



ADD 15 YEARS TO OUR LIFE  
CAN WE? OF COURSE, WE CAN!!

# Add 15 Years |

## Diabetes - Book 3.2

# SULFONYLUREAS

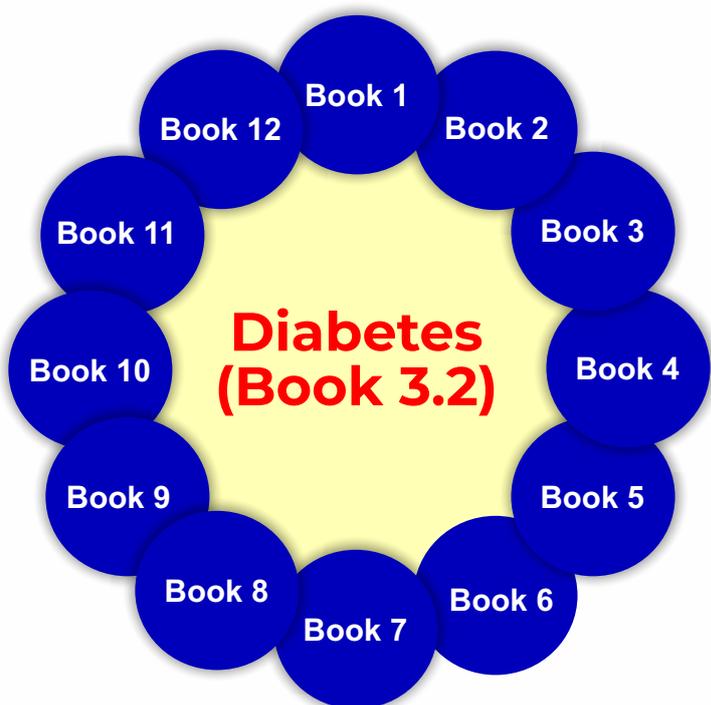
(2<sup>nd</sup> generation medicine)

**IN 2021:** No reason for kidneys to fail!!

**Before 1921:** Yes, You would have died.  
(year of Nobel Prize for Insulin)

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USA/India Edition 2021 | ENGLISH



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DM/Fellowship, USA



ADD 15 YEARS TO OUR LIFE  
CAN WE? OF COURSE, WE CAN!!

These  
“Medical Books”  
can really help  
in **Adding**  
**“15 Healthier Years”**  
to Our Lifespan!

“The recommended age is  
13yrs to 80yrs

The sooner you start, more  
years you add to lifespan.”



ADD 15 YEARS TO OUR LIFE  
CAN WE? OF COURSE, WE CAN!!

# PREFACE

## ***Think About It!***

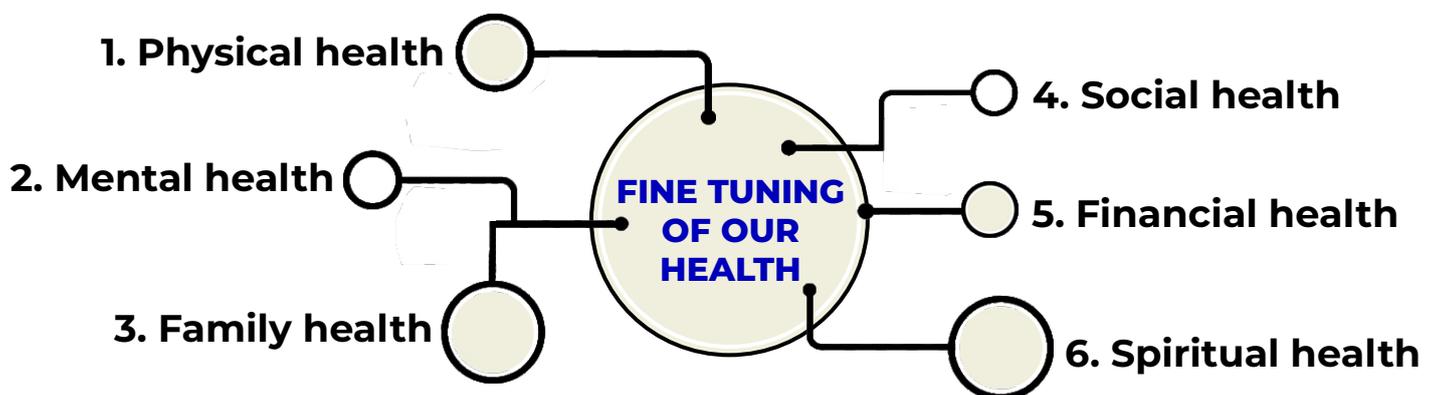
*Miracles do not happen in real life.*

At least in India (NOT very common in U.S.) we seek medical care only when we have so called “alarming symptoms” and MD/Physicians provide care with their focus on these “alarming symptoms”. We call it “Crisis Medicine”.

Personally speaking, in 2020/2021 and in the coming years, these “alarming symptoms” (called “Crisis Medicine”) should be RARE before we get into the 75 to 85 years of age group.

## **PROVIDED**

*We keep **fine tuning our health** (medical definition) and gain insight about fundamental medical knowledge, and we actively plan and pay attention to our:*



**TRUST ME ALL THE 6 TYPES OF HEALTH ARE IMPORTANT**

**Results will be dramatic.**

# DISCLAIMER

**In all the books that I am writing as a physician and a MD with a lifetime of experience (along with my team)-**

**I have mentioned the most common medical facts which each one of us need to know in our day to day life.**

Ignorance is never a bliss and 2020 has shown us that.

I highly recommend that anybody entering middle school (8th grade i.e. a 13-year-old) should start reading these books and try to read as many as he or she can **so that they can get an insight into the most common medical facts.**

***These books are written in basic English and several other languages as well.***

**If we get an insight into medical facts before we get into chain-smoking and excessive alcohol use or another drug abuse, then ultimately, we can live a healthy and a long life.**

All my research and common sense says that starting at the age of 13 years, (that is when we enter our teenage years, **our personality, our habits, our likings and our disliking -- all are pretty much shaped by the time we get to 26 years old or older.**

**Both India and USA are very dear to me,**

In the former I was born; I have my parents.  
In the latter, I have my wife and my children.

One thing became obvious to me as I live in USA, that the population is taking advantage of the latest medical advances.

Our Indian community, all our friends and families, when we have medical issues, are really putting themselves at the mercies of government and private hospitals, and doctors (with “zero” trust).

**In India, people have to spend their own money. Realizing this, I have provided all the medical information, which is available to us doctors, so that one can make wise choices and confidently take their health in their own hands.**

**But still I sincerely request that you should not take any medications without the supervision of your own family doctors.**



The facts that I have provided in my books are available in every other medical book, but I them in very simple English or in your language **because how are you going to make right choices in relation to your health, if you do not know what the answer is.**

Our horoscope/stars are not enough, and consulting a pandit, priest or maulana is never enough.

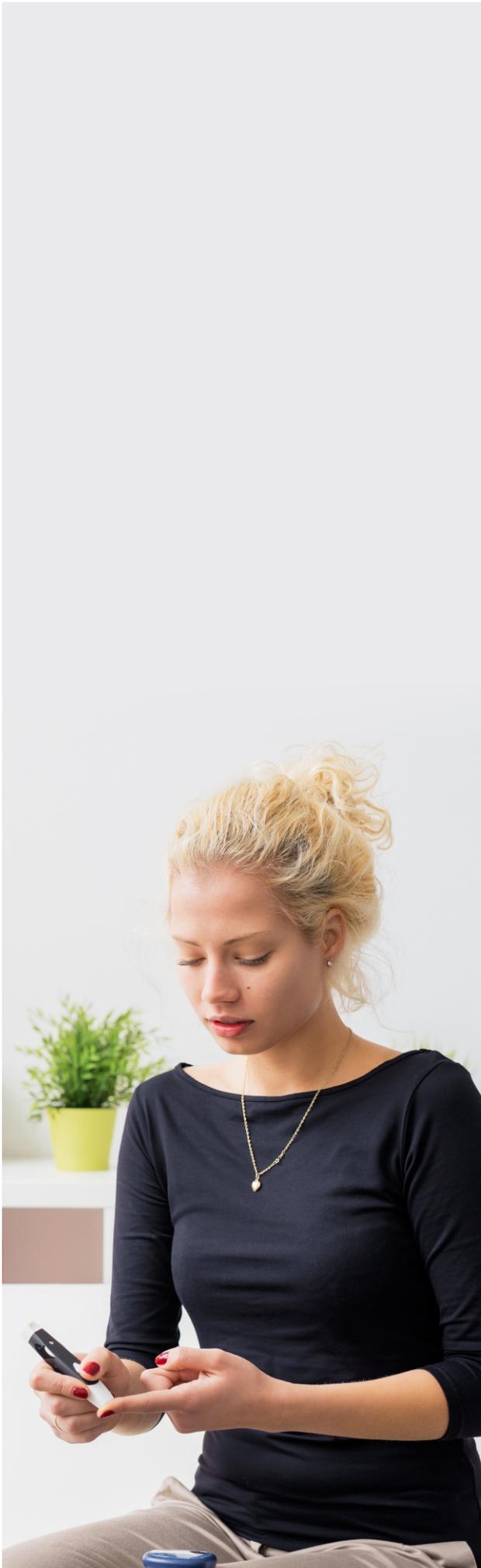
Blind faith is never an option.

Prayers help, yes! when we do not know the answer to a situation.

If our car runs out of petrol, then eventually it will not move; does not matter how much we may pray, it is never going to happen unless we fill the tank.

**If you anticipate and choose wisely, you will not have a crisis. So, our disclaimer is that we give you the insights but please always consult your physicians before starting any prescription medications.**





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**Before 1921:** Yes, You would have died.  
(year of Nobel Prize for Insulin)  
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**ADD 15 YEARS TO OUR LIFE**  
**CAN WE? OF COURSE, WE CAN!!**

Referring  
**Diabetes - Book 1**

**HIGH BLOOD SUGAR**

**IN 2021:** No reason for kidneys to fail!!

**Before 1921:** Yes, You would have died.  
(year of Nobel Prize for Insulin)

# Chapter 1

## Introduction



Frederick Grant Banting

John James R. Macleod

- The Nobel Prize in Physiology or Medicine 1923 was awarded jointly to Frederick Grant Banting and John James Rickard Macleod "for the discovery of **insulin**" in 1916.

