LYNX
(Lincomycicin hydrochloride)

THEN AND NOW

VOLUME: 2
Endorsed by the Medical Profession for over 2 decades

Each ampoule undergoes 22 days of stringent tests before release

Unmatched quality ensures consistent results

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PART - II

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LYNX, containing Lincomycin, is an antibiotic that has been tried, tested and accepted by a growing number of medical practitioners. Amongst these medical practitioners are prominent personalities from various specialities. As LYNX from Wallace Pharma enters its 22nd year, it can be rightly called an antibiotic that has withstood the test of time. We attempted to gauge the standing of LYNX among the medical fraternity by requesting top doctors throughout India to give us their feedback on LYNX. We were pleasantly surprised by the overwhelming response we received. To express our gratitude to all you Doctors who took time off your busy schedule to write to us, a booklet on LYNX with a few of your letters was published earlier. LYNX Then and Now is our modest attempt to further this.

This booklet is presented in two parts. Part I is based on various indications for LYNX. It outlines the historical reports and compares it with recent inputs from esteemed doctors in similar indications. Part II presents a few of the many valuable testimonials by eminent doctors.

We wish to thank each one of the doctors for their generous contribution.
Skin and soft tissue infections are very common indications seen by General Practitioners and Dermatologists alike. A wide range of antibiotics have been used for their treatment. Koven\(^1\), in a report on the use of Lincomycin in surgical infections, used Lincomycin in the treatment of 16 patients with Staphylococcal abscesses and in 5 patients with infected wounds. The results after seven days' treatment with Lincomycin, were reported as excellent in 15 of those with abscesses and improvement was reported in one. There were no failures. In a few patients, Lincomycin was combined with incision and drainage. In all 5 patients treated for wound infections, the results were said to be excellent.

Holloway and Scott\(^2\) also reported on the use of Lincomycin in the treatment of 13 patients with Staphylococcal wounds and Soft Tissue Infections. The results were good in 12 of the 13 patients treated. The single poor result occurred in a patient in whom the cultures revealed Pseudomonas in addition to S. aureus. Since strains of Pseudomonas are usually resistant to the action of Lincomycin, it is not surprising that a poor result was obtained in this individual.

Byakod and his colleagues\(^3\) used Lincomycin in 13 patients who were under treatment for Postoperative Wound Infections. In 12 patients, the organism isolated was S. aureus. In 1 patient, Beta-hemolytic Streptococcus and S. aureus were isolated from the wound. These patients were treated for 5 to 15 days and good or excellent results were reported in all 13. These same investigators also treated 4 patients in whom the diagnosis was Pyogenic Abscess. In three, the organism isolated was S. aureus and in the fourth, the organism isolated was Beta-hemolytic Streptococcus. Results were good or excellent in all four patients treated for pyogenic abscess.

In a report on the use of Lincomycin in the treatment of Penicillin-resistant Staphylococcal Infections in children, Bentley and Pollock\(^4\) successfully treated 4 children for Wound Infections and 3 children for Cervical Abscesses. Each patient received Lincomycin by mouth, either in the form of capsules or a syrup. The total daily dose used was 30 mg per kg.

References:

1. “LYNX capsules and injections are the best for treating complicated wounds and mixed infections.”

   **Dr. (Mrs) Shama Choudhary**, B.Sc., M.B.B.S., M.S., Gohalpur, Jabalpur.

2. “I have used Inj. LYNX extensively in my Hospital for superficial wound infections, and as prophylactic for wound care. It is inexpensive but a definite anti-staphylococcal antibiotic on which you can rely. It is safe to be prescribed on an out patient basis by GPs also.”

   **Dr. Milind Patwardhan**, M.S. (Ortho), FRCS(U.K), D.Ortho, Ratnagiri.

3. “I have used LYNX 500 in Soft Tissue Infections like Boils, cellulitis, Stitch abscess with excellent results. I have also used it with Amikacin in Intra abdominal infections like Appendicitis, and there was no need of Metronidazole. It is a very good molecule which has maintained sensitivity till date and I think it should be used more often by Surgeons.”

   **Dr. Zainul Abedin Z. Bhaisaheb**, M.S, F.I.C.S, M.B. Mohammed Ali Road, Mumbai

4. “I have been prescribing LYNX (Lincomycin) for last 15 years. I am fully satisfied with results in indication like Soft Tissue Infections. No resistance so far has been noted in my practice. It is a very useful drug in skin as well as soft tissue infection especially in staphylococcal infection. No reaction is noted so far and it is useful in all age group patients”

   **Dr. G. H. Kataria**, M.B.B.S, Jamnagar

5. “I am using Capsule LYNX in all types of patients having Skin and Soft tissue infection for years and found a very good efficacy, at a very low cost of therapy. Till today, there is no adverse reaction on using LYNX.”

   **Dr. Subhasis Panda**, B. H. M.S., (Cal. University), Midnapur
BACTERIAL PNEUMONIA

**LYNX THEN:**

In bacterial pneumonias seen in the outpatient, most cases are attributed to *Streptococcus pneumoniae* and are not always easy to diagnose. Fever, dyspnea and pleuritic pain may be seen 24 hours before radiologic signs appear. Staphylococcal pneumonia occurs somewhat frequently in postinfluenzal patients and in patients with an impaired host defense system. In this type of pneumonia, abscesses occur and may rupture into the pleural space. Numerous investigators have cited the value of Lincomycin in treating pneumonias, *Pneumococci* were the primary pathogens involved in these studies.

Herrell noted that in Bacterial Pneumonia, the response to Lincomycin, 600 mg four times a day, was either comparable to or slightly inferior to those obtained with penicillin G and that Lincomycin was an adequate substitute in patients who are allergic to penicillin¹. In 1981, Severo in Brazil studied 30 patients over 12 years of age with confirmed Acute Lower Respiratory Tract Infection. They received 600 mg Lincomycin intramuscularly every 12 hours for 7 to 15 days. Lincomycin was effective in the treatment of 27 of 30 patients. One patient with Lung Abscess was cured in 15 days.²

**References:**


**LYNX NOW:**

1. “LYNX is really a wonderful drug. It is not only in reach of everybody but it also has a very fantastic spectrum. I prefer LYNX in Soft Tissue and Skin Infections, *Upper Respiratory* and *Lower Respiratory Infections*. I appreciate the efforts of Wallace Pharmaceuticals for providing such a beautiful gift.”

   **Dr. Ravinder Gupta**, M.B.B.S, M.D., DCH, Jammu

2. “I prescribe LYNX 1ml and 2 ml since 30 years with confidence in many bacterial infections. Now a days, many antibiotics are coming out in market but the price of LYNX is affordable for the lower class. This is being used by me since long years due to success rate of at least 90%.”

   **Dr. S. N. Yadava**, M.B.B.S, M.D., F.C.G.P., F.C.C.P, Samastipur

3. “I have been using LYNX for nearly last 2-3 years, specially in Respiratory Tract Infections and in patients with Skin and Soft Tissues Infections and found very rewarding results with the drug, especially with Staph. group of organisms.”

   **Dr. Manas Chakravarty**, M.D (Med), New Delhi

4. “I am prescribing in my day to day practice LYNX caps and injection for *U.R.T.I, Skin disease*, for period of 7 days. Result is excellent and I am quite satisfied.”

   **Dr. A. Chakraborty**, M.D (Cal), Kolkata

5. “I have been extensively using LYNX, 2 ml injection in *Upper, Lower RTI, Skin and Soft Tissue Infection* usually for 5-7 days as OD dose. I am satisfied with the efficacy of this product.”

   **Dr. S. N. Sarma**, M.D. Medicine, Nalbari
In an editorial on the use of Lincomycin in the treatment of Staphylococcal Osteomyelitis, Herrell outlined the following criteria to be used if an antibiotic is to be effective in the treatment of osteomyelitis:

1. It should concentrate well in the bone.
2. It should be highly active against penicillinase producing as well as nonpenicillinase-producing Staphylococci.
3. The development of resistance, if it does occur, should be slow or delayed.
4. It should show little or no cross-resistance with the commonly used antibiotics.
5. It should be relatively nontoxic permitting its prolonged use in the treatment of Chronic Osteomyelitis.

Lincomycin satisfies these criteria in that it is well concentrated in the bone. There are also adequate data in the medical literature suggesting that Lincomycin is an active, effective agent against Staphylococci, both penicillin-sensitive and penicillin-resistant.

Kaplan and his colleagues have shown that lincomycin resistance develops slowly in vitro, with very few instances of resistance developing in vivo. Cross resistance with other types of antibiotics has not played a significant role in the therapeutic experience with Lincomycin.

Murdoch et al make reference to 52 patients who had been treated with Lincomycin. Of 16 of these patients with Acute Osteomyelitis, 15 achieved successful outcome and one was considered a failure. In 36 patients with Chronic Osteomyelitis, 28 were considered good results and 8 were treatment failures. Of the treatment failures, 3 patients experienced superinfection with Gram negative organisms, three patients had a prosthesis as the underlying reason for failure, and in two there was severe underlying rheumatoid arthritis which prevented successful outcome of therapy.

Murdoch states that in view of their experience in the treatment of Osteomyelitis, Lincomycin hydrochloride would appear to be the drug of first choice in Acute or Chronic Staphylococcal bone or joint disease. He further reports that Lincomycin resistance is not rapidly acquired by Staphylococci and the antibiotics are also active against L-forms. Because of its high bone and joint penetration and its lack of toxicity, Murdoch implies that Lincomycin may be given for prolonged periods of time to patients with long standing Chronic Suppurative Osteomyelitis owing to S. aureus.

Hnatko reported on 15 patients with Osteomyelitis caused by S. aureus treated with Lincomycin. 5 patients had Acute Osteomyelitis; in all of these, the results were good. He also treated 10 patients with Chronic Osteomyelitis who had an average duration of disease of 7.5 years. 7 of the 10 patients recovered completely while 3 showed improvement during Lincomycin therapy. The average total dose of Lincomycin given to these patients was 160 gm.
1. “In our experience Capsule LYNX (Lincomycin) is found to be very useful antibiotic in Chronic Osteomyelitis. Patient R.P. was prescribed Cap. LYNX 500 mg tid for 3 weeks for Atrophic Infected Non-union, with implant exposed outside is now cured without any side effect.”

   Dr. Praful Pandya M.B.B.S., M.S (Ortho), Bharuch

2. “This is to share my experience of Inj. LYNX (Lincomycin) for the last seven years. I have mostly used Inj. LYNX 2cc Intramuscular once/day in Chronic Osteomyelitis especially. Staph aureus infection, in most of the Compound Fractures in combination with Amikacin and used oral lincomycin 250 mg in children with bicycle foot injuries. Most of the time, I have got excellent results within seven days.”

   Dr. Umang Gandhi M.S (Ortho) Vadodara, Gujarat.

3. “I have been using LYNX Inj and tablet since about 15 years. I am quite satisfied with the result and have been using it mostly for Bone Infection and Osteomyelitis”.

   Dr. Navin Prasad Singh MBBS(PU), MS(PU), FICS, FIAM, Darbhanga

4. “I am using Cap. LYNX 500, 8 hourly in patients of Acute & Chronic Osteomyelitis. The result is satisfactory to excellent after treatment for 6-8 weeks.”

   Dr. Mahesh B. Patel M.S. (Ortho), Baroda

5. “I have used Cap. LYNX as well as Inj. LYNX in Chronic Osteomyelitis and primary clean surgery. I found the drug to be very effective and cost friendly. It gives excellent result against Staphlococcus which are sensitive to Lincomycin. It is very cheap compared to other antibiotics and so can be given for long time. It does not give any side effects.”

   Dr. Tushar P. Modi M.S (Ortho), Vadodara

6. “I am using Cap. LYNX (Lincomycin Injection and Capsule) since last 13-14 years for Acute Osteomyelitis and it is very safe to give without much fear of side effects.”

   Dr. Ashok G. Shah, M.S. (Ortho), Ahmedabad

References:
TONSILLITIS

LYNX THEN:

The reports of Breese and colleagues\(^1\), Jackson and associates\(^2\) and Randolph and DeHaan\(^3\) clearly indicate that, under controlled conditions, patients with Group A Beta-hemolytic Streptococcal Infections, e.g. Pharyngitis, Tonsillitis, or both, with and without Cervical Adenitis, responded to treatment with Lincomycin essentially in the same manner as those patients treated with penicillin G. Breese and his colleagues\(^1\) compared the results of 100 patients of tonsillitis who received Lincomycin to two other similar groups, one receiving penicillin G and the other, ampicillin. Assessment was made using both subjective and objective criteria of defervescence, loss of symptoms, and bacteriologic cure. No significant differences in those measured parameters were noted and all three drugs were thought to be equally effective. The Lincomycin group contained fewer failures, however.

They were further elucidated in another study by Breese and co-worker\(^4\). After his first study, Breese noted that there were fewer bacteriologic recurrences in the Lincomycin treated group than in the penicillin treated group. In the study of Randolph and DeHaan\(^3\) this same difference was noted. In addition, the recurrences tended to develop earlier in the group treated with penicillin than in the patients who received Lincomycin, i.e., within the first 28 days after initial treatment. Moreover, the cultures of penicillin treated patients with recurrences quantitatively contained more organisms than did those of the group treated with Lincomycin.

Enough evidence is also available from these studies to indicate that most dosage forms of Lincomycin are associated with equal efficacy, so that liquid suspensions, syrup, or drops can be employed and the same degree of response can be expected as with the capsule form.

The recommended duration of therapy for mild to moderate infections continues to be 10 days and an adequate dosage schedule is 250 mg. four times daily for children of school age or 20 to 30 mg per kg daily in divided dosages for infants. In severe infections, intramuscular injection of 10 mg per kg. every 12 hours seems appropriate.

References:

1. “Injection LYNX is indicated for **Acute Follicular Tonsillitis** and **Severe Granular Pharyngitis** with **Peritonsillar Abscess**. Injection Lynx has excellent result in **Acute and Chronic Tonsillitis** with **Upper Respiratory Tract Infection**. Cap. Lynx is also helpful for follow up therapy after giving injection Lynx.”

   **Dr. Bharat Shah**  M.S. (E.N.T), D.L.O, Dahod

2. “LYNX (Lincomycin) is very effective in **Acute Tonsillitis**, it gives dramatic responses when given in injectable form within 24-48 hours. I have hardly encountered any untoward effects, have used in at least 30-40 patients.”

   **Dr. R. K. Shah**  M.S.(ENT), Ahmedabad

3. “As an Allopathic Doctor I am using LYNX (Lincomycin) for my Paediatric and Adult patients since 12 years of my practice. I prefer this drug in a **Pharyngitis, Tonsillitis** and **Acne Vulgaris**. I prefer 500 mg tid or qid in adults and 30 mg/kg/day for children. I feel it is very excellent drug to be prescribed.”

   **Dr. Anand Bhokray**  M.B.B.S, Warangal

4. “Many a times, as an ENT Consultant come across patients with **Acute Tonsillitis** who do not respond to many recommended, extensively used antibiotics. In such, I was tempted to use LYNX (Lincomycin) Inj. once / day for five days. It is rightly painless and effective. Least abused molecule.”

   **Dr. Ashraf Master**  M. B. B.S, D.L.O, Surat

5. “In my clinical practice, I am using LYNX (Lincomycin) for more than 15 years in mainly **Follicular Tonsillitis**. It is a very convenient dose, once a day, given I.M. Efficacy wise 395 days is good enough to get desired results. This molecule scores over better than any antibiotic in this particular indications, rather 100% cure rate.”

   **Dr. Kailash Chaudhry**  M.B.B.S, Dc. CH. Ex. P.C.M.S, M.A.G.S. (USA), Chandigarh
CHRONIC OTITIS MEDIA

LYNX THEN:

The acute phase of otitis media is usually caused by aerobic bacteria and is easily treated. However, the chronic phase is a major therapeutic problem since its etiology involves both aerobic and anaerobic pathogens.

In chronic otitis media, purulent material causes damage to the bony structures of the ear and leads to infectious complications of surrounding tissues. Symptoms include persistent elevated temperature, pain in the mastoid area and deafness. Anaerobic pathogens may be responsible for the chronic inflammation and bone erosion often observed in this disease.

In a 1979 Japanese study, Sugita\(^1\) isolated the causative organisms of Chronic Otitis Media. Predominant aerobic isolates were *Staphylococcus aureus*, *Proteus*, *Staphylococcus epidermidis* and *Pseudomonas aeruginosa*. Also isolated were nine species and 81 strains of anaerobes from 62 of 760 patients with otitis media. 56 of those 62 patients exhibited mixed aerobes and anaerobes.

Brook\(^2\), in another study in 1980, obtained aerobic and anaerobic cultures in 28 pediatric patients and found anaerobic bacteria in 86%. There were 26 isolates of anaerobic gram-positive cocci and 11 Bacteroides species including 4 *Bacteroides fragilis* and five *Bacteroides melaninogenicus*. These findings suggest that anaerobes, both alone and in combination with aerobes, play an important part in the etiology of Chronic Otitis Media\(^2\). In such patients, Lincomycin offers a distinct advantage by covering *Staphylococcus aureus*, other gram-positive aerobes and most anaerobes.

References:

LYNX NOW:

1. “LYNX is used in resistant case of Chronic Suppurative Otitis Media (CSOM); Acute Severe Tonsillo-Pharyngitis; Quinsy (peritonsillar abscess), CSOM with Acute Mastoiditis, Acute Pharyngitis with LRT Infection.
   Dosage-Adults 2ml for 7 to 10 days, Children 1ml for 7 days. Results 99% success rate Opinion-good drug”.
   
   **Dr. S. V. S. Suryanarayana Murthy**, B.Sc, M.S. D.L.O, Razole

2. “I use LYNX 500 in Acute Tonsillopharyngitis, Chronic Suppurative Otitis Media,
   Dosage: T.I.D for 7 days Result: Excellent with occasional concomitant use of Aminoglycosides”.
   
   **Dr. Sekhar Bandyopadhyay**, MBBS, D.L.O, M.S, Raiganj

3. “I am using Inj. LYNX 600 mg in Chronic Suppurative Otitis Media and in ease of chronic Purulent Maxillary Sinusitis with excellent result.”
   
   **Dr. R. K. Mishra**, M.S., Khandwa

4. “I am writing LYNX (Lincomycin) for last 20 years in CSOM and Tonsillitis (Pediatric and Adult Patient), 30 to 50 mg/kg body weight in divided dose for 7 days.”
   
   **Dr. Bijoyes Ch. Kumar**, Sr. ENT Surgeon, Mushidabad.
Diabetic ulcers are the most common foot injuries leading to lower extremity amputation. Management of the diabetic foot requires a thorough knowledge of the major risk factors for amputation, frequent routine evaluation and meticulous preventive maintenance. The majority of diabetic foot complications resulting in amputation begin with the formation of skin ulcers. Early detection and appropriate treatment of these ulcers may prevent up to 85 percent of amputations.

Polymicrobial infections predominant in severe diabetic foot infections and include a variety of aerobic gram-positive cocci, gram negative bacteria, and anaerobes. Lincomycin, as it covers these group of organisms proves to be beneficial in the management of diabetic foot ulcers.

References:

LYNX THEN:

LYNX NOW:

1. “I am using LYNX (Lincomycin) Tab and Inj. Mainly I have used this drug in Chronic Diabetic Wounds not responding to other antibiotics and I am very happy with the result.”
   Dr. B. T. Kurane, M.S., Pargaon

2. “I have been using Inj. LYNX (Lincomycin) since the last 12-15 years mainly for suspected gram positive infections if Penicillin is not favoured by the patient or is allergic. The results have been gratifying especially in Multiple Abscess / Diabetic Foot / Cellulitis”
   Dr. S. B. Gogia, MBBS, New Delhi

3. “I am using LYNX 2ml/1ml LYNX Group from last 10 years in all types of patients without side effects. For e.g. (1) Skin & Soft Tissue Infections (2) Tonsillitis (3) Diabetic Foot Ulcer. I am fully satisfied with this product.”
   Dr. Harsh S. Gurnani, D.H.M.S, Ulhasnagar

4. “I have been using Lynx (Inj / Oral) since last 10-15 years for Diabetic foot management. It has withstood the test of the time and still works well.”
   Dr. Abhay Srivastav, M.S. Jabalpur

5. “Cap. Lynx 500 mg/ 250 mg found to be very useful for treatment of Non Healing Ulcers. I have rarely encountered any side effect in my surgical practice and found LYNX to be safe and effective antibiotic in both children and adults”.
   Dr. G. Manohar, MBBS, M.S, - Vishakhapatnam
DENTAL INFECTIONS

LYNX THEN:

Odontogenic infection may be primary or secondary to **Periodontal, Pericoronal, Traumatic** or **Post Surgical Infections**. Complications of dental infections include sepsis and airway compromise (e.g. Ludwig angina, **Retropharyngeal Abscess**). In addition, odontogenic infections carry significant morbidity of pain and cosmetic defect. Common organism implicated are serotypes of *S.mutans*, *Streptococci* and anaerobes like *Peptostreptococci, Bacteroides* organisms and *Fusobacterium*. Lincomycin, has a spectrum that cover all these organisms, thus proving beneficial in dental infections.

References:

LYNX NOW:

1. “During my seven years of clinical practice, I have found excellent results with Lynx (Lincomycin). I would like to say that LYNX (Lincomycin) is meant for the Dental Infection whether Periodontal, Paediodental or Arthodental Abscess. It is very much effective against the Gram+ve organisms (such as Staph and Strep). It is economical therapy treatment per day as compared to other injectables. It has an excellent dosage convenience”
   
   **Dr. Mohammad Yaqoob**, MDS, Lucknow

2. “This is with reference to your excellent product Inj. LYNX (Lincomycin). I have observed excellent results in Oropharyngeal and Dental Infections and Parotitis to such extent that few dental surgeries could be avoided because of timely use of Inj. Lynx.”
   
   **Dr. Vidyadhar M. Bodas**, MBBS, Pune

3. “LYNX (Lincomycin) is used for oral infection caused by Staph aureus and Streptococcus I use it in Acute Dental Infection with Periodontal Involvement, especially in Bone Infection in Dental Abscess and Osteomyelitis, (600 mg i.m. x daily x 5 days). It is very helpful in Mixed Dental Infection and as a Prophylactic Measure Before and After Dental Extraction.”
   
   **Dr. Mohammad Ayub**, B.Sc, B.D.S, Srinagar

4. “We are using Inj. Lynx since last 6 years regularly in Dental practice. The main indication of injection LYNX is in severe case of Dental Infection with Abscess. After use of Inj. LYNX 2cc. IM patients get very good control and relief from infection. The total dose used is 2cc  IM for 3 days. The result is all type of dental infections is always above the expectations.”
   
   **Dr. Tushar K. Bharwada**, BDS, FPFA(USA), Surat

5. “I have been writing Inj. Lynx for a period of last 5 years, in my day to day practice. I have found that it has done wonders in patients who were not responding to antibiotics (injection) of ceftriaxone or any other ranges. I have used it in acute conditions of Oro-dental Infections, both in soft and hard tissue infections. Its results are wonderful and you can call it a wonder drug.”
   
   **Dr. Javaida A. Ahangar**, B.Sc, B.D.S (Kud), MIDA, Srinagar
Pelvic Inflammatory Disease (P.I.D) is one of the most common serious infections in women aged 16-25 years, and the morbidity produced by it exceeds that produced by all other infections combined for this age group. Due to the polymicrobial etiology of acute PID, the optimal approach in the management of such mixed aerobic and anaerobic infections, is to use a combination of antimicrobial agents. Keeping this in mind, an open randomized, comparative study was carried out using LYNX (Lincomycin) and Amikacin in one group and Metronidazole and Amikacin in the other. The study concluded that the combination of Lincomycin plus Amikacin was equiefficacious and better tolerated in comparison to Metronidazole plus Amikacin in acute PID patients.

References:

LYNX THEN:

Pelvic Inflammatory Disease (P.I.D) is one of the most common serious infections in women aged 16-25 years, and the morbidity produced by it exceeds that produced by all other infections combined for this age group. Due to the polymicrobial etiology of acute PID, the optimal approach in the management of such mixed aerobic and anaerobic infections, is to use a combination of antimicrobial agents. Keeping this in mind, an open randomized, comparative study was carried out using LYNX (Lincomycin) and Amikacin in one group and Metronidazole and Amikacin in the other. The study concluded that the combination of Lincomycin plus Amikacin was equiefficacious and better tolerated in comparison to Metronidazole plus Amikacin in acute PID patients.

References:

LYNX NOW:

1. “This is to state that Inj. LYNX has good response in cases of PID (Pelvic Inflammatory Disease) and also in prophylaxis against post traumatic infection. At the same time it is economical, well tolerated and accepted by patients.”

   Dr. (Mrs.) Chhaya Budhwani, M.D (Bom), F.C.P.S, D.G.O, DFP Hospital, Bhopal

2. “I am using Cap. LYNX in PID cases and Post Operative cases. I find very good results.”

   Dr. Mahendra Singh, M.B.B.S, D.G.O., Satna, (M.P)


   Dr.(Mrs) S. Zadgaonkar, M.B.B.S., M.S, Jabalpur.

4. “Capsule LYNX is very effective in post delivery with episiotomy, PID infection and post Incision & Drainage cases. Results are excellent.”

   Dr. Neelam Gupta, M.B.B.S, Katni (M.P)
Acne is a very common infection seen by Dermatologists and General Practitioners. The currently applied topical antibiotics include Erythromycin and Clindamycin. However, due to widespread use, resistance has been developed to the commonly used antibiotics. Hence, there is an acute need for newer topical antibiotics. An earlier in-vitro study had demonstrated that Lincomycin could inhibit the growth and extracellular lipase production by Propionibacteria. Thus, a recent study was conducted using topical Lincomycin for the treatment of acne. The trial concluded that LYNX (Lincomycin) hydrochloride gel is an effective and safe treatment option for mild to moderate Acne vulgaris.

References:
LYNX TESTIMONIALS

GENERAL PRACTITIONERS

“I am using LYNX (Lincomycin) in case there is no or poor response to routine antibiotics. The following are the indications wherein it was used: 1. Trophic ulcers of foot. 2. Diabetic non-healing ulcers. 3. Chronic pyodermas/eczemas. 4. LRTