing and reduce indigestion and cardiovascular pain.

The PPIs are administered inactively and are protonated and reorganised into the active form of the inactive drug in an acid environment. The active form binds and disables the gastric proton pump in a covalent and irreversible way.

2.) H2 receptor antagonists: H2 antagonists competitively inhibits histamine at the H2 receptors and leads to a reduction in secretion of gastric acid. Histamine stimulates the secretion of gastric acid by action on H2 receptors, which are found in the parietal cells of the gastric mucosa.

3**) Prokinetics**

- Promotility drugs are drugs that enhance the emptying of the stomach and/or gut and enhance the contractions/co-ordination of the gut.
- Let's understand the Receptors in the Gut first to know the MOA of Prokinetics Dopamine Receptors are present centrally and peripherally in the body.
- Activation of Dopamine D2 receptors in the gut responsible for reducing the gut motility.
- Serotonin (5HT) receptors are also present in the body centrally as well as peripherally.

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Mechanism of Action of Prokinetics

Drugs like Domperidone blocks the D2 receptors in the GI tract and thus increase the motility of the gut (because activation of D2 receptors leads to decrease in motility).

This leads to decrease in gastrointestinal transit time and improve the gastric emptying. As food no longer available in the stomach, chances of GERD reduces.

Drugs like Levosulpiride produces the similar actions by dual mode of actions.

It does not only blocks the Peripheral D2 receptors but also activate 5HT4 receptors. Both activities lead to increase in gut motility.

Therapeutic Actions

As food travels down the stomach and enter into the duodenum, no food will go back to the esophagus so patients suffering from GERD will get the relief.

4. Anticholinergics:

Anticholinergic medication suppresses basal gastric secretion and nightly acid secretion in many cases.

5. Antacids:

Drugs antacids or topical antacid products are salts of aluminum and magnesium, which have the property of reducing gastric acidity by buffering and neutralizing them.

Mechanism of Action

• Acid-related Disorders Pain Reduction Associated Allow the layer of Mucus in the stomach to be cured.

• Treat ulcer by preventing the acids of the stomach from attack, by allowing the stomach to cure them.

• Neutralize increased acidity ph Raising Gastric ph From 1.3 to 1.6, 50 percent Gastric Acid is neutralised. Gastric ph 1 point raising (1.3 To 2.3)

• 90% of the gastric acid is neutralised.

Therapeutic Actions

As the acid is neutralized by antacids, hyper acidic conditions will not be prevailed.

Because of lower acidic condition in stomach symptomatic relief obtained in GERD, Dyspepsia and Gastric Ulcer.

Dexlansoprazole MR 60mg

Unique proton pump inhibitor with a duel release mechanism Esophagus

Dexlansoprazole MR

Unique proton pump inhibitor with a duel release mechanism

Dexlansoprazole

Dexlansoprazole MR

Dexlansoprazole MR was approved in early 2009 by the United States Food and Drug Administration (FDA) for the healing of all grades of erosive esophagitis.

Dexlansoprazole MR is available in 30 mg and 60 mg capsules that contain a mixture of two different enteric coated granules that have dissimilar pH dependent dissolution profiles.

Dual Drug Release technology:

Dexlansoprazole modified release (MR), utilizes dual drug release (DDR) technology that results in a biphasic release and absorption.

DDR technology produces a dual peak pharmacokinetic profile which results in an extended duration of exposure compared to the single peak associated with IR and DR PPIs.

The result is an increase in the area under serum concentration (AUC) time-curve and more prolonged exposure of the drug to the proton pumps found in the parietal cell.

Dual Drug Release technology

The DDR formulation delivers 2 drug inputs in the proximal and more distal small intestine.

Distinct pH-dependent releases of drug are designed to occur from two types of entericcoated granules stored in a gelatin capsule.

After dissolution of the outer capsule in the stomach, the first type of granule is designed to release quickly after the granules reach the proximal duodenum providing an initial drug.

Dual Drug Release technology

Tmax – 5 hrs

Protein binding 96.1% to 98.8%

Metabolized in the liver

Excreted in faeces

Comparative pharmacokinetic data of proton pump inhibitors

Pharmacodynamic parameters for various PPIs

Dosage and Administration:

The recommended treatment for 4 weeks once daily symptomatic non-erosive GERD. The recommended dose is once daily for up to eight weeks for erosive esophagitis.

The recommended treatment is used once a day to maintain erosive esophagitis.

It can be taken without regardless to food.

Special population

no need for a dose adjustment

Hepatic impairment –

Study which compared the pharmacodynamic effects of single doses of dexlansoprazole MR 60 mg and esomeprazole 40 mg on 24-hour intragastric pH in healthy adult subjects.

No of subjects – 44; aged 20–54 years

Primary pharmacodynamic end points over 24 hours postdose were percentage of time with intragastric pH >4 and mean pH.

The mean time frame of pH >4 for dexlansoprazole and esomeprazole was 58% and 48% at 0-24 hours, each with a statistical difference (P = 0.003).

The average pH value was 4,3 and 3,7 for dexlansoprazole and esomeprazole at 0–24 hours after dosing; statistically significant was the difference (P, 0,001)).

Results

The mean rates of 24-hour heartburn-free day Dexlamsoprazole MR were significantly higher (54.9% and 50.0% for 30- and 60-mg versus 17.5% for placebo, P <0.0001) heart-burnless nights.

The severity of the symptoms also decreased with dexlansoprazole MR.

Improved quality of life for dexlansoprazole MR patients was consistent with clinical endpoints of efficacy.

In comparison with placebos, declansoprazole MR effectively maintained and was well tolerated for cured erosive oesophagitis and symptom relief.

Patients who are suitable for dexlansoprazole MR GERD's new diagnosis.

Cure and maintain erosive esophagitis healing

Nonerosive symptoms of GERD

Need to relieve symptoms of 24-hour heartburn.

Required for flexibility in dosing.

Sleep disturbance related to night heartburn and GERD

Go to a single dosage per day

Poor reaction to PPI once daily

Concern for interaction between drug and drug – particularly clopidogrel

Dexlansoprazole Silent features

Dexlansoprazole MR, an enantiomer of lansoprazole,

1. It is a unique proton pump inhibitor with a duel release mechanism.

This release mechanism produces two distinct peak concentrations that result in prolonged mean residence time with increased duration of plasma concentrations and a greater percent time the pH is maintained above 4.

2. t can be administered without regards to meals

3. The safety profile of dexlansoprazole MR is similar to that of lansoprazole

Key Points:

Composition:

Each capsule of Deltone contains Dexlansoprazole 30 mg/ 60 mg MR (modified release)

Indication:

GERD (Gastro oesophageal reflux disease) and Acid peptic Disorder

[GERD: Back Flow of acid from stomach to Esophagus]

Mode of Action:

- Inhibit Proton Pump and decrease acid production

Dosage: OD

Treatment of GERD: OD

Treatment of (Non erosive reflux disease): 30 mg OD up to 4 weeks

Literature Review

NCBI Journal from H.K. Jung Proton Pump inhibitors Effects of oesophageal reflux in the gastrointestinal tract.

The full range of reflux disorders, including gastroesophagery reflux, ranges from the intermittent symptoms of cardiovascular heartburn or acid regurgitation to an endoscopic reflux oesophagus and the Barrett oesophagus (GERD).

1. The symptoms, but also the following consultations and treatments always have a major influence on the quality of life of the patient.

GERD may be the default.

Y. Jo, E. Park, S.B. Ahn, Y.K. Jo, B. Son, S.H. Kim Methods NCBI Journal The impact of 8 weeks of PPI therapy on gastritis were studied.

Return and compare PPI, which operates by binding in proton pumps with H+-K ± ATPase. This study was a randomised controlled experiment at the same time. Patients with stomach ulcers were randomly allocated a PPI for 8 weeks. At the beginning and after the 8-week treatment period, bone turnover parameters were assessed. Proton Pump Inhibitors (PPIs) in individuals with gastroesophageal reflux disease have been often associated with reduced symptoms (GERD). The outcome of PPI treatment for GERD patients, however, remains uncertain. In stomach mucosal or faecal samples, we evaluated the connection between the use of PPI and the use of 16S rRNA genetic sequencing by GERD and healthy controls (HCs). The short- and long-term PPI usage groups were further split into PPI

GERD patients. We found the relative bacterial diversity of the stomach microbiome in GERD patients was reduced with PPI treatment.

K. Bergh, L-Waldum, H. Martinsen Gastric juice, an infectious illness barrier.

Proton pump inhibitors become the core of acid-related disease therapeutic treatment. Long-term usage becomes more and more prevalent, with a proper signal in a few situations.

In the last decade an excessive range of observational study in a completely large selection of viable institutions is posted and the entire newsletter is seriously examined, so that triumphant evidence is assessed and converted into possible medical implications.
The triumphant evidence supports PPI remedy's benefits, especially if the PPI usage is founded on a relevant indication, which seems to exceed potential risks in the large majority of sufferers.

Methodology of research

Objective:

1.Do you know the efficacy of PPI in all types of gastritis problems?

2.Do you know the perception of the doctor about APD and GERD therapy?

Data gathering mode:

Type of study: Descriptive studies

Data Type: Quantitative information

Technique: Quastionnair.

Data: gathered from the 100 doctors located in the sampling unit

Type of sample: Dr: 100

Analysis and analysis of data

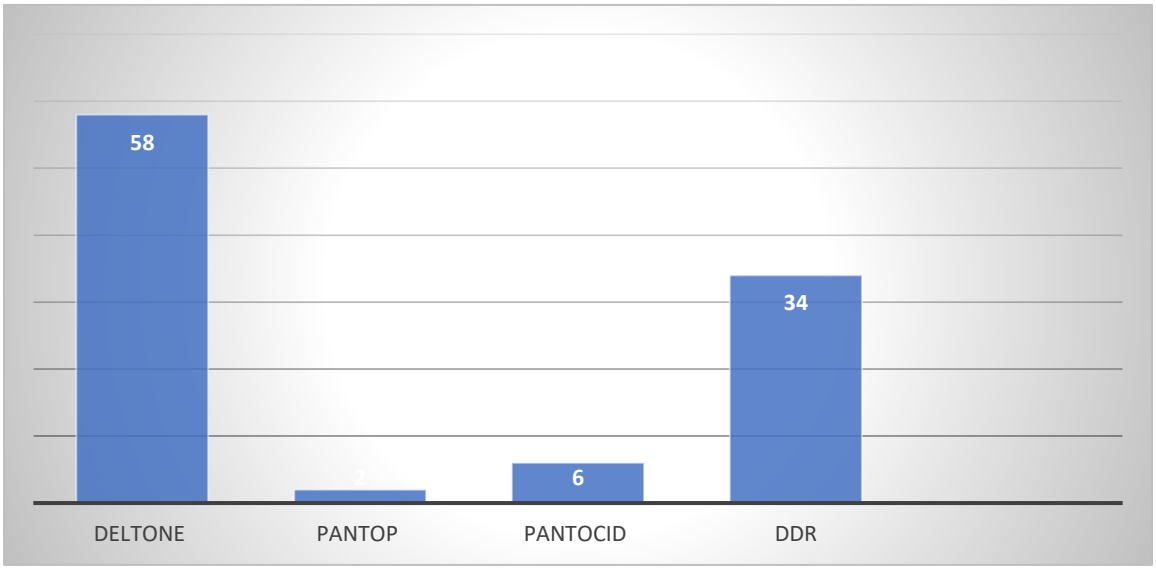
Q.1) Do you use PPI in GERD and APD ?

a) Deltone

b) Pantocid

c) Pantop

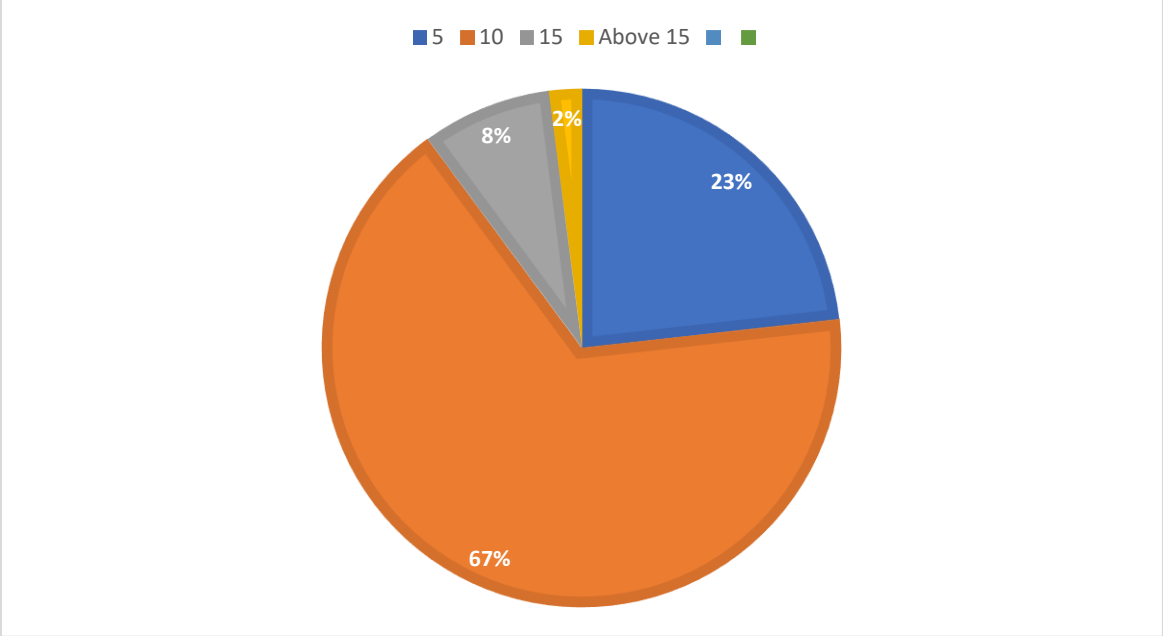
d) DDR



Most of doctors use Deltone For GERD and APD treatment.

Q.) How many patients complain about Erosive Esophagitis, Acid peptic Ulcer, Gastritis daily?

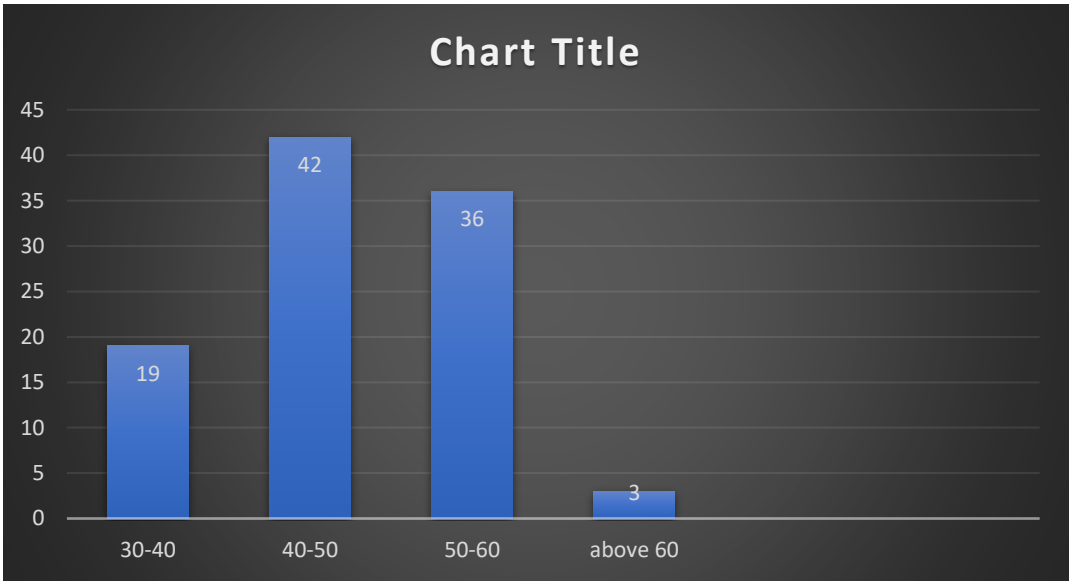
a) 5
b) 10
c) 15
d) Above 15



Mostly 10-15 patients complains about Erosive Esophagitis, acid peptic ulcer ,gastritis.

Q.3) What are the age group most complain about GERD and APD?

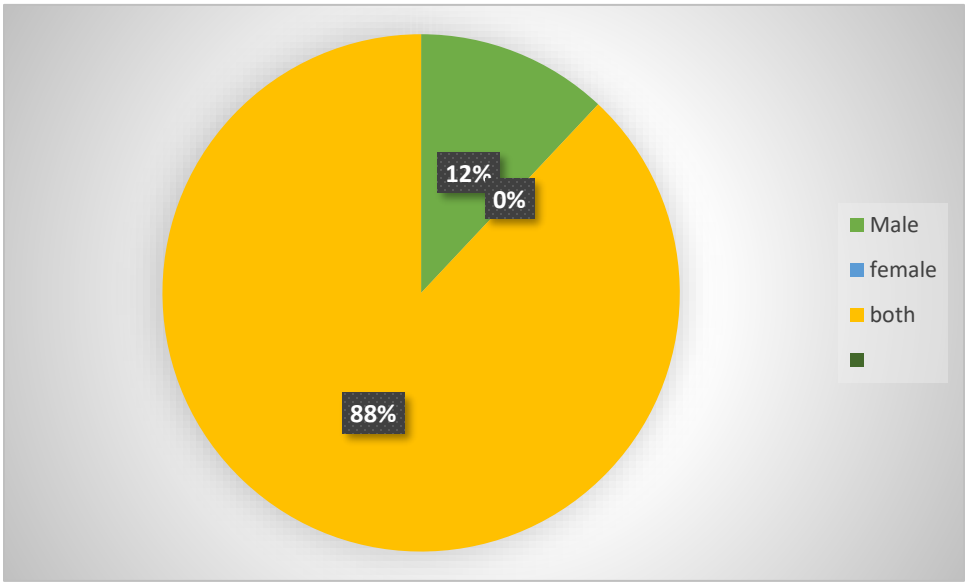
a) 30-40yrs
b) 40-50yrs
c) 50-60yrs
d) Above 60yrs



Mostly 40-50 years people complain about GERD and APD.

Q.4) Amongst the most cases are the prevalence of complaints above?

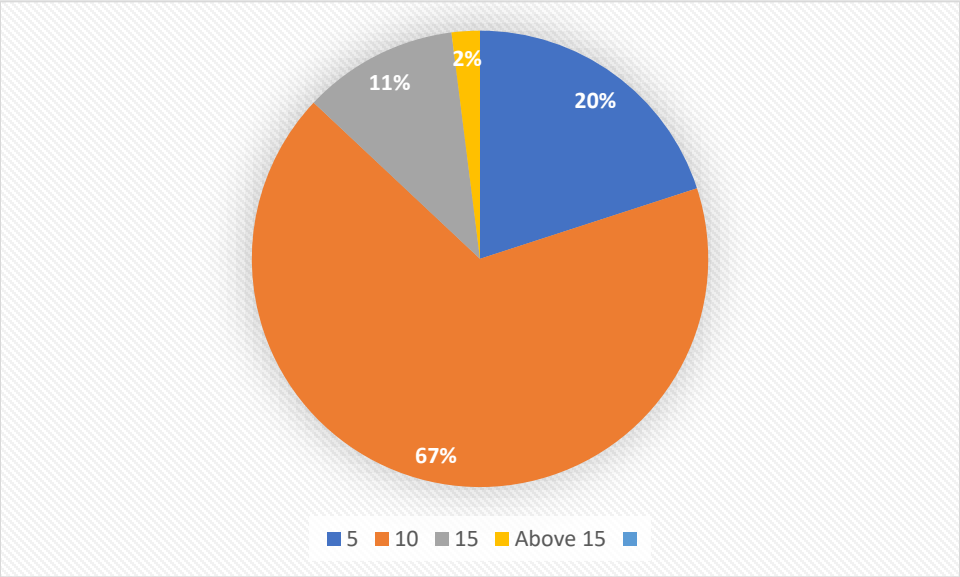
a) Female
b) Both
c) Male



The male and female having both prevalence rate.

Q.5) How many patients would like GERD and APD treatment out of these?

a) 5
b) 10
c) 15
d) Above 15



IN 15 patients 10 patients mostly wants treatment for the GERD and APD.

Q.6) How do you like PPI to be used?

a) Price

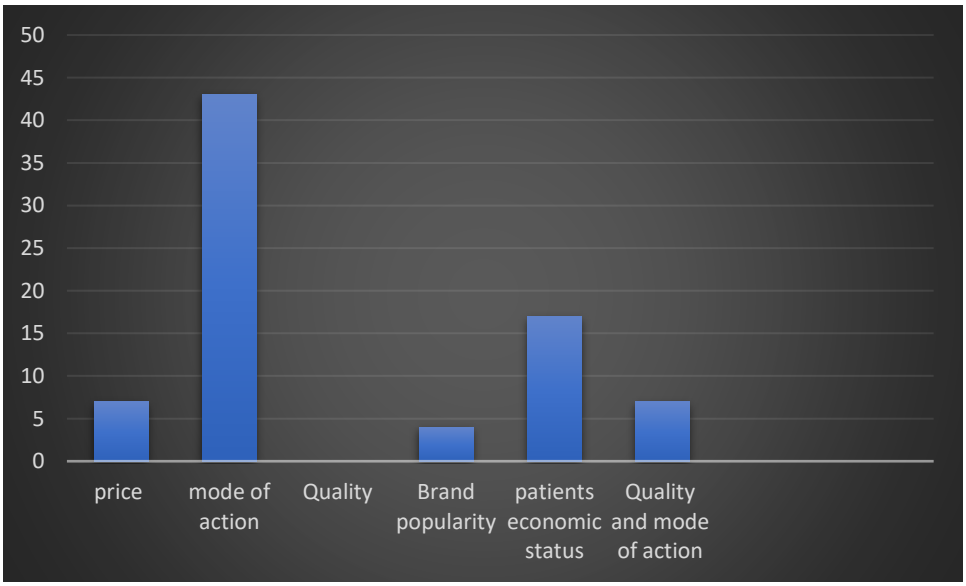
b) Action Mode

c) Quality

d) The popularity of the brand

e) Economic condition of the patient

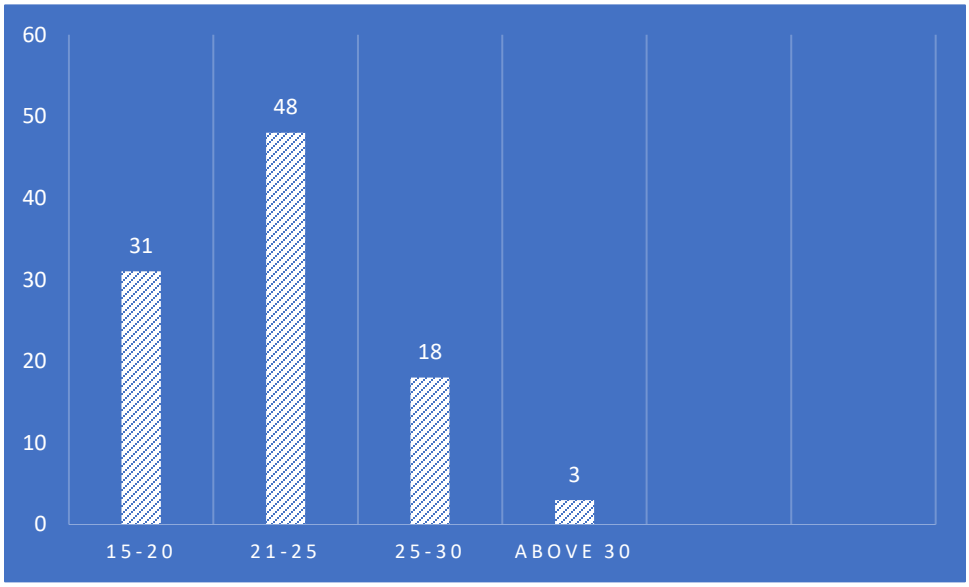
(f) Action quality and mode



Most of Doctor Prefer to use the PPI on the basis of action mode.

Q.7) How long are you taking the PPI for?