Chap1Fig1

*Insulin was discovered in 1921 leading to a nobel prize. In 2021 we have 12 groups of medicines for medicine diabetes.*

### ***Think About It!***

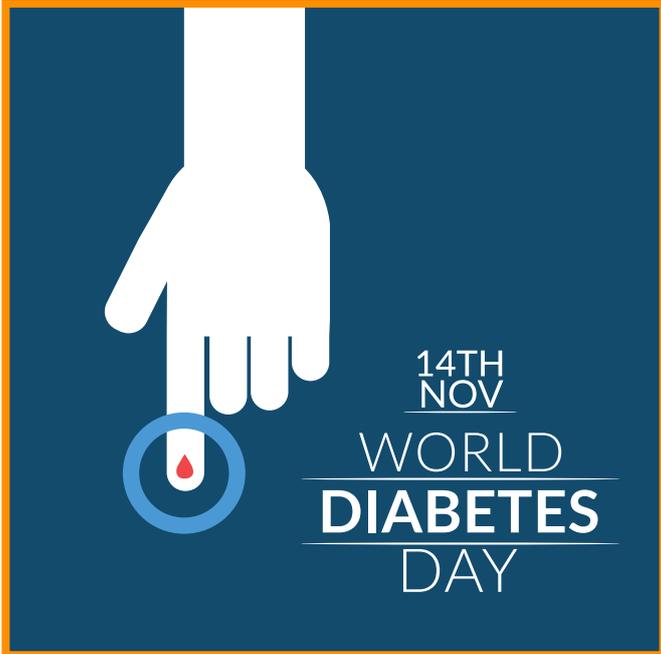
## Before 1921

*Every child who was born with Type 1 diabetes or lack of insulin would eventually die.*

*The discovery of insulin or should we say the discovery of insulin as a medicine has changed the history of diabetes and its treatment.*

# In 2021

We can now have a healthy life with functioning kidneys till very end!!

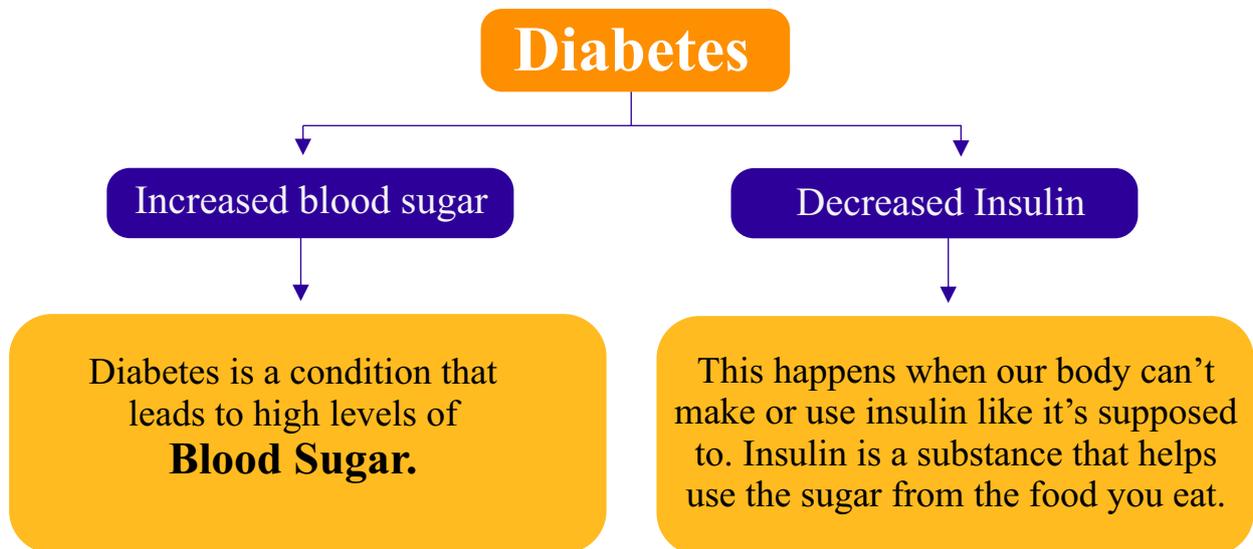


But yes, we have 12 to 13 different groups of medicines for high blood sugar.

**The golden principle** of the medicinal treatment of diabetes is that we start with one medication early in the course of treatment of diabetes.

We keep adding medicines as needed to control our blood sugar (along with diet & exercise)

Chap1Fig1



# Chapter 2

## The Golden Principle in Management of high blood sugar (Diabetes)

The golden principle of the medical treatment of diabetes is that Once we have high blood sugar (Diabetes) – exercise and diet management are needed life-long.

Together diet, exercise and medications – all will help!!

Risk of taking medications are minimal as compared to the benefits that we receive from these medicines!

1. We start with **one medication** early in the course of treatment of diabetes

**Start with one medication**

2. **Targets** for blood sugar control is decided by physician.

**Decide Targets**

3. Usual target is **HbA1c < 7**

**HbA1c < 7**

4. **As youngish we are more, we want to keep blood sugar is close to 100mg**

**Blood sugar close to 100mg**

**Continued**

**The golden principle of the medical treatment of diabetes is that Once we have high blood sugar (Diabetes) – exercise and diet management are needed life-long.**

**5. Today in 2021 are several groups of excellent medicines are available:**

a) which can **bring down our blood sugar by different mechanisms of action.**

b) As a golden rule, what we should start with **one medicine** if our blood sugar is not extremely high.

c) And as time goes on,  
**We can add a second medicine.**

**Start with one medicine, if blood sugar is not very high**

**Start with one medicine, Add a second medicine, if needed And add a third medicine, if necessary**

d) Or **we can even add a third medicine which works by a different mechanism.**

# Chapter 3

Diet and exercise are an integral part of high blood sugar management!

**[Diet and exercise are an integral part of high blood sugar management!]**

Purpose of medical management and medicines for diabetes is:

- To manage our blood sugar
- As close to 100mg as possible
- And HbA1c < 7



Chap3Fig1

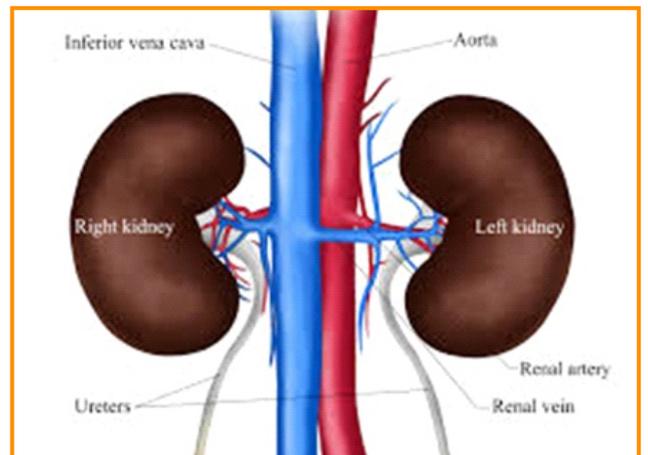


Chap3Fig2

**HbA1c**

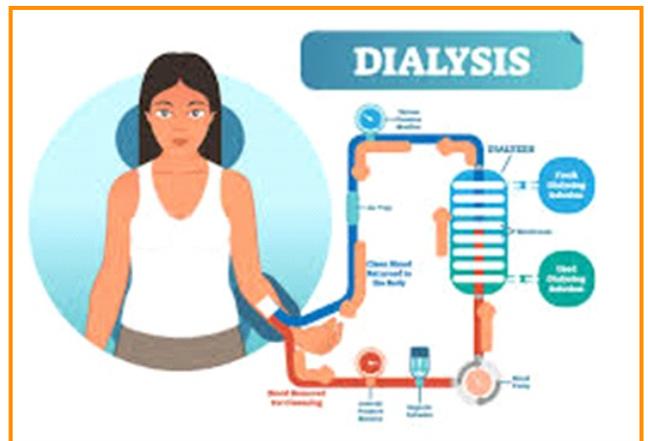
Chap3Fig3

- **To prevent kidney failure**



Chap3Fig4

- **And no dialysis**



Chap3Fig5

- **No heart attack (Diabetes is literally one of the reasons)**



Chap3Fig7

- **No blindness (Diabetes is one of the reasons)**



Chap3Fig8

- **No amputation of leg (Diabetes is one of the reasons)**



Chap3Fig9

## Chapter 4

Yes, Diabetes management can really reduce complications

If we manage diabetes from day one or even before we have actual diabetes (called prediabetes),  
Complication are dramatically delayed by



# Is it true?

✓ **Really Yes! it is True**

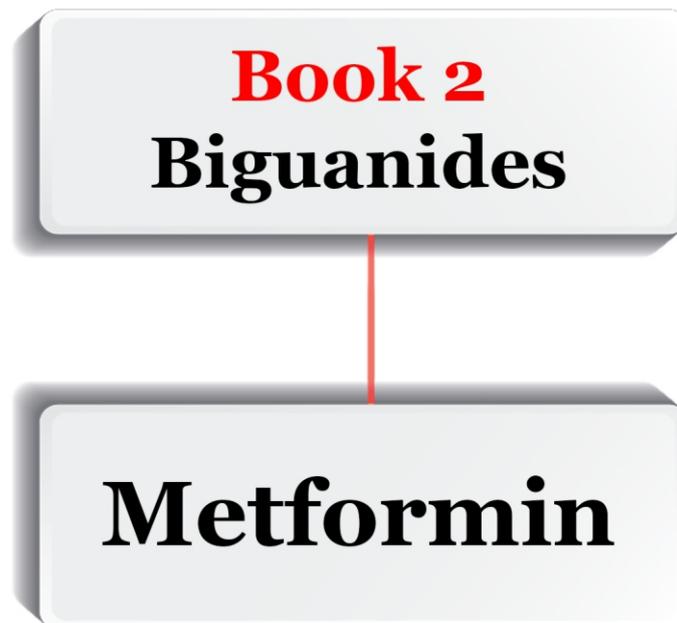
# Chapter 5

Today in 2020/2021 we have excellent medicines available

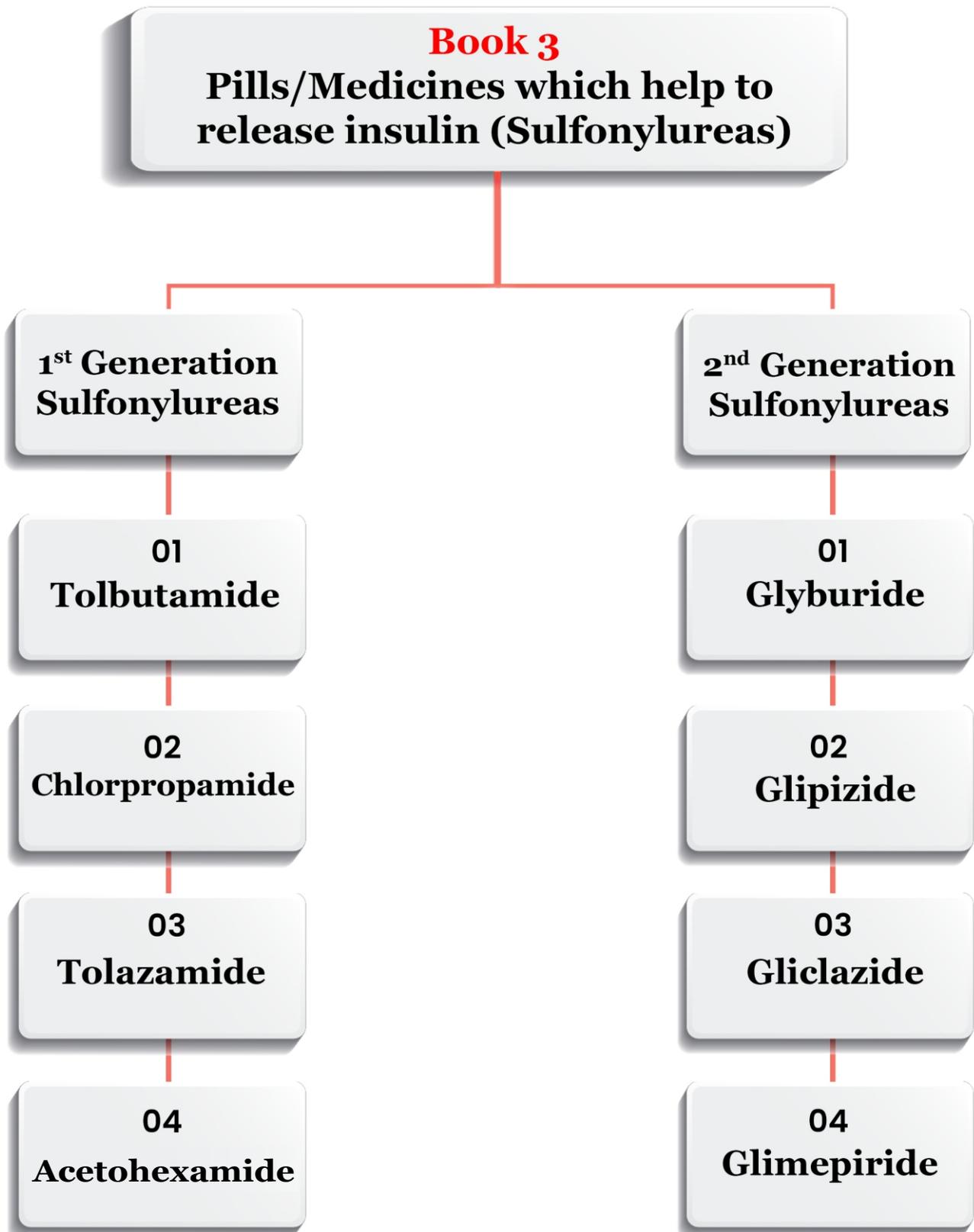
There are a number of medicines available in the market today for the treatment of Diabetes.  
The main groups which these medicines belong to are:

## **Book-2 Biguanides**

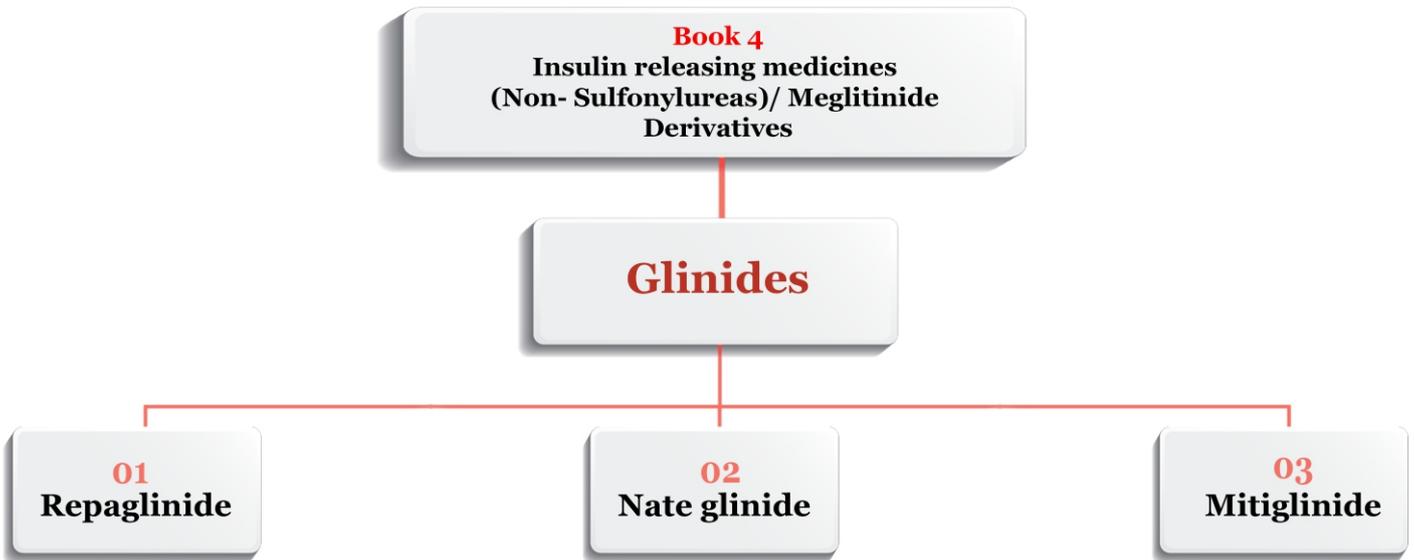
**Metformin:** The most famous and most used medicine and 1st medicine to start the treatment of diabetes.



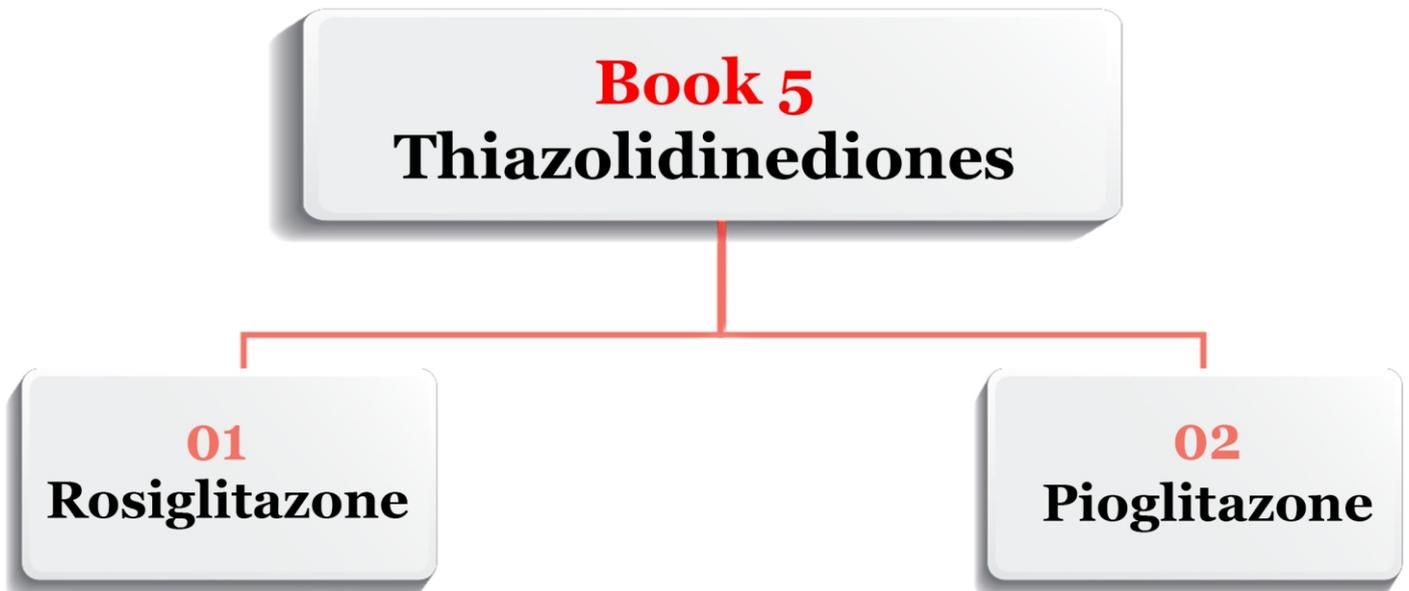
**Book-3 Pills/Medicines which help to insulin (Sulfonylureas)**



