LYNX
(Lincomycin hydrochloride)

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THAT PENETRATES & WORKS

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(Lincomycin)

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INTRODUCTION

Lynx (Lincomycin) has been on the worldwide market for nearly four decades. Since the 1940s, the medical field has been flooded with a host of antibiotics. Inspite of this, today, Lynx still deserves a place in the antimicrobial arsenal of the modern physician as an unique antibiotic. Lynx has earned a constantly growing share of physician acceptance and confidence in the treatment of everyday infection. This booklet will answer many of the questions you may have about Lynx.

Over the years, a number of consultants from varying fields have been using Lynx with excellent results. Today, Lynx is being exclusively patronised by specialists from diverse fields like Dermatology, General Medicine, Surgery, Ophthalmology, E.N.T., Dentistry, Orthopaedics and Gynaecology. Some of the stalwarts in their respective fields have shared their excellent experience on Lynx.

HISTORY OF LYNX

What is Lynx?

Lincomycin is a widely used antibiotic registered and marketed in 120 countries on the continents of North & South America, Europe, Asia, Australia and Africa.

Reports on the use of Lincomycin were first published in 1962, and today, it has been referenced throughout the world in over 4000 publications.

Lincomycin is an antibiotic produced by Streptomyces lincolnensis var lincolnensis. It is chemically distinct from all other clinically available antibiotics except its semi-synthetic derivative, clindamycin.

Lincomycin is effective against aerobic gram positive cocci, particularly Staphylococcus aureus, Streptococcus pyogenes, Streptococcus viridans and Streptococcus pneumoniae - the most common organisms causing out patient infections. In addition, its spectrum includes most anaerobic gram positive and gram negative pathogens, especially bacteroides species important in sinusitis, otitis media and recurrent tonsillitis.

How long has Lynx been in use?

Lynx has been in the world market for over four decades. It was introduced in the year 1964.
What is the spectrum of activity of Lynx?

Lynx is a specific spectrum antibiotic exhibiting potent activity against Gram Positive aerobic organisms. It also exerts a good antibacterial effect against many anaerobic organisms. Organisms susceptible to its action along with the MIC are listed as follows:

**AEROBIC AND FACULTATIVELY ANAEROBIC BACTERIA**

<table>
<thead>
<tr>
<th>Gram-positive</th>
<th>MIC mcg/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus</td>
<td>0.20 - 3.10</td>
</tr>
<tr>
<td>Staphylococcus epidermidis</td>
<td>0.80 - 1.60</td>
</tr>
<tr>
<td>Streptococcus pneumonia</td>
<td>0.01 - 0.50</td>
</tr>
<tr>
<td>Streptococcus pyogenes</td>
<td>0.04 - 0.50</td>
</tr>
<tr>
<td>Streptococcus agalactiae</td>
<td>0.10 - 0.20</td>
</tr>
<tr>
<td>Streptococcus viridans</td>
<td>0.02 - 0.50</td>
</tr>
<tr>
<td>Streptococcus faecalis</td>
<td>25.00 - 100.00</td>
</tr>
<tr>
<td>Corynebacterium diptheriae</td>
<td>0.40</td>
</tr>
<tr>
<td>Nocardia</td>
<td>3.10 - 100.00</td>
</tr>
</tbody>
</table>

**ANAEROBIC BACTERIA**

**Gram-negative non-spore-forming bacilli**

| Bacteroides fragilis group*                        | < 0.1 - 25 |
| Bacteroides melaninogenicus                        | < 0.1 - 0.4|
| Fusobacterium                                      | < 0.1 - 6.2|

**Gram-positive non-spore-forming bacilli**

| Actinomyces                                         | < 0.3 - 1.0 |
| Bifidobacterium                                    | < 0.1 - 1.6 |
| Eubacterium                                        | < 0.1 - 3.1 |
| Propionibacterium                                  | < 0.1 - 1.6 |

**Spore-forming bacilli**

| Clostridium perfringens                             | < 0.1 - 12.5 |
| Other Clostridium sp                               | < 0.1 - 12.5 |

**Cocci**

| Peptococcus                                         | < 0.1 - 1.6 |
| Peptostreptococcus                                 | < 0.1 - 1.6 |
| Veillonella                                         | < 0.1 - 6.2 |

*Includes B. fragilis, B. Thetaiotamicron, B. distasonis, B. vulgatus and B. ovatus
Depending on the sensitivity of the organism and concentration of the antibiotic, Lynx may either be bactericidal or bacteriostatic.

**How rapidly has resistance to Lynx developed among these target organisms?**

Resistance to Lynx has developed very slowly, when at all. For example, in 1964, of 3,200 strains of Staphylococci isolated from clinical material, only 40 (less than two percent) were resistant to Lynx. Duncan IBR, et al (1965) Canad Med Assoc J 93:685

In 1975, after more than 10 years of clinical use, another susceptibility survey was completed. Of 967 strains of Staphylococcus aureus gathered from an acute-care hospital from 1971 through 1975, more than 96 percent were still susceptible to Lynx. Microbiology Laboratories, Bronson Methodist Hospital, Kalamazoo, Mich., USA

It was found in 1983 after about 20 years of clinical use, that Lynx was the antibiotic to which both S. aureus and Coagulase-negative Staphylococci (98% and 95% respectively), showed highest susceptibility. Bergen T. et al (1983) Chemotherapy 29:28-36

Even as recently as 2001, after about 40 years of use, a multicentre epidemiological study on 592 isolates collected from 561 patients showed that Staphylococci were 100% susceptible to Lynx. Dave M, et al (2001). The Indian Practitioner 54(4); 253.

**What about antibiotic resistance among non-target organisms - does Lynx cause this?**

Transferable drug resistance is a complex phenomenon whereby genetic resistance to several antibiotics may be passed from one bacterial species to another in one conjugal event. Broad-spectrum antibiotics, through their effect on non-target organisms, encourage the spread of this resistance. Because Lynx is a specific spectrum antibiotic, having, for example, no activity against gram-negative organisms, it does not encourage the spread of this resistance transfer factor among non-target organisms.