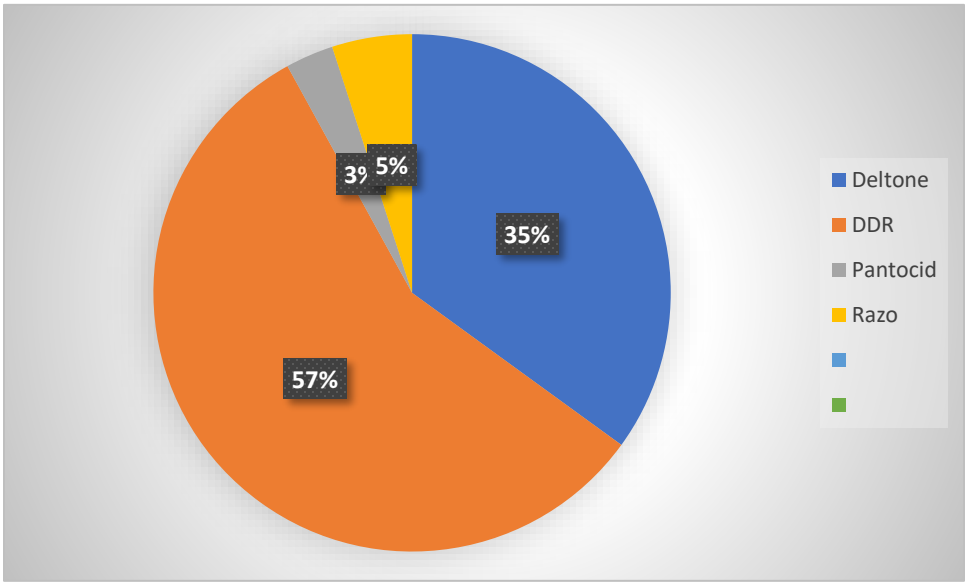
a) 15 to 20 days
b) between 21 and 25 days.
c) from 25 to 30 days.
d) 30 days above



Interpretation: Mostly 25 days taking PPI for complete treatment GERD and APD.

8.) which PPI of minimum interaction with another drug?

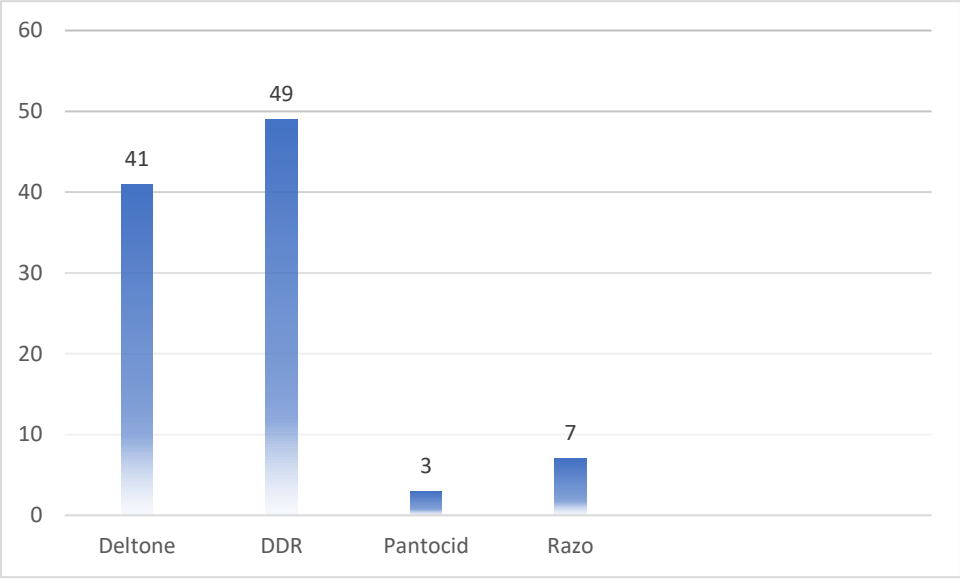
a) Deltone
b) DDR
c) Pantocid
d) Razo



Interpretation: DDR having minimum interaction with other.

9- Do you know which PPI is safest for cardiac patients?

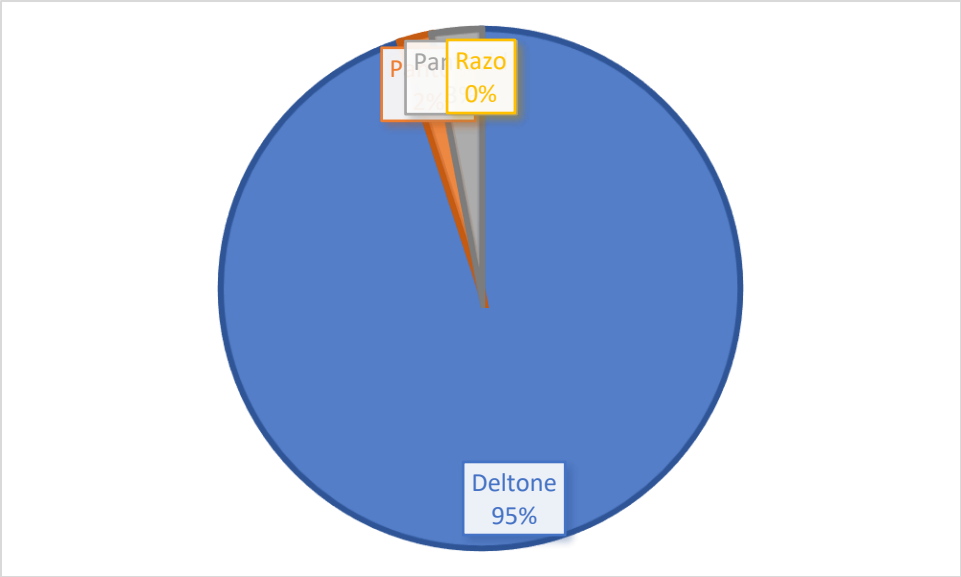
a) Deltone
b) DDR
c) Pantocid
d) Razo



Mostly Doctor Prescribe DDR for cardiac patients , DDR is safest for cardiac patients .

10) which PPI you prescribe with regardless food?

a) Deltone
b) Pantop
c) Pantocid
d) Razo



Mostly Doctor suggested DELTONE with regardless food.

Competitor analysis

Sr.No.	Brand name	Company Name	Price
1.	DDR	MSN	**160**
2.	PAN	ALKEM	**126**
3.	PANTOCID	SUN	**164**
4.	OMEZ	DR. REDDYS	**135**
5.	PANTOP	ARISTO PHARMA	**136**
6.	RAZO	DR. REDDYS	**176**
7.	PANTODOC	ZYDUS CADILA	**201**
8.	RABLET	LUPIN LIMITED	**125.6**

I've analysed competitor Deltone. The market contains eight competitive brands. This comparison shows that Deltone is suitable for all classes.

Recommendations

Deltone is huge for the remedy of gastritis according to experts. As it provides the stomach with so many blessings. According to experts who care about the gastric remedy of the patients with the aid of Deltone, something has to be done in the facilities and clinics. Because severe people approximately ignore Deltone and the remedy used by Deltone.

• More mindfulness applications are to be completed for sufferers approximately gastritis issues. Specialists want agencies need to likewise assist sufferers in information blessings of Deltone with the aid of using recordings and stand outlines withinside the center.

• Doctors moreover desires agencies marketing campaign to present video of Deltone conference and banners and holder, display and standee of Deltone associated of their facility and clinical clinics.

• So, sufferers gets conscious of Deltone. Furthermore, efficaciously desires of Deltone For remedy of GERD and APD remedy.

Conclusion

- To end up Deltone is feasible in Gastritis medicines. In the right here and now there's parcel of gastritis problems occurring due to infection and manner of existence adjustments, so people aren't coping with their Gastritis. Because of infection parcel of gastritis problems like GERD, APD happens. In this manner, those Deltone provide the excellent remedy for gastritis circumstance as indicated with the aid of using experts.
- As indicated with the aid of using experts the widespread majority of the affected person wishes to restoration themself as maximum punctual as should moderately be expected.
- Alembic pharmaceutical improvements is possibly the excellent agency in the texture put it on the market which offers great and feasible objects to experts and sufferers at splendid cost. What's more, there's a much less contenders' gift withinside the marketplace for Deltone which offers great and feasible Deltone to the experts.

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