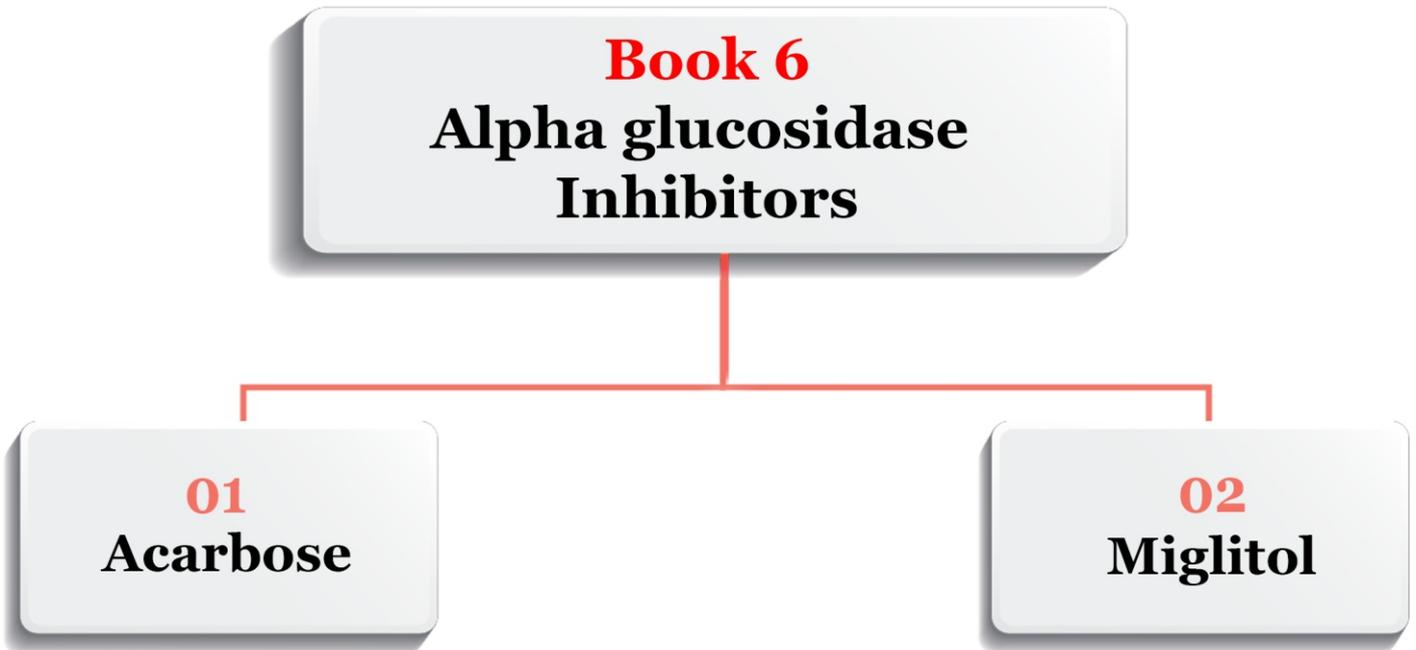
**Book-4** Insulin releasing medicines (Non- Sulfonylureas)



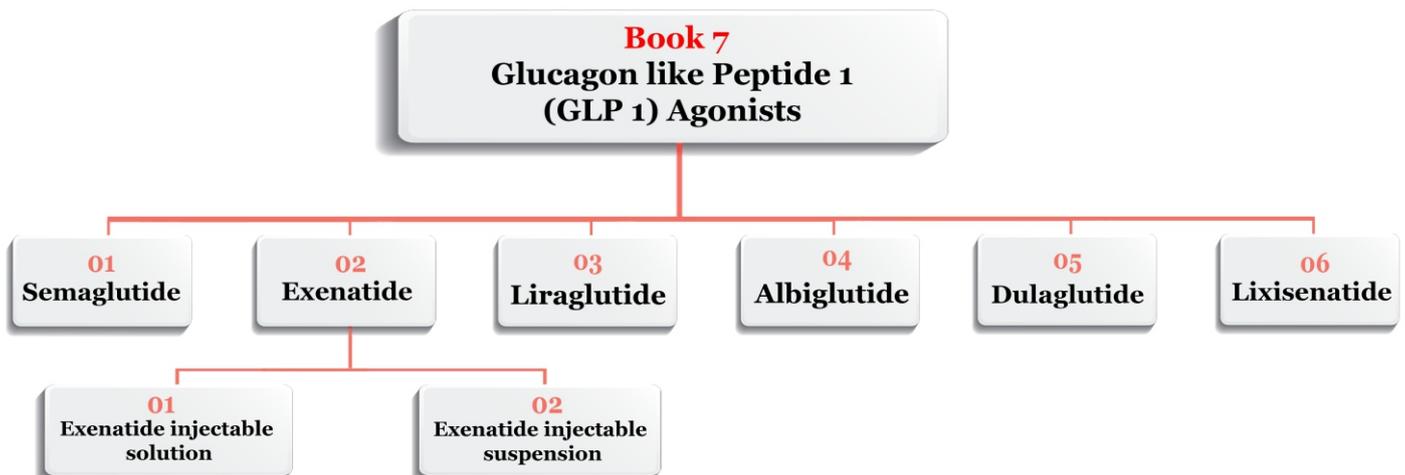
**Book-5** Thiazolidinediones



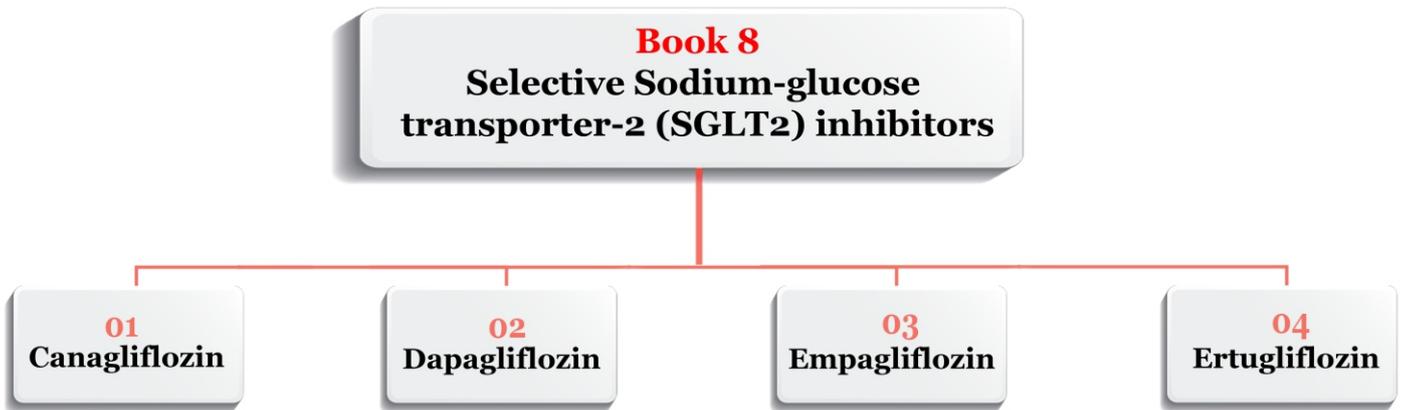
**Book-6** Alpha glucosidase Inhibitors



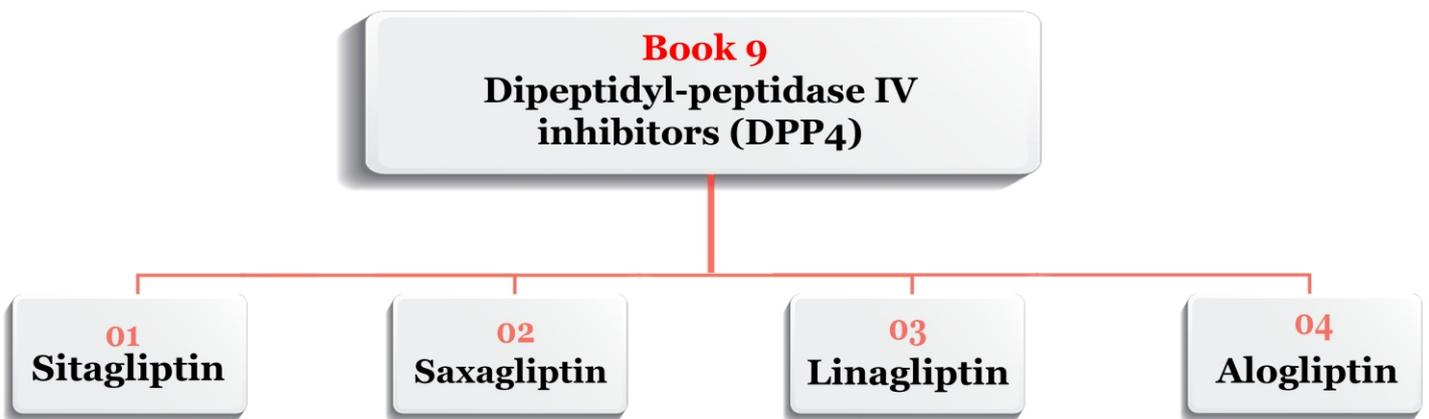
**Book-7** Glucagon like Peptide 1 (GLP 1) Agonists



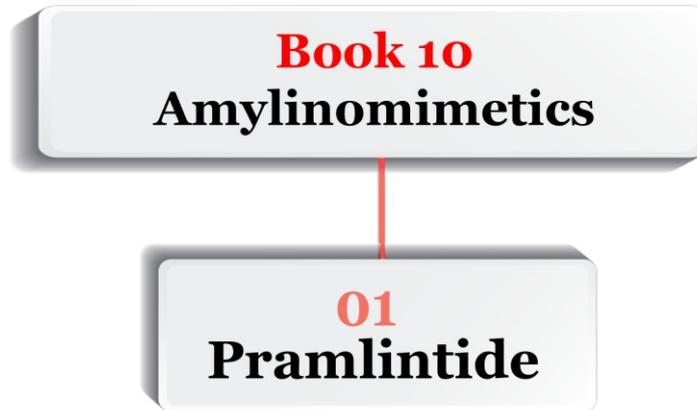
**Book-8** Selective Sodium-glucose transporter-2 (SGLT2) inhibitors



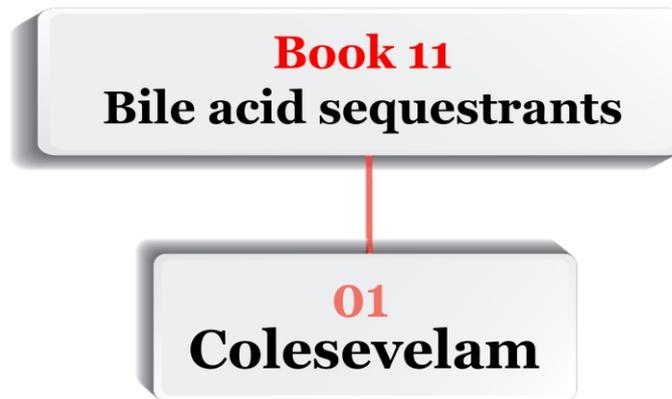
**Book-9** Dipeptidyl-peptidase IV inhibitors (DPP4)



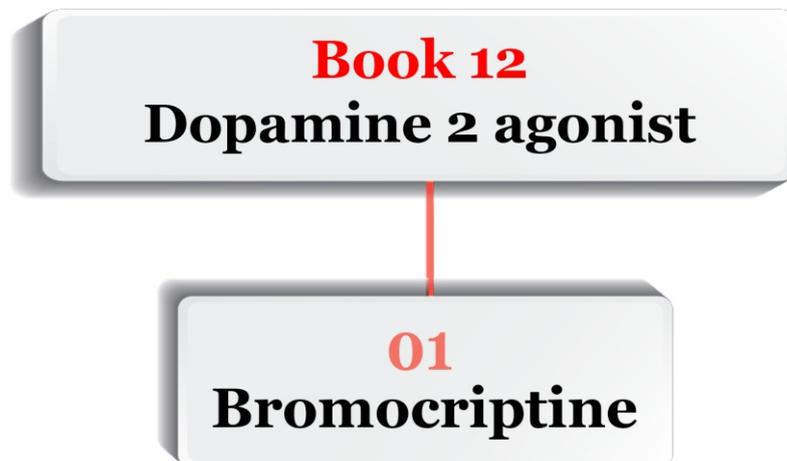
**Book-10** Amylinomimetic group



**Book-11** Bile acid sequestrants



**Book-12** Dopamine 2 agonist



# Chapter 6

There are dramatic advances in treatment of diabetes today in 2021

## **Think About It!**

We are **NOT** perfect; we don't need to be. But we **CANNOT** quit trying either.

Every high sugar management prescription always includes:

1. Medicine(s),
2. Diet, and
3. Exercise

*Without these, it is impossible to achieve our targets.*

In our medical world, medicines can be given by

By mouth/oral medication

or

By Injection below our skin  
(very easy to learn)



Chap6Fig1



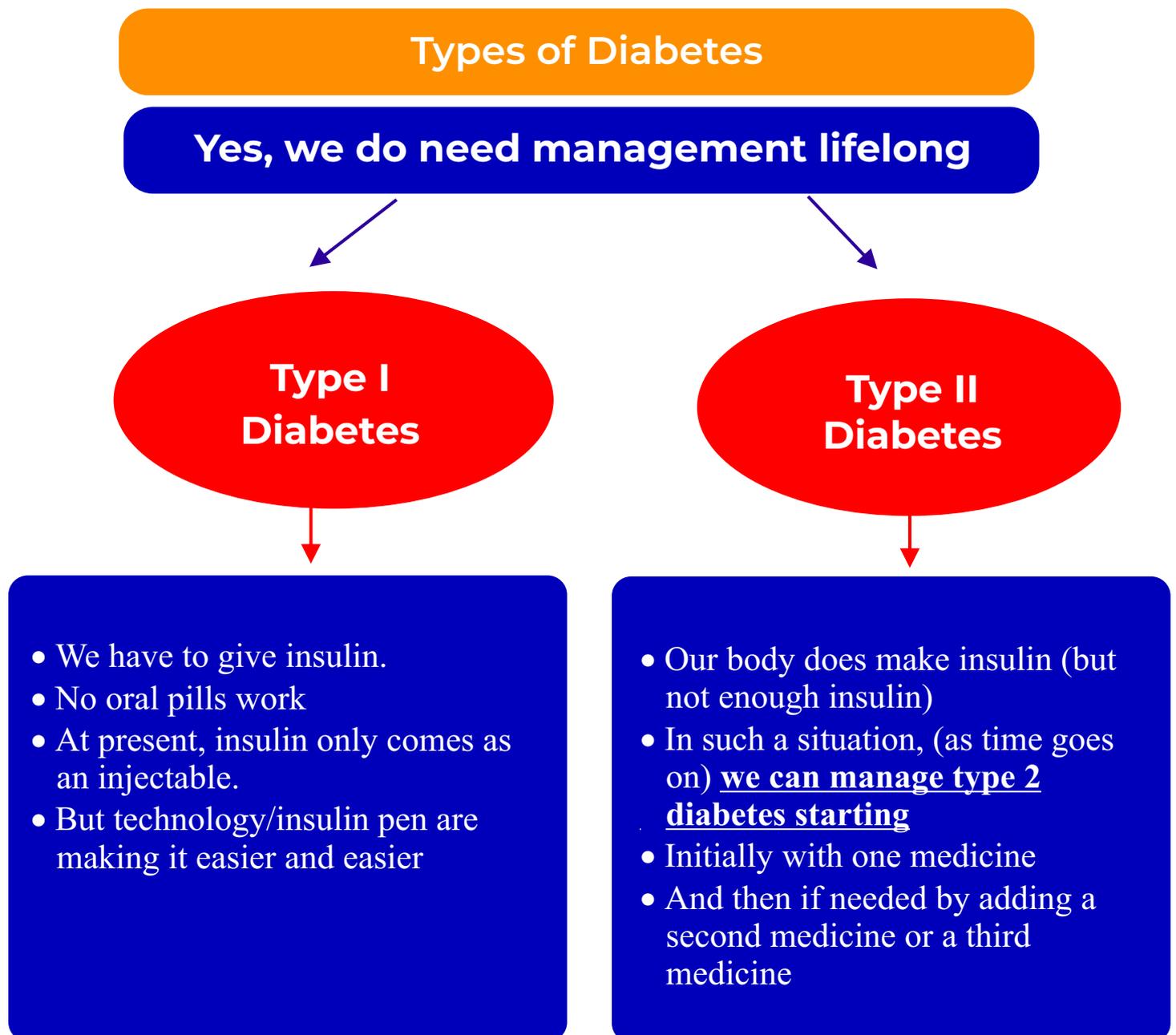
Chap6Fig2

# Chapter 7

## Type 1 vs Type 2 Diabetes

### **Think About It!**

*We were always scared of needles and injection needs some degree of training so that it does not lead to any infection on the injected place. We have to follow the sterile techniques that do not lead to any infection of the injection sites.*



# Chapter 8

## How do we decide less dose or more dose of medicines

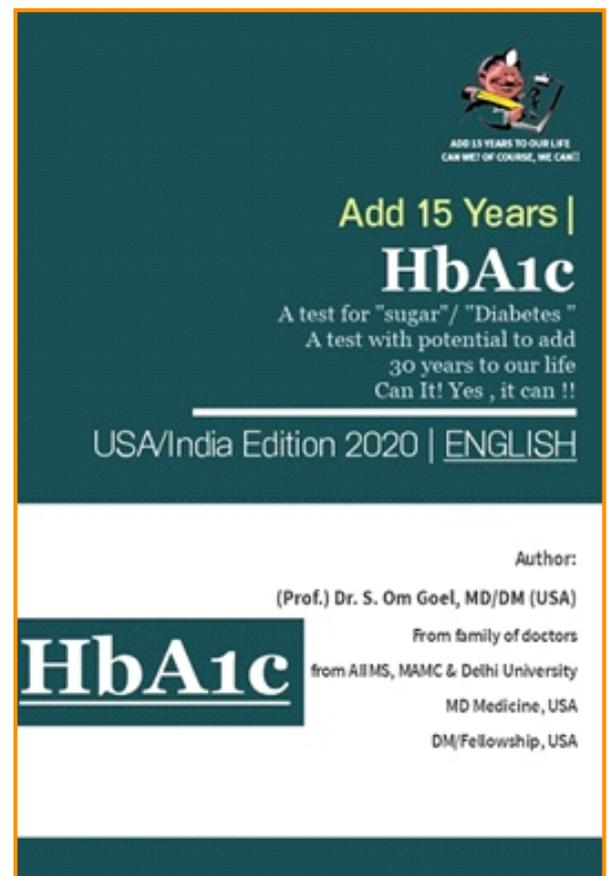
### **Think About It!**

*Our blood sugar changes all day based on*

- *Our meals,*
- *Level of activity etc.*
- *HbA1c remains stable over three months.*

## How do we decide less dose or more dose or combination of medicines?

**I. We actually use HbA1c as our guideline for the treatment of diabetes.**



Chap8Fig1

II. We set up a **target for HbA1c** in diabetic management and we want that the **HbA1c always remains 7 or less than 7.**

**HbA1c < 7**

III. **If we met our target**, we can lower the dose.

**Start with one medicine, if blood sugar is not very high**

IV. **If our HbA1c is high**, then we can give the increased dose or add a 2nd pill or add even a 3rd pill.

**Start with one medicine, Add a second medicine, if needed And add a third medicine, if necessary**

# Chapter 9

## Early diagnosis and early treatment: an absolute necessity in 2021

### **Think About It!**

*Every mom knows how her baby will start walking around in 1 year of age.*

*Every physician knows how to diagnose diabetes (called Prediabetes) year before you have any “symptoms”.*

**Actually, if we can diagnose Diabetes, even before it happens to us (called as Prediabetes), we can really delay complications as mentioned and it will be a very wise thing to do.**

Most important thing we have to understand is that if medicines are taken early in the diagnosis of high blood sugar/diabetes then it can delay complications related to diabetes by





**ADD 15 YEARS TO OUR LIFE**  
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# Diabetes - Book 3.2

## **SULFONYLUREAS**

### **(2<sup>nd</sup> generation medicine)**

**IN 2021:** No reason for kidneys to fail!!

**Before 1921:** Yes, You would have died.  
(year of Nobel Prize for Insulin)

# Chapter 1

## Introduction to Sulfonylureas

# Sulfonylureas

Chap1Fig1

### **Think About It!**

*Sulfonylureas Insulin secretagogues are a group of medicines which every doctor is very familiar with.*

*These medicines have been used for years and years.*

*When we were young back in 1970s-80s, we were using the 'first generation of sulfonylureas.'*

*As years went by, drug companies/pharmaceutical companies manufactured better acting medicines belonging to this group which we call 'second generation of sulfonylureas.'*

## **Sulfonylureas**

### **How do they work?**

1. They work by **directly stimulating the release of insulin** from beta cells of Langerhans which lie in the pancreas
2. You can take these medicines with food or before food. They **lead to the lowering of blood glucose level** indirectly by stimulating the release of the insulin
3. They are **only useful for type 2 diabetes** where our beta cells in pancreas make some degree of insulin
4. These medicines do **lead to weight gain** which is the effect of the insulin released
5. And **they are very good medicines in lowering our blood sugar**

**Release Insulin directly in Pancreases.**

**Lower the blood glucose level.**

**Only useful for Type 2 Diabetes.**

**Lead to weight gain.**

**Excellent medicines to lower blood sugar.**

**If we miss our meal or we take too much of the medicine, then it can lead to actually lower blood sugar than the normal and we have to be really careful about very low blood sugar.**



- We talk about **the importance of exercising**



Chap2Fig3

- **Weight loss** always helps



Chap2Fig4

# Chapter 3

## Complications of suffering from Diabetes

### Complications of diabetes

What are the complications of diabetes?

**Diabetes #1 cause of  
Kidney Damage**

Because Diabetes is so common



Chap3Fig1

**Diabetes #1 cause of  
Blindness**

Because Diabetes is so common



Chap3Fig2

**Diabetes #1 cause of  
Nerve Problem**

**Because Diabetes is so common**



Chap3Fig3

**Diabetes #1 cause of  
Loss of Limbs**

**Because Diabetes is so common**



Chap3Fig4

**Diabetes #1 cause of  
Sexual Dysfunction**

**Because Diabetes is so common**



Chap3Fig5

**Diabetes #1 cause of  
Increased Risk of Heart Attack**

**Because Diabetes is so common**



Chap3Fig6

# Chapter 4

## How to minimize the risk of Low Blood Sugar?

**Sulfonylureas work by releasing insulin. Insulin lowers blood sugar but if our blood sugar is already low, it can make our sugar levels very, very low which is not safe for us.**

**It is important to know how to minimize risk of low blood sugar**

- **Exercise which increases the utilization of the blood sugar.** If we take the medicine with heavy exercise, it can further lower the blood sugar



Chap4Fig1

- **We miss our meal.** We still take the medicine, but we do miss our meal. (We take our food, it raises the blood sugar and the medicines bring it down.)



Chap4Fig2

- Another thing is when **our medication starts**, we start with smaller doses and we carefully raise the medicine as needed.

These are long acting medicines which keep working for a long time



Chap4Fig3

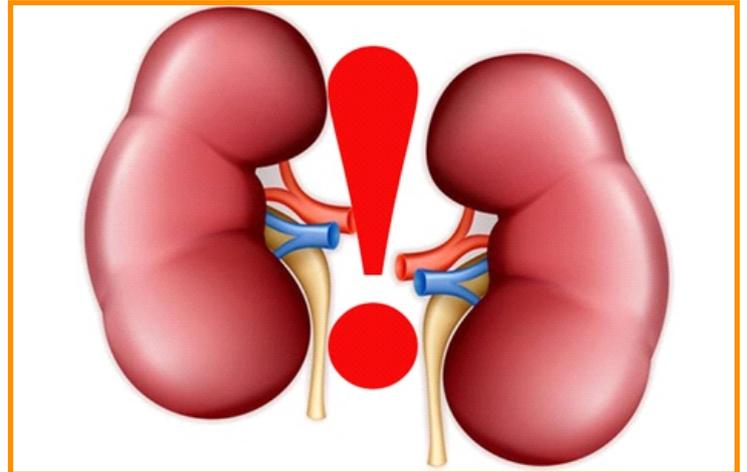
- If patients consume **too much alcohol then it leads to poor nutrition status** and affects the liver.

This affects the storage of glucose in our liver and one becomes very sensitive to low blood sugar



Chap4Fig4

- We have to understand that people with **kidney failure actually need less insulin** (as insulin stays longer in the blood.)



Chap4Fig3

- **Some medication can cause drug interaction** which decreases the effect of the medication. There is a risk of high blood sugar. If we take higher dose of medication once admitted to the hospital, then we must monitor our blood sugar levels and balance future doses



Chap4Fig4

# Chapter 5

## Introduction to First and Second Generation Sulfonylureas

All the second-generation sulfonylureas and first-generation sulfonylureas, are very potent (they lower blood sugar)

I. They are all metabolized by liver.

Metabolized By Liver

II. All medicines should be taken before meals

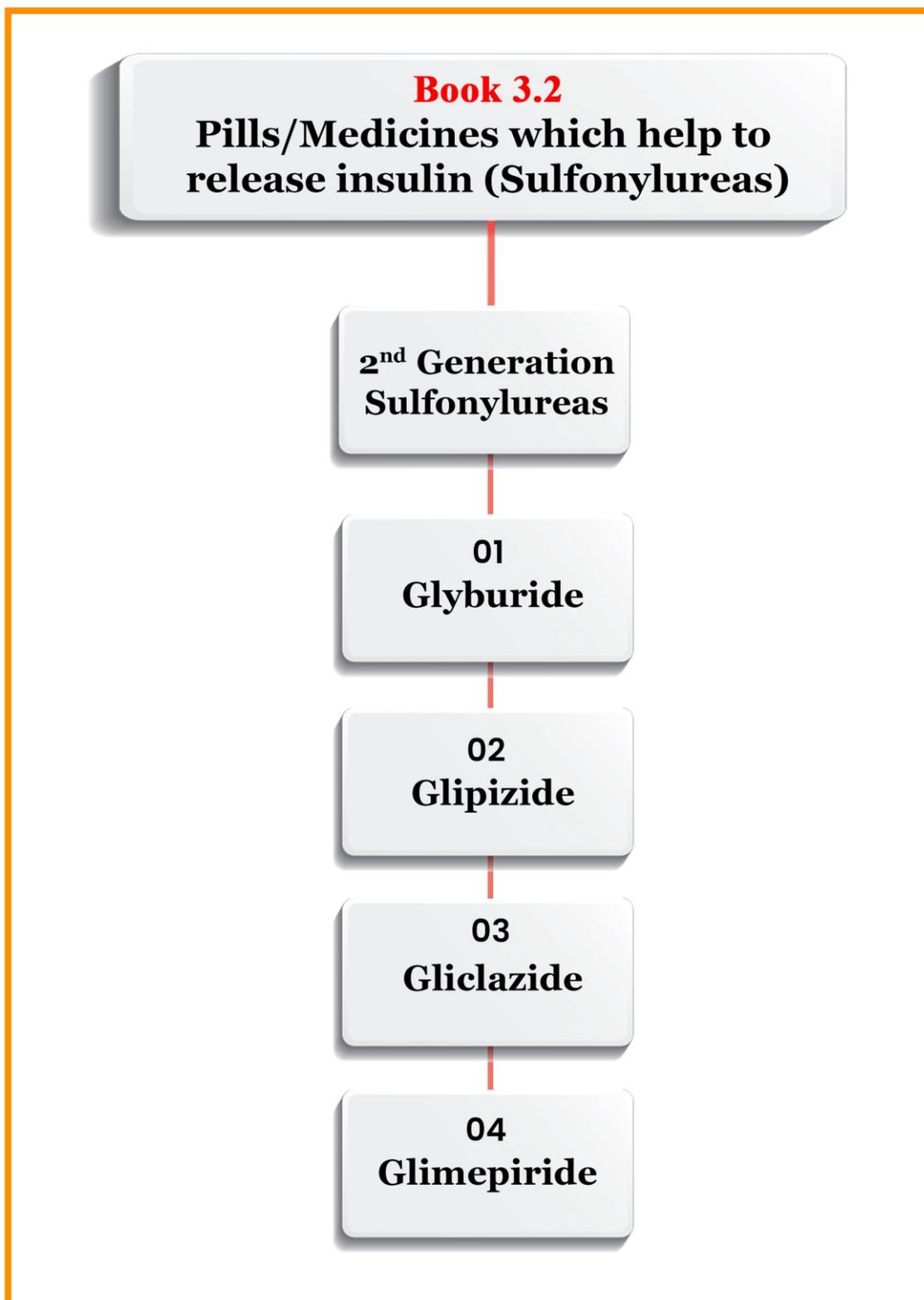
Taken Before Meals

III. All these medicines have a potential of causing low blood sugar if you miss your meal (as they keep lowering blood sugar)

Causes Low Blood Sugar if Meal Missed

IV. Usually, we are careful while giving these to older people because older people are less tolerant to low blood sugar

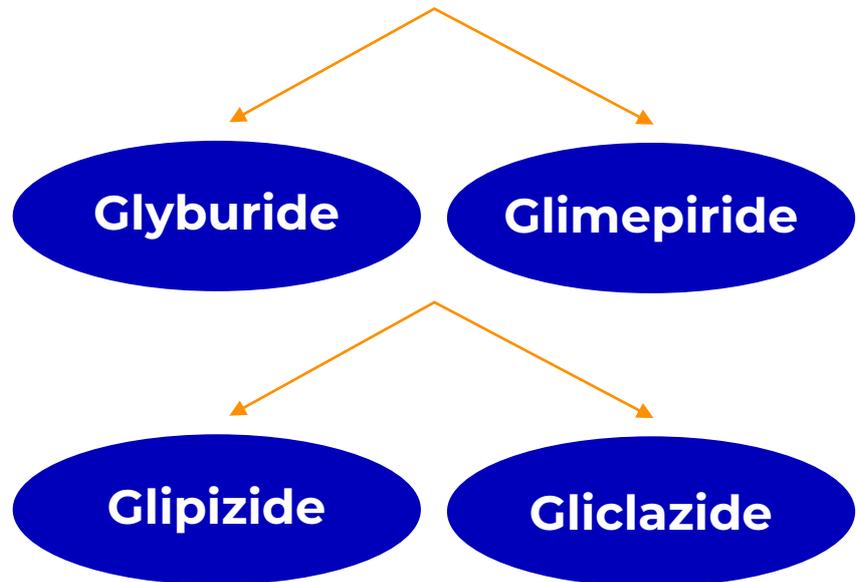
Careful While Giving to Older People



Chap6Fig1

**There are 4 medicines in this group:**

1. Glyburide
2. Glipizide
3. Gliclazide
4. Glimepiride



**The best sulfonylureas to be used are usually glipizide and glimepiride.**  
**(Gliclazide is also good sulfonylureas to use, but it is not available in US.)**

**These medicines (second generation) are very effective.**

# Glyburide

- I. All diabetes medicines should be taken before meals as a golden rule.
- II. We start on a low dose and increase the dose if needed
- III. We should usually take medication at the same time every day.

## Glyburide FDA Approval History

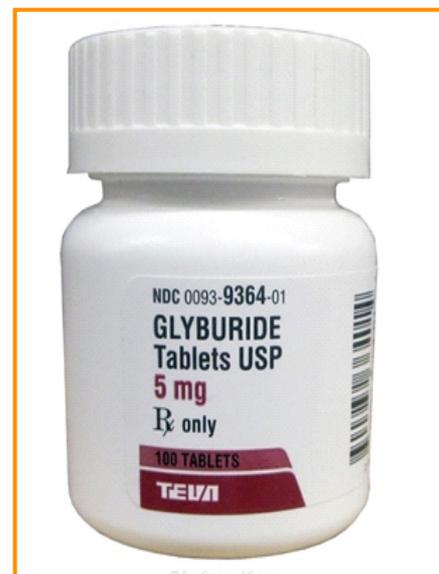
**FDA Approved:** Yes (Approved In September, 2002)

**Brand name:** Diabeta (India), Glicron (India), Glynase (USA), Micronase (USA)

**Generic name:** Glyburide

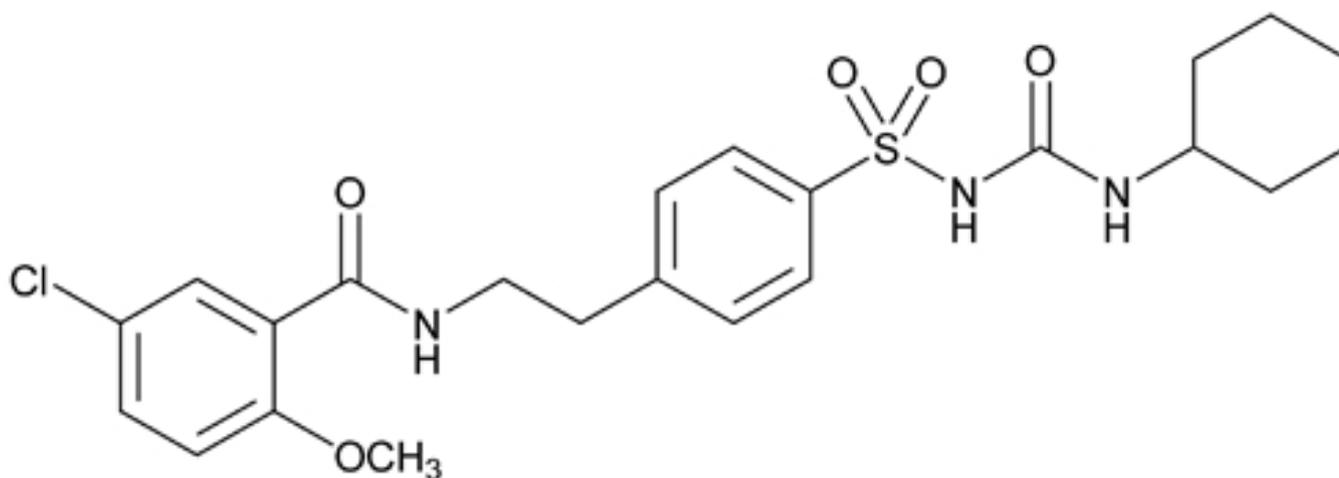
**Dosage form:** Tablets

**Treatment for:** [Diabetes - Type 2](#)



Chap6Fig2

## Glybuide



Chap6Fig3

## What we need to know about Glyburide:

- Usual Dose: **2.5mg to 10mg**

**Usual dose: 2.5 mg**

- We can give it **once a day or we can give it in divided doses**.  
As a physician, I will prefer divided doses i.e. 2.5 mg in morning with breakfast and 2.5mg with lunch, and 5 mg with dinner

**Once a day or in divided doses**

- There is a long-acting formulation of glipizide, also **glipizide XL which obviously we give once a day only**

**Glipizide XL is given once a day**

- Maximum Dose: **20mg**

**Maximum Dose: 20mg**

# Trade Name- Dose- Cost in USA- Cost in India

## GLYBURIDE

*Please always combine any blood sugar medicine with diet and exercise.*

**All medicines continue life-long**

Generic Name & Trade Name	About Glyburide	Cost of Glyburide for one month (in USA)	Cost of Glyburide for one month (in India)
<p><b>Generic Name:</b> Glyburide</p> <p><b>Trade Name:</b> Diabeta (India) Glycron (India) Glynase (USA) Micronase (USA)</p>	<ul style="list-style-type: none"> <li>■ <b>Usual dose:</b> 2.5-5mg once a day</li> <li>■ <b>Can be increased</b> to 20 mg once a day</li> <li>■ <b>As a Golden Rule –</b> before starting any medicine, liver functions and kidney functions should be screened.</li> </ul>	<p><b>Dose</b> = Once a day (5mg)</p> <p><b>1-month</b> = 100 tablets</p> <p><b>Cost</b> = \$20</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>	<p><b>Dose</b> = Once a day (5mg)</p> <p><b>1-month</b> = 100 tablets</p> <p><b>Cost</b> = Rs 80</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>



Chap6Fig4

## Glipizide

- I. All diabetes medicines should be taken before meals as a golden rule.
- II. We start on a low dose and increase the dose if needed
- III. We should usually take medication at the same time every day.

### Glipizide FDA Approval History

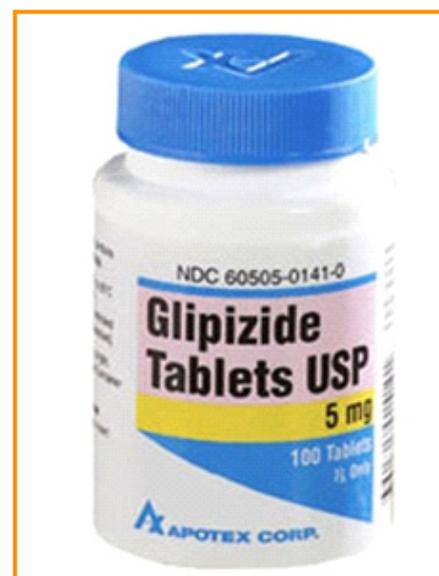
**FDA Approved:** Yes (Approved In October, 2002)

**Brand name:** Diabeta (India), Glycron (India), Glynase (USA) , Micronase (USA)

**Generic name:** Glipizide

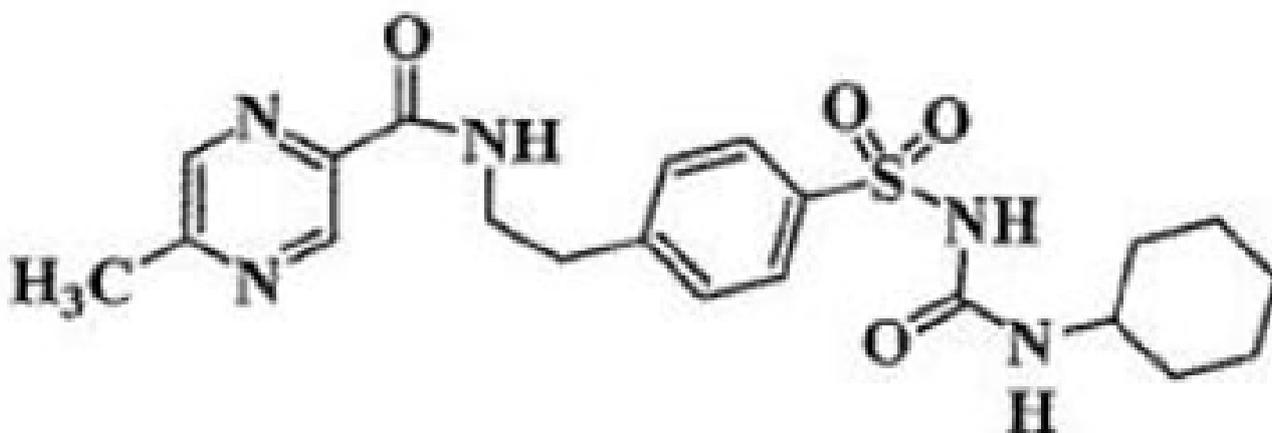
**Dosage form:** Tablets

**Treatment for:** [Diabetes - Type 2](#)



Chap6Fig5

### Glipizide



### Glipizide

Chap6Fig6

## What we need to know about Glipizide:

- Usual Dose: **10mg**

**Usual dose: 10 mg**

- We can give it **once a day or we can give it in divided doses if the patient is consuming more than 20 mg.**

**Once a day or in divided doses if more than 20 mg**

- Maximum Dose: **20mg**

**Maximum Dose: 20mg**

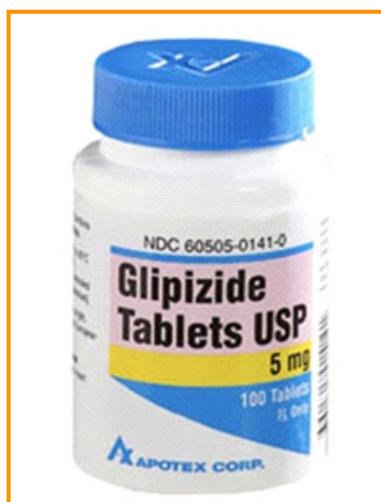
# Trade Name- Dose- Cost in USA- Cost in India

## GLIPIZIDE

*Please always combine any blood sugar medicine with diet and exercise.*

**All medicines continue life-long**

Generic Name & Trade Name	About Glipizide	Cost of Glipizide for one month (in USA)	Cost of Glipizide for one month (in India)
<p><b>Generic Name:</b> <b>Glipizide</b></p> <p><b>Trade Name:</b> Glucotrol (USA) Glucotrol XL (USA) Diacon (India) Dibizide (India)</p>	<ul style="list-style-type: none"> <li><b>Usual dose:</b> 5 mg twice day</li> <li><b>Can be increased</b> to 20 mg</li> <li><b>As a Golden Rule –</b> before starting any medicine, liver functions and kidney functions should be screened.</li> </ul>	<p><b>Dose</b> = Once a day (10 mg)</p> <p><b>1-month</b> = 60 tablets</p> <p><b>Cost</b> = \$228</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>	<p><b>Dose</b> = Once a day (10 mg)</p> <p><b>1-month</b> = 60 tablets</p> <p><b>Cost</b> = Rs 85</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>



Chap6Fig7

# Gliclazide

- I. All diabetes medicines should be taken before meals as a golden rule.
- II. We start on a low dose and increase the dose if needed
- III. We should usually take medication at the same time every day.

## Gliclazide FDA Approval History

**FDA Approved:** Yes (Approved In 1972)

**Brand name:** Diamicon (USA) Bilxona (USA)  
Vamju (India) Zicron (India)

**Generic name:** Gliclazide

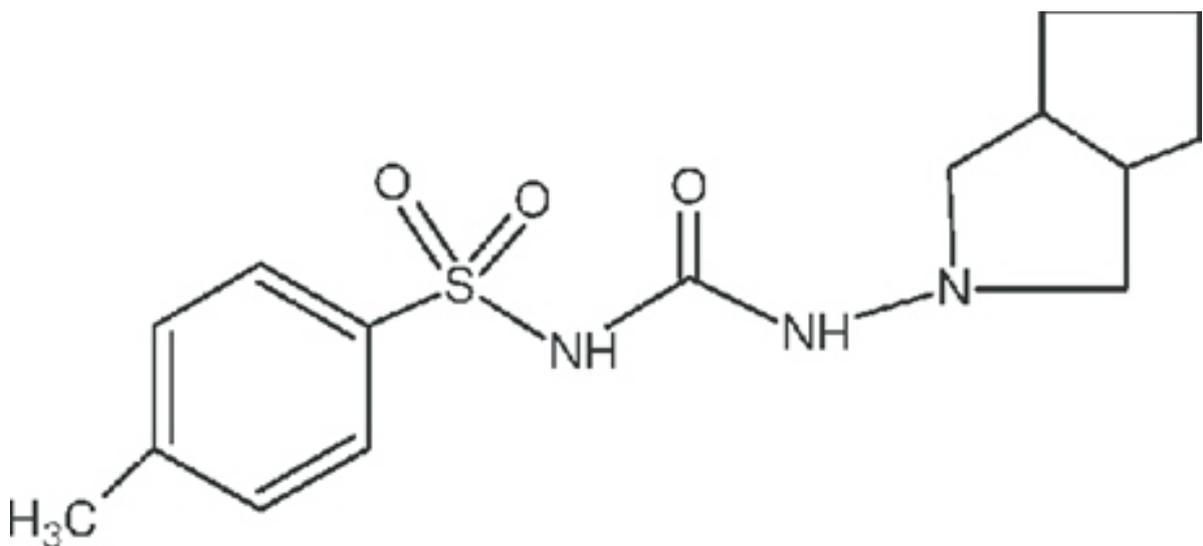
**Dosage form:** Tablets

**Treatment for:** [Diabetes - Type 2](#)



Chap7Fig8

## Gliclazide



Chap7Fig9

## What we need to know about Gliclazide:

- Usual Dose: **40mg**

**Usual dose: 40mg**

- We can give it **once a day or twice a day**

**Given once or twice a day**

- Maximum Dose: **320mg**

**Maximum Dose: 320mg**

# Trade Name- Dose- Cost in USA- Cost in India

## GLICLAZIDE

Please always combine any blood sugar medicine with diet and exercise

### All medicines continue life-long

Generic Name & Trade Name	About Gliclazide	Cost of Gliclazide for one month (in USA)	Cost of Gliclazide for one month (in India)
<p><b>Generic Name:</b> Gliclazide</p> <p><b>Trade Name:</b> Diamicron (USA) Bilxona (USA) Vamju (India) Zicron (India)</p>	<ul style="list-style-type: none"> <li>■ <b>Usual dose:</b> 40 mg twice a day</li> <li>■ <b>Can be increased</b> to 320 mg once a day</li> <li>■ <b>As a Golden Rule –</b> before starting any medicine, liver functions and kidney functions should be screened.</li> </ul>	<p>Not available in USA</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>	<p><b>Dose</b> = 40 mg</p> <p><b>1 month</b> = 30 tablets</p> <p><b>Cost</b> = Rs 210</p> <p><b>*All costs are meant for a rough estimate of one-month expense</b></p>



Chap6Fig10

## Glimepiride

- I. All diabetes medicines should be taken before meals as a golden rule.
- II. We start on a low dose and increase the dose if needed
- III. We should usually take medication at the same time every day.

### Glimepiride FDA Approval History

**FDA Approved:** Yes (Approved In Febuary, 1999)

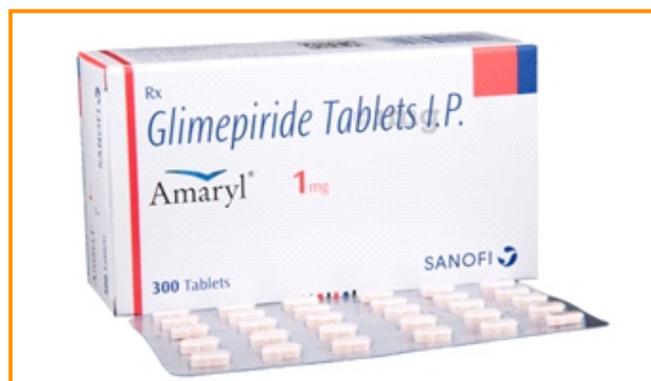
**Brand name:** Amaryl(USA), Dexasone(USA)

Decdan (India), Dexona (India)

**Generic name:** Glimepiride

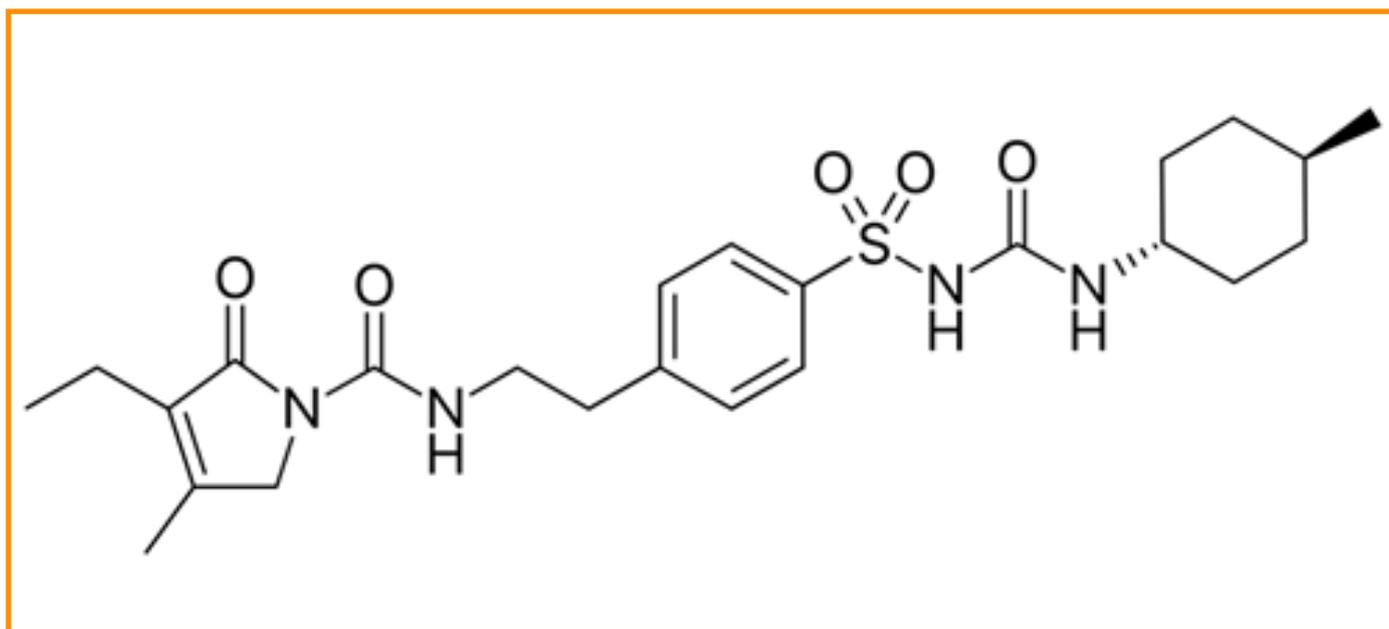
**Dosage form:** Tablets

**Treatment for:** [Diabetes - Type 2](#)



Chap6Fig11

### Glimepiride



Chap6Fig12

## What we need to know about Glimepiride:

- Usual Dose: **2-4 mg**

**Usual dose: 2 mg**

- We can give it **once a day or we can give it in divided doses if the patient is consuming till 8 mg**

**Once a day or in divided doses if more than 8 mg**

- Maximum Dose: **8 mg**

**Maximum Dose: 8 mg**

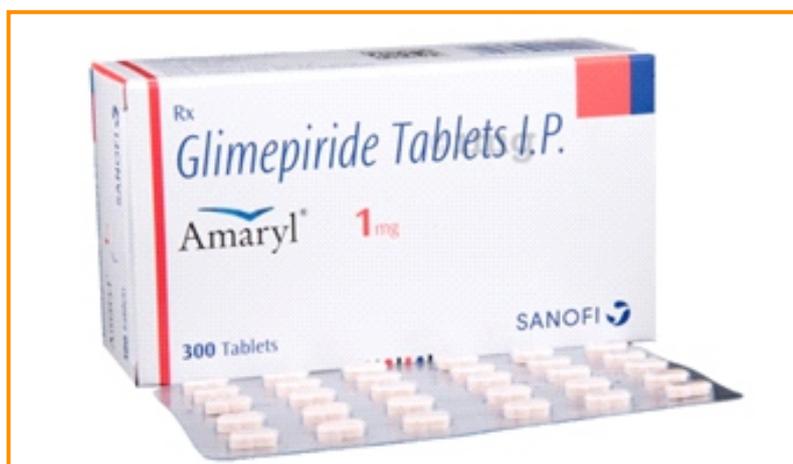
# Trade Name- Dose- Cost in USA- Cost in India

## GLIMEPIRIDE

Please always combine any blood sugar medicine with diet and exercise.

All medicines continue life-long

Generic Name & Trade Name	About Glimepiride	Cost of Glimepiride for one month (in USA)	Cost of Glimepiride for one month (in India)
<p><b>Generic Name:</b> Glimepiride</p> <p><b>Trade Name:</b> Amaryl(USA) Dexasone(USA) Decdan (India) Dexona (India)</p>	<ul style="list-style-type: none"> <li><b>Usual dose:</b> 1 mg twice a day</li> <li><b>Can be increased</b> to 8 mg</li> <li><b>As a Golden Rule –</b> before starting any medicine, liver functions and kidney functions should be screened.</li> </ul>	<p><b>Dose</b> = Once a day (2mg)</p> <p><b>1-month</b> = 60 tablets</p> <p><b>Cost</b> = \$66</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>	<p><b>Dose</b> = Once a day (2mg)</p> <p><b>1-month</b> = 60 tablets</p> <p><b>Cost</b> = Rs 660</p> <p><b>*All costs are meant for a rough estimate of one-month expense.</b></p>



Chap6Fig13