**What is the mode of action of Lynx?**

Lynx works by interfering with the bacterium’s protein synthesis. Specifically, Lynx inhibits the binding of aminoacyl tRNA to the messenger ribosome complex at the 50S ribosomal subunit.
Describe the absorption of Lynx by various routes?

Following oral administration of a single 500 mg dose of Lynx to healthy fasting adults, peak plasma levels of the drug range from 1.8 to 5.3 mcg/ml and are attained within two to four hours.

After intramuscular administration of 600 mg Lynx, peak serum levels occur within 30 minutes and range from 7.2 to 18.5 mcg/ml.

While the peak levels achieved vary from one individual to another, drug levels are maintained above the MIC for most susceptible gram-positive organisms for six to eight hours by oral route and 16 to 24 hours by intramuscular route.

The biological half-life after oral, intramuscular or intravenous administration is usually 5.4 ± 1.0 hours in patients with normal renal function.

Describe tissue concentrations of Lynx?

After oral or parenteral administration, Lynx shows unusually high tissue concentrations in bone, pleural fluid, peritoneal fluid, synovial fluid, skin, saliva and tonsils. Extremely high concentrations are attained in erythrocytes and leukocytes; an important consideration when treating the immunocompromised patient.
Lynx shows good concentrations in cardiac tissue, lungs and bronchi, bile, gall bladder, stomach and appendix, aqueous ocular fluid, vitreous humour fluid, skin, scar tissue and thyroid. It has poor penetration in the non-inflamed central nervous system (CNS). In inflamed CNS, Lynx attains good concentrations.

The table below summarizes mean tissue concentrations as reported in numerous studies.

**Human Tissue and Fluid Concentrations**

<table>
<thead>
<tr>
<th>Bone &amp; Joints</th>
<th>% of Serum concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone</td>
<td>33-40</td>
</tr>
<tr>
<td>Synovial fluid</td>
<td>27-60</td>
</tr>
<tr>
<td><strong>Cardiothoracic/Respiratory</strong></td>
<td></td>
</tr>
<tr>
<td>Atrial (Cardiac) tissue</td>
<td>79</td>
</tr>
<tr>
<td>Lung tissue</td>
<td>61</td>
</tr>
<tr>
<td>Pleural fluid</td>
<td>63-91</td>
</tr>
<tr>
<td><strong>Central Nervous System</strong></td>
<td></td>
</tr>
<tr>
<td>Cerebrospinal fluid</td>
<td></td>
</tr>
<tr>
<td>(non-inflamed)</td>
<td>9</td>
</tr>
<tr>
<td>(inflamed)</td>
<td>26</td>
</tr>
<tr>
<td>Intracranial pus</td>
<td>50</td>
</tr>
<tr>
<td>Brain</td>
<td>18-25</td>
</tr>
<tr>
<td><strong>Gastrointestinal</strong></td>
<td></td>
</tr>
<tr>
<td>Bile</td>
<td>74-154</td>
</tr>
<tr>
<td>Peritoneal fluid</td>
<td>528</td>
</tr>
<tr>
<td>(ascites-non-inflamed)</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmologic</strong></td>
<td></td>
</tr>
<tr>
<td>Aqueous humour fluid</td>
<td></td>
</tr>
<tr>
<td>(non-inflamed) subconjunctival injection</td>
<td>1071-2326</td>
</tr>
<tr>
<td>Aqueous ocular fluid</td>
<td>8-75</td>
</tr>
<tr>
<td>Vitreous humour fluid</td>
<td>47</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
</tr>
<tr>
<td>Muscle</td>
<td>38-62.7</td>
</tr>
<tr>
<td>Skin</td>
<td>88-96</td>
</tr>
<tr>
<td>Scar tissue</td>
<td>96-135</td>
</tr>
<tr>
<td>Tonsils</td>
<td>55-64</td>
</tr>
</tbody>
</table>
Does Lynx reach and concentrate in relatively avascular tissue?

Yes, Lynx penetrates healthy tissue, necrotic tissue and pus, and is not inhibited by bacterial enzymes. The excellent penetration of Lynx into bone is well recognised and is considered one reason for its effectiveness in osteomyelitis.

What are the indications of Lynx?

Lynx is indicated in the treatment of acute gram-positive infections, particularly those caused by Staphylococci, Streptococci and Pneumococci. Conditions in which Lynx has been used extensively include: tonsillitis, pharyngitis, cellulitis, osteomyelitis, pneumonia, sinusitis, otitis media, bronchitis, abscess and wound infection. It has often been found effective in Staphylococcal infections resistant to other antibiotics. The effectiveness of Lynx in Staphylococcal osteomyelitis is particularly noteworthy.

Lynx is also effective in dental and periodontal infections, septicaemia and endocarditis caused by above organisms. Lynx has been demonstrated to be effective in anaerobic wound, soft tissue, pulmonary and bacteraemic infections. A recent clinical trial has demonstrated its effectiveness in Pelvic inflammatory diseases as well.

How may Lynx be administered?

Lynx may be given orally, intramuscularly or intravenously.

What are the recommended dosages for Lynx?

**Adult:**
The Oral Adult dose is 500 mg three or four times a day, depending upon severity of the infection. The intramuscular dose is 600 mg every 12 or 24 hours, depending upon severity. The intravenous dose is 600 mg to 1 gm every 8-12 hours and must be given in diluted form.

**Children:**
For Children over one month of age the oral dosage is 30-60 mg/kg body weight per day in 3 to 4 divided doses. The intramuscular dosage is 10 mg per kg body weight every 12 to 24 hours depending on severity.

What is the rationality of single parenteral dosage to oral t.i.d. dosage for Lynx?

The average peak serum levels attained with single oral dose is 3.4 mcg/ml and this level is maintained above MIC for Staphylococci, Streptococci and Pneumococci for 8-10 hours. Hence the oral dose has to be given at least three times per day to give a good therapeutic response.

While in case of parenteral administration the average peak serum concentration after a single intramuscular administration is 11.0 mcg/ml and effective levels are maintained for 16-24 hours against Staphylococci, Streptococci and Pneumococci.

It is for this reason that Lynx by i.m. route can be administered as once-a-day injection and by the oral route three times a day.
SAFETY PROFILE OF LYNX

Can Lynx be given to children?
Yes, Lynx can be given to children above 1 month of age.

Why Lynx injection is not indicated in the newborn?
Each ml of Lynx injection contains 9 mg benzyl alcohol which has been associated with fatal "gasperg syndrome" in newborns. Hence it is not recommended for the newborn.

Is Lynx recommended in pregnancy?
Safety of Lynx for use in pregnancy has not yet been established.
Can Lynx be administered to penicillin sensitive patients?

Yes, Hypersensitivity reactions to Lynx have been rare, even in atopic individuals. Lynx shows no cross-allergenicity with any antibiotic except clindamycin.

When is Lynx contraindicated?

Lynx is contraindicated in case of hypersensitivity, monilia or fungal infections.

What side effects have been observed when using Lynx?

Side effects have included diarrhoea, occasionally vomiting, meteorism, rectal irritation, vaginitis, urticaria and itching. Side effects such as neutropenia, leukopenia, agranulocytosis and hypersensitivity reactions have been observed on rare occasions.

What precautions must be observed when using Lynx?

As may happen with other antibiotics, cases of severe and persistent diarrhoea have been reported and have at times necessitated the discontinuance of the drug. This diarrhoea has been occasionally associated with blood and mucus in the stools and has at times resulted in acute colitis. Diarrhoea has been observed to begin upto several weeks following cessation of therapy with Lynx. The physician must be alert to this possibility.

Studies indicate a toxin or toxins produced by some clostridia (especially Clostridium difficile) is one of the causes of antibiotic associated colitis. These studies also indicate that this toxigenic Clostridium is usually sensitive in-vitro to vancomycin. When 125 mg to 500 mg of Vancomycin is administered orally four times a day for 5-10 days, or Metronidazole 750 mg two times a day for 5-10 days is given, there is a rapid disappearance of the toxin from faecal samples and a coincident clinical recovery from the diarrhoea.
LYNX AND HOST DEFENCE

Does Lynx stimulates host defence mechanisms?

Yes, Lynx stimulates host defence mechanisms. Lynx concentrates approximately two times the average serum concentration in human polymorphonuclear cells (Ahlstedt 1981; Prokesh and Hand, 1982).

One way by which host defence mechanisms can be enhanced is through modification of bacterial surfaces.

Gemmell and Abdul-Amir (1978) have shown in-vitro that exposing group A Streptococci or S. pneumoniae to subinhibitory concentrations of Lynx alters the bacteria surface and allows the organisms to be phagocytosed and killed more readily.

These authors have also shown in the same in vitro system that Lynx activates the complement system, stimulates chemotaxis and reduces synthesis of surface antigens, thus increasing the susceptibility of the parent organism to phagocytosis (Gemmell and Abdul-Amir, 1980).

These in-vitro studies have been extended ex-vivo to humans. Fraschini and colleagues (1987) studied the action of Lynx administered intramuscularly on the immune system of patients suffering from chronic bronchitis. They found that Lynx stimulates phagocytosis (expressed as enhanced superoxide production), chemotaxis and the activity of natural killer cells (Fig. a, b & c). The stimulating effects on chemotaxis appeared two hours after the administration of the drug (Fig. a.), while increased effect on phagocytosis and natural - killer activity occurred after four hours (Fig. b & c). Maximal stimulating activity for all three parameters occurred at eight hours and disappeared after 24 hours. Fraschini and co-workers concluded that although the "mechanism of action cannot yet be clarified, it is of remarkable importance to point out that Lynx, apart from its antibacterial activity, also possesses the capability of stimulating the organic defense, which represents an essential component for the success of a therapy against microbial diseases."
The Action of Lynx I.M. on the Human Immune System
(Fraschini et al., 1987)

a) Stimulation of phagocytic activity (expressed as enhanced superoxide production [O2])

Mean phagocytosis rate for 20 patients administered a single 600 mg I.M. injection Lynx

b) Stimulation of chemotactic response (based on a chemotaxis test using chemotaxis factor from AB serum.)

Mean chemotaxis rate for 20 patients administered a single 600 mg injection Lynx

c) Stimulation of natural-killer cell activity (based on lysis performance on K562 tumoural target cells labelled with ⁵¹ Cr)

Mean natural killing activity rate for 20 patients administered a single 600 mg I.M. injection Lynx
A Wallace Innovation

Acne is a common dermalogical condition, very commonly seen by General Physicians and Dermatologists. Erythromycin and Clindamycin are currently the two most commonly used antibiotics. As many cases are reported to be resistant to erythromycin, Lincosamides have gained acceptance. As Lincomycins from this group has potent activity against P. acnes, it was decided to develop a topical formulation of Lincomycin. The result was Lynx gel-an unique Wallace innovation.

After the initial clearance through toxicological studies like acute and chronic dermal toxicity in animal models, a multicentric, randomized, double-blind, placebo controlled clinical trial was conducted with Lynx gel (2% Lincomycin) in 200 patients with grade II and III acne. The severity of acne lesions was noted at baseline and after 4 weeks. Analysis of data showed that about 70% cases in the study group showed a good to excellent response. This was significantly more as compared to 23 % in the Placebo group. The frequency and severity of adverse reaction in the two groups were similar.

### LYNX GEL

**Global Assessment of Efficacy**

<table>
<thead>
<tr>
<th>Response</th>
<th>Placebo No. of pts.</th>
<th>Lincomycin No. of pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>06</td>
<td>32</td>
</tr>
<tr>
<td>Good</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Fair</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Poor</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Thus, it was concluded that Lynx hydrochloride gel is an effective and safe treatment option for mild to moderate acne vulgaris (Sharma A, et al).

(This trial was conducted at five different centers approved by the Drug Controller General of India)

**Dosage and administration:**

To be applied 2-3 times daily.
Infected Acne

LYNX GEL
(Lincomycin 2%)

The Only One Of Its Kind

- Highly Effective Against Causative Pathogens
- Rapidly Clears Acne
- Proven Clinical Success - 70%

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Helps Tackle PID

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Stay with *LYNX capsules tid*

LYNX

(Lincomycin HCl - I.M.)

plus Amikacin

Stay with *LYNX capsules tid*

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We requested stalwarts from various specialities in the Medical fraternity to share with us their rich experience with Lynx.

We present below their valuable opinion.

**LYNX TESTIMONIALS**

We requested stalwarts from various specialities in the Medical fraternity to share with us their rich experience with Lynx.

We present below their valuable opinion.

**PAEDIATRICS**

“I have used injection Lynx constantly for last so many years. It is very much helpful in skin infections. I have also used it in respiratory infections with satisfactory results”

*Dr. S. P. Maheshwari,* MBBS, M.D, Delhi-110088

“I have been using Injection Lynx for the past 10 years. I am very much satisfied with the product. Indications for which I am using are- URTI, LRTI, (10 mg/kg/day x 5 days OD), SSTI (10 mg/kg/day x 5 days OD). The results are good. I prefer this because of it’s efficacy and cost effectiveness”

*Dr. P.Sunitha,* MBBS, D.C.H, Vizianagaram-2.

Also Endorsed by:

*Dr. S S Behera* Babuji Nagar, Bhubaneswar,
*Dr. T.H. Raju* Chikkamagalur,
*Dr. D Satyanarayan* Tumkur,
*Dr. Santosh Ku. Swain* Salipur,
*Dr. C R Srinivasagowda* Doddasallapur Pin-561203,
*Dr. Anil S Chauhan* Itwari, Nagpur,
*Dr. Monica Kohli* Agra,
*Dr. Pramod Jain* Opp. Mahila samiti, Rewa,
*Dr. Z.A.Md. Nawaz* 77, Moore Street, Chennai-1,

*Dr. K Srinivas* Patinam, Hyderabad,
*Dr. Dipak Saha* Chowk Bazar, Darjeeling,
*Dr. P K Naik* Old Nagardas Road, Andheri(E),
*Dr. Nirmal Miglani*,
*Dr. Prabhakar Atawade* Kherda Bholwada(Raj),
*Dr. Aruld Gupta* Station Road, Kota Junction,
*Dr. V K Sinha*,
*Dr. C N Jha* M.E.School Road, Baharagora,
*Dr. Subhash Chandra* Bhantand, Dhanbad
**LYNX TESTIMONIALS**

**GENERAL SURGERY.**

"I am using Lynx 2 ml injection mainly in skin and soft tissue infection and post operative cases of minor surgical cases for 7-10 days. I find that Lynx injection works up to my satisfaction and I feel that I will continue to use this medicine in my career for the above indications."

**Dr. M. N. Saikia**, MBBS, M.S., F.A.I.S. Assam

"I am using Lynx injection for Diabetic foot ulcer, Injection Lynx 2 ml IM/OD for 7 days. The results are excellent."

**Dr. V. L. N. D. Srinivas.**, Reg No.-33850, Amlapuram (A.P.)

"We have been using Injection Lynx for the last 15 years. In a variety of indications like soft tissue infections, U.R.T.I.s, wound infections- post op and post trauma, the experience of the Injection Lynx is excellent and the resistance is also not observed in this period."

**Dr. D N Shukla** MBBS, M.S., F.A.I.S. Near College IDAR

"Lynx is a very useful antibiotic with very good efficacy in soft tissue infections. The antibiotic is also economical with single injectable administration in 24 hours. I am using this antibiotic for the last 7-8 yrs with good results."

**Dr. K.S. Budhwani**, M.S.(Gen Surg), M.Ch (Paed. Surg), F.C.P.S. Bhopal
**ORTHOPAEDICS**

“Lynx Injection 2 ml (600 mg) I.M. once a day in cellulitis (skin and soft tissue infection), crush injuries (prophylaxis). Dose given O.D for 5 days. I see 8-10 patients a week -Excellent response”

**Dr. Tilak Raj, M.S (Orthopaedics) Delhi**

“Capsule Lynx is an excellent product, giving outstanding results in bone and soft tissue infections, not responding to conventional antibiotics. Also useful for prophylaxis. It has one of the least incidence of bacterial resistance and is a safe and reliable antibiotic”

**Dr. Anil S. Chandrapattan, MBBS, M.S (Ortho), Miraj**

*Also Endorsed by:*
- Dr. U.K. Ravindran: Gen Hospital, Thalassery, Kerala.
- Dr. P C Verma: Main Road, Muzaffarpur, Bihar.
- Dr. Sudhir P Shah: Zari Baugh, Miraj-416410, Maharashtra.
- Dr. Shrikant Desphande: Vishrambag, Sangli, Maharashtra.
- Dr. Umesh Joshi: Station Road, Sangli pin-416416, Maharashtra.
- Dr. Naishad V Parmar: Navapura Rajpipla-393145, Gujarat.
- Dr. Mahesh Soni Valia: Chaukudi, GIDC, Ankleshwar, Gujarat.
- Dr. Tushar P Modi: Rajmahal Road, Vadodara-1, Gujarat.
- Dr. Abhay Shrivastava: Russel Crossing, Jabalpur.
- Dr. R K Gupta: Naurangabad, Lakhimpur-Kheri.
- Dr. I S Surendra: Siddhartha Hospital, Siddipet.
- Dr. Maddineni Laxmi Prasad: Kodad-508206.
- Dr. J Raghunatha Reddy: NR Petra, Kurnool-518004.
- Dr. S T R Chari: Vidyanagar, Hyderabad-500044.
- Dr. Susanta Kumar Biswas: D N Roy Road, Nadia.
- Dr. Sudhir Kumar: Tharpakka, Ranchi-834001.

**GYNAECOLOGY**

“I have used Lynx Capsules (500 mg) tds for 7 days in case of suppuration with cellulitis and experienced very good result.”

**Dr. Indrajit Mukherjee, MBBS, DGO, Kolkata**

“I am using Lynx Injection (600 mg IM OD x 6 days) commonly for chronic PID and post operative wound infection and getting satisfactory result.”

**Dr. C. Das, M.D. Guwahati**

“I have used the drug Lincomycin (Lynx- Wallace) in both injectable as well as oral route in post operative cases with wound sepsis of the stitches and found excellent results.”

**Dr. Madhuri Alwani, MBBS, M.S.(Gynaec & Obs) Jabalpur.**

*Also Endorsed by:*
- Dr. Amiya Sen: G.T. Road, Howrah.
- Dr.(Mrs.) Renuka Devi: Jamun Galli, Patna.
- Dr. Aika Vishnoi: K Gandhi Hosp. Delhi.
- Dr. Neelam Gupta: Kotwali, Katni.
- Dr. (Mrs.) Madhu Jain: Opp. Mahila Samiti, Rewa.
- Dr. Sudha Kumari: Kothagraharam, Vizianagaram, A.P.
- Dr. K Prabhavathamma: Vijaya Hospital, Nandikotkur.
- Dr. (Mrs) Sunita Singh: Near GM College, Itarsi.
- Dr. Honey Gupta: Station Road, Kota.
- Dr. Hari Shanker: P.K.K. Tagore St., Kolkata-700 007.
DERMATOLOGY

“I have been using Lynx (Injections and capsules) for the last 8 years in skin and soft tissue infections with underlying Diabetes Mellitus, recurrent Staph folliculitis and furunculosis. I use the injection 2 cc per day for 8 days. Results are excellent.”

Dr. Dayanand Naik, MBBS, D.V.D., Miraj- 416410.

“Dose form used- Lynx Gel • Indication- Inflammatory or pustular acne. • Dosing- Twice a day • Number of prescriptions- 35/month • Response- Excellent.”

Dr. R.K.Mehta, MBBS, M.D.(Dermatology), Delhi.

“Lynx gel is a good product that I use in Acne vulgaris. There is hardly any resistance seen to the preparation and the gel formulation helps in treating oily skin.”

Dr. Neeta D Rajani, M.D.,DV & D(Bom)., Mumbai-52.

Also Endorsed by:

Dr. B Kar Salkia, Howrah.
Dr. H B Basavaraj Hanumanthananagar, Bangalore,
Dr. S K Mandal Patna.
Dr. Rakesh Gupta HR Hospital Delhi,
Dr. Vandana Sharma HR Hospital Delhi,
Dr. Mukesh Raj Basheerbagh, Hyderabad-29,
Dr. J W Aurangabadkar Kothi, Hyderabad-195,
Dr.(Mrs) S.A.V.Bharamamba Bright Complex, Mehdipatnam, Hyderabad-28.

GENERAL MEDICINE

“I feel proud and it is my pleasure to certify that Injection Lynx both 1 ml and 2 ml are being used by me regularly for the indications of upper respiratory tract infections, skin and soft tissue infections and to my satisfaction, it works very nicely and I am really getting desired effects.”

Dr. M. A. Rahim, MBBS, FCGP, FAIMS, FCCP, FRSM, MCCP, ECI, BCI, Ph D, Bongaigao.

“Indications in which Lynx is used- Upper Respiratory tract infection, Diabetic Foot Infection, Bronchitis. Lynx is a very potent and useful drug without any significant side effect.”


Also Endorsed by:

Dr. C K Parekh, Model Town,Delhi.
Dr. S K Gupta, Kanpur.
Dr. Mukesh Katara, Arjun Nagar, Agra.
Dr. Dasharathi Mishra, Samantarapur, Bhubaneswar.
Dr. Gurushanthappa S, P J Extn., Davangere.
Dr. R Ch. Goswami, Hajo Road,Nalbari.
Dr. S N Sarma, Barama Road,Nalbari.
Dr. (Capt.) Arvind Kumar Sinha, Pokhria, Begusarai.
Dr. Pramod Kumar Singh, Kachahari Chowk, Begusarai.
Dr. M Narayanappa, Chikkamagalur,
Dr. Vijay S Desai, Narvekar Galli, Belgaum.
Dr.(Mrs.) Anjali R Chikodi, Vadagaon, Belgaum.

Dr. A Chakraborty, Belgharia,Kolkata-56.
Dr. B C Satpathy, Madhusudan nagar, Bhubaneshwar.
Dr. Manish Pradhan, Joy Mira Street,Kolkata-5.
Dr. Shrawan Thakur, Bari Bazar, Munger.
Dr. Munindra Goswami, GMC, Guwahati.
Dr. K K Paroha, Gurh Road Rewa.
Dr. K Sundar Rao, Malkapet, Hyderabad-500036.
Dr. V A Narasimha Raju, Razole-533242, A.P.
Dr. Nihal Mehrotra, Vizianagaram, Kanpur-208002.
Dr. Ajay Dubey, Sudhar Nyas Colony, Itarsi-461 111.
Dr. Nirmal Garg, Oswal Mohalla, Madangani-Kishangadh(Raj).
Dr. M A Khan, Jalupura, Jaipur.
LYNX TESTIMONIALS

**DENTISTRY**

“I have been using Lynx 500 mg, 250 mg capsules for so many years, which gives me good results to cover Gram+ve, organisms and anaerobes particularly. In minor surgeries like impaction (all types), R.C.T infection of unknown origin, it gives me very good results. I am using 250 mg in pediatric patients where cellulitis is present. So overall my experience is very good since I am using it for 20 years and seeing the coverage, it is economical too.”

*Dr. A. B. Kalande, B.D.S, Wardha*

“I have used Lynx (Lincomycin) in my day to day dental practice for more than 18 years. I like to prescribe this product very much because it is very much effective for any type of oro-dental infection.”

*Dr. P K Sharma, B.Sc.(Hons), B.D.S.(Luck) IMA Complex, Tezpur*

“My experience with Lincomycin is of 15 years. It is indicated in Acute soft tissue infection, cellulitis and dental abscess. Dose that is given is 2 ml I.M. for 5 days. The result that I got is excellent. It has nearly 80-90 % success rate.”

*Dr. A. Mazumdar, L.D.S. (Cal). Motizil, Muzaffarpur*

Also Endorsed by:
- Dr. B. Jagadeesh B Mathikere, Bangalore-54.
- Dr. (MRS.) P. Janaki Hinoo Chowk, Ranchi.
- Dr. Subhadeep Paul Santipara, Dibrugarh.
- Dr. Gautam Mukherjee Salkia, Howrah.
- Dr. Navin Sardana Paltan Bazar, Dehradun.
- Dr. Sanjeeb Pradhan Bapuji nagar, Bhubaneswar.
- Dr. Bijay Senapati Bapuji nagar, Bhubaneswar.
- Dr. N K Dan J M Avenue, Kolkata.
- Dr. Manoj Ghanekar Court Road, Bailhongal-591102.
- Dr. Aditya Singh Badi Bazar, Munger.
- Dr. Ranganath N Nayak Tilakwadi, Belgum.
- Dr. Jugal Tapadia Gandhi Bag, Nagpur.
- Dr. S B Aigaonkar Dombivil(E)-421 201.
- Dr. Madhusudan Mishra Baramunda Colony, Bhubaneswar.

**OPHTALMOLOGY**

“I have been using Lynx injection under following conditions and getting satisfactory results

1. Acute exacerbation of Chronic dacrocystitis (Recurrent Watering eye)
2. Any eye injury (superficial / penetrating injury)
3. Post operative care of eye surgery”

*Dr. Sadananda Ray Barua, MBBS, M.S. (Ophthal), L.L.B, Nalbari*

Also Endorsed by:
- Dr. Prachi Gupta Near Zilla Hosp., Katni.
- Dr. Shikar Jain Kotwali Katni.
- Dr. A N Khan Main Road, Raipur- 492001(CHGARH).
- Dr. Mohd. Munawaruddin New Malakpet, Hyderabad.
- Dr. Nagabudd Srinivasa Rao Kodad-508206.
- Dr. P Sunil Kumar Reddy Gandhi Nagar, Kurnool-1.
- Dr. Girija Sankar Ghosh
- Dr. J Saha, Ranibagan, Berhamore, Murshidabad.
- Dr. Arumab Das, (S)Kalyani Central Park, Express Bus Stand.
- Dr. Arup Maitra, Rabindra Sarani, Ranaghat.
- Dr. V D Vyas, D-R-50, Hospital Campus, Golpur(Raj).
- Dr. Subrata Joshi
- Dr. S Mukhopadhyay, Central Hospital, Dhanbad-826003(Jharkand).

*Dr. Subhash Jain Pardeshipura, Khandwa*
GENERAL PRACTICE

“ I use Lynx in day to day practices for cases such as
-soft tissue infections’ - LRTI - Pharyngitis - PID - STD
View: Excellent Usage: 30 - 40 patients / week Dose: 1 ml - 20 patients
2 ml - 15 patients.”

Dr. R. Radhamani, MBBS Karnataka

“A female patient aged 35 years was suffering from Acute Follicular Tonsillitis with high fever. She was on Roxithromycin for 5 days. I administered two doses of Lynx injection IM followed by Lynx capsule 500 mg for 3 days. Patient responded after 1st injection of Lynx.

Dr. Aparna Bhaumik(Datta), MBBS Kolkata-700040

“I have tried the brand Lynx of Wallace Pharmaceuticals orally and also parenterally in infections of the oral cavity and also lower respiratory tract infections, and found it to be efficacious in controlling infections and also in early symptomatic relief. Parenteral form is very well accepted by patients because of once a day administration”

Dr. J Subba Rao MBBS Nalgonda Dist(A.P.)

“Indications of Lincomycin are as follows- Sinusitis, Oropharyngitis, Bronchitis, Secondary infected dermatoses, secondary infected acne, dental infections, ulcerated stomatitis and glossitis. In my view as G.P., the above antibiotic is superior to all other gram positive antibiotics in above mentioned indications. It is cheap, has less side effects and good patient compliance due to painless injections.”

Dr. I M Patel, M.B.B.S (PUNE), M.R.SH.(Lon) Surat-396006

Also Endorsed by:
- Dr. Irshad Hussain, Mehrauli, Delhi - 30.
- Dr. S Bhardwaj, Mayur Vihar, Delhi - 91.
- Dr. S Sunder Rajan, V V Market, Mysore-4.
- Dr. Jai Prakash Agrawal, Patna.
- Dr. Ashish Singhla, Sadar Bazar, Delhi-10.
- Dr. Y K Kacker, Vasant Kunj, Delhi.
- Dr. Arun Kumar Saggar, Paharganj, Delhi-27.
- Dr. Navneet Agarwal, Surajpol, Udaipur.
- Dr. Manjeet Gambhir, Hiran Magri, Udaipur.
- Dr. S D Sharma, Nehru Road, Jaipur-4.
- Dr. N Samanta, Salkia, Howrah-6.
- Dr. Sushil Kumar Mukherjee, Salkia, Howrah-6.
- Dr. Gautam Samanta, Salkia, Howrah-6.
- Dr. H Das, Indrapur, Calcutta-56.
- Dr. Sailen Kr. Naskar, Sonarpur, Kolkata-150.
- Dr. M.B. Angadi, Bailhongal.
- Dr. E Shamasundar, S R Nagar, Bangalore.
- Dr. G S Prabhuh, Hanumanth Nagar, Bangalore.
- Dr. Saikat Patra, Santipara, Dibrugarh.
- Dr. S Phukan, Achariali, Dibrugarh.
- Dr. R Shivaprasad, Chickpet, Tumkur.
- Dr. Malati, Tumkur.
- Dr. B Bhattacharjee, Mill Road, Guwahati.
- Dr. Ahmed Dhanani, Bandra (E), Mumbai-51.
- Dr. Haresh S Gurnani, Station Road, Ulhasnagar (Mah).
- Dr. Kajol Motwani, Bhojwani tower, Ulhasnagar (Mah).
- Dr. Abdul Matin, Nagaon (Assam).
- Dr. P R Kulkarni, Station Road, Miraj pin 416410.
- Dr. I S Paiwan, Sardar Bazar, Kolhapur.
- Dr. C J Shah, Station Road, Rajpipla.
- Dr. A T Desai, Beumlure, Surat-395003.
- Dr. P Lakshmi Devi, Patamata, Vijayawada-520010.
- Dr. J Anbalagan, Ambethkhar St., Chennai-66.
- Dr. Ahmed Dhanani, Bandra (E), Mumbai-51.
- Dr. Haresh S Gurnani, Station Road, Ulhasnagar (Mah).
- Dr. Kajol Motwani, Bhojwani tower, Ulhasnagar (Mah).
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- Dr. A T Desai, Beumlure, Surat-395003.
- Dr. P Lakshmi Devi, Patamata, Vijayawada-520010.
- Dr. J Anbalagan, Ambethkhar St., Chennai-66.
- Dr. Ahmed Dhanani, Bandra (E), Mumbai-51.
**LYNX TESTIMONIALS**

Dr. Haresh K Jumani, S V Road, Malad (W) Mumbai.
Dr. Kamal Kishore S Bang, Malad (W), Mumbai.
Dr. A P Patil, Gorai, Sector-1, Borivali(W), Mumbai.
Dr. Chandra Sekhar Saphui, East (Panchanantala) Kol-8.
Dr. Bhagwansingh, Jawahar Nagar, Khar(E), Mumbai.
Dr. B J Patel, Vile Parle(E), Mumbai.
Dr. Yogendra B Bhavsar, Vile Parle(E), Mumbai.
Dr. U K Saha, Maa Pharmacy, Congress Road.
Dr. Asha Jain
Dr. Mohammed Hanif, Near Jain Mandir, Raipur.

Dr. R S Moondra, Pur (Bhilwara).
Dr. S D Raiyune, Sikar.
Dr. R P Chhangani, Plot No.148, Jalupura, Jaipur.
Dr. A P Sinha, Bahragora, Jamshedpur.
Dr. A Roy Choudhury, B Deoghar.
Dr. Tapesh Gupta, Kashidih, Jamshedpur-831001.
Dr. K P Panda, Das Medical Hall, Baharagora.
Dr. B K Lai, Swati Kunj, Jamshedpur-18.
Dr. Rohitkumar K Patel, Motilal Nagar No.1, Goregaon(W), Mumbai.

**E.N.T**

“...It (Lynx) is an excellent drug against various ENT infections. Injection Lynx is inexpensive and the dose is convenient.”

Dr. Susheel Lunavat, M.S (ENT) Sadashiv Peth, Pune.

“Still an excellent drug of choice in my cases of URTI, Acute tonsillo-pharyngitis and recently in Acute Otitis Media”

Dr. D. Das, M.S (ENT), Assam.

“I am using this drug as 600 mg once daily and twice daily (in severe infections) as intramuscular injections for the past 15 years for Streptococcal tonsillitis, Pharyngitis, peritonsillitis and retropharyngeal lymphadenitis, pyogenic otitis media, sinusitis, severe mixed bacterial stomatitis associated with oral submucosal fibrosis.”

Dr. Jitendra Patel, M.S (ENT), Modasa.

“I use Lincomycin (Lynx) mainly in the injectable form. I usually use injection Lynx in Acute tonsillopharyngitis, quinsy, in the dose of 600 mg I.M. daily for 5-7 days. The response is usually satisfactory.”

Dr. Gautam Khaund, MS (ENT) Dispur, Guwahati.

Also Endorsed by:

Dr. Paramanand Chowdhury IMA Road, Begusarai.
Dr. Sheela Padmakshan Manjodi, Thalassery.
Dr. B K Jindal Moti Bag, Bulandshahr-203001.
Dr. Jyothi Swarup, Station Road, Tumkur.
Dr. S J Dutta AM College, Dibrugarh-786002.
Dr. Rakesh Gupta Noori Gate, Agra.
Dr. Ravindra Kumar Sinha Hilsa (Nalanda).
Dr. R K Mishra Shrinagar, Khandwa.
Dr. B J Chaudhary Naupada, Thane (W).
Dr. Vipul Agarwal Machhalipith, Shahpore, Surat.
Dr. Asim Bajpai Near Arun Dairy, Jabalpur.
Dr. M Selvagananpathy East Tambaram, Chennai-59.
Dr. B K Roy
Dr. M Sinha, Swareep Nagar, Kanpur.
Dr. Jagruti Kumar, Saket Nagar, Kanpur.

Dr. Jaspal Ubeja, 4, Budhwar Charlati, Bhopal.
Dr. Sekhar Bandyopadhyay, Raiganj District Hospital.
Dr. D N Roy, Berhampore, Murshidabad-742101.
Dr. S S Pande, JNM Hospital, Kalyani.
Dr. B K Majumdar, F-1, Kalyani, Nadia.
Dr. Ramesh Chandra Pipesh, Golpur, Raj.
Dr. J P Mukherjee
Dr. Prakash Kumar, Central Hospital, Dhanbad.
Dr. N K Singh, Central Hospital, Dhanbad.
Dr. A K Thakur, Steel Gate, Dhanbad.
Dr. P. G. Kabadi, Bangalore.
Dr. S. V. Suryanarayana Murthy Sri Gopal Krishna ENT & Eye Hosp, Razole.
Dr. Sudheer R Rashinkar, Navghar Talav Road, Bhayander (E).
Highly effective against staphylococci, streptococci, pneumococci and anaerobes.

No cross allergenicity with the penicillins or cephalosporins.

Readily penetrates all body tissues including bone in therapeutic concentrations.

Remains active in the presence of bacterial enzymes, pus and necrotic tissue.

Enhances host defense functions.

Available in a full range of dosage forms: oral, intramuscular and intravenous.

Advantage of once daily intramuscular injection which is virtually pain free.

Wide range of therapeutic use.
### Compare Lynx (Lincomycin) with erythromycin

<table>
<thead>
<tr>
<th>Erythromycin</th>
<th>Lynx (Lincomycin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>bacterial resistance develops rapidly during treatment</td>
<td>development of resistance to Lynx (Lincomycin) is slow</td>
</tr>
<tr>
<td>variable penetration with little activity in avascular tissue</td>
<td>excellent penetration even in avascular tissue including bone</td>
</tr>
<tr>
<td>cross resistance with all the macrolides</td>
<td>cross resistance only with clindamycin</td>
</tr>
<tr>
<td>available for oral administration only</td>
<td>a full range of dosage forms available (Oral, I.M. &amp; I.V.)</td>
</tr>
</tbody>
</table>

### Compare Lynx (Lincomycin) with penicillin or ampicillin

<table>
<thead>
<tr>
<th>Penicillin/Ampicillin</th>
<th>Lynx (Lincomycin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>activity against gram-negative organisms can cause super-infections by suppressing the normal flora of the gut</td>
<td>has no activity against gram-negative aerobes</td>
</tr>
<tr>
<td>many penicillins are destroyed by bacterial enzymes such as penicillinase</td>
<td>not adversely affected by bacterial enzymes</td>
</tr>
<tr>
<td>significant risk of hypersensitivity reactions, particularly in atopic patients</td>
<td>low incidence of hypersensitivity reaction</td>
</tr>
</tbody>
</table>
Ahlstedl S (1981) Antimicrob Chemother B (suppl C) 59-70


Herrell WE (1968) Clin Med 75:17


LYNX
(Lincomycin)

The First Choice Antibiotic

Empowers Host Defense Function

- Concentrates in human PMN
- Gets delivered to site of infection
- Weakens Bacterial Defense
- Enhances PMN Chemotaxis, Phagocytosis, Bactericidal & Natural Killer Cell Activity

Super Fast Infection Resolution
## COMPOSITION

**LYNX CAPSULES**
Each capsule contain Lincomycin Hydrochloride I.P. equivalent to Lincomycin base........250 mg.

Each capsule contain Lincomycin Hydrochloride I.P. equivalent to Lincomycin base........500 mg.

**LYNX SYRUP**
Each 5 ml contain Lincomycin Hydrochloride I.P. equivalent to Lincomycin base..............125 mg.

**LYNX INJECTION**
Each ml contain Lincomycin Hydrochloride I.P. equivalent to Lincomycin base..............300 mg.

## INDICATIONS
Lynx is effective in the treatment of infections of the Upper Respiratory Tract, Lower Respiratory Tract, Skin and Soft Tissue, Bone and Joints; and Otitis Media caused by Staphylococci (including penicillinase producing strains), Streptococci, Pneumococci and susceptible anaerobes.
Lynx is also effective in Septicaemia and Endocarditis caused by above organisms.

Lynx has been demonstrated to be effective in anaerobic wound, soft tissue, pulmonary and bacteraemic infections. The anaerobic spectrum of activity includes Clostridium tetani, Clostridium perfringens, Corynebacterium diptheriae, Corynebacterium acnes, Bacteroides, Fusobacterium, Peptococcus, Peptostreptococcus and Actinomyces.

## DOSAGE AND ADMINISTRATION

<table>
<thead>
<tr>
<th></th>
<th>Oral*</th>
<th>Intramuscular</th>
<th>Intravenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild to moderately</td>
<td>500 mg t.i.d.</td>
<td>600 mg (2 ml)</td>
<td>600 mg (2 ml) to 1 gm.</td>
</tr>
<tr>
<td>severe infections</td>
<td></td>
<td>every 24 hours</td>
<td>every 8 to 12 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administer in an infusion of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5% glucose in water or normal saline</td>
</tr>
<tr>
<td>Severe infections</td>
<td>500 mg (or more) q.i.d.</td>
<td>600 mg (2 ml)</td>
<td>10 to 20 mg/kg/ day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>every 12 hours</td>
<td>in two or three doses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>at 8-12 hours intervals</td>
</tr>
<tr>
<td>Children**</td>
<td>Mild to moderately</td>
<td>30 mg/kg/ day in</td>
<td>10 mg/kg</td>
</tr>
<tr>
<td>severe infections</td>
<td>severe infections</td>
<td>3/4 equal doses</td>
<td>every 24 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administer as infusion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dilute as for adults.</td>
</tr>
<tr>
<td></td>
<td>Severe infections</td>
<td>60 mg/kg/ day in</td>
<td>10 mg/kg</td>
</tr>
<tr>
<td></td>
<td>3/4 equal doses</td>
<td>3/4 equal doses</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Lynx Injection should not be injected IV as a bolus.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For optimal absorption, it is recommended that nothing be given by mouth except water for a period of one to two hours before and after oral administration of Lynx.

** Over one month of age

All doses may be increased in more severe infections. Doses as high as 8.0 grams per day for seven days in four divided doses of 2000 mg in an infusion of 200 ml of normal saline over a period of 120 minutes were well tolerated in normal volunteers.

## PRESENTATION
**LYNX CAPSULES 250/500 mg.** - Strip of 10 capsules. 5 strips in a carton.
**LYNX SYRUP** - Bottle of 60 ml.
**LYNX INJECTION** - Ampoules of 2 ml. and 1ml.

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**WALLACE PHARMACEUTICALS PVT. LTD.**
Flora Deck Plaza, Off Central MIDC Road, Andheri (E), Mumbai-400 093.
www.wallace.co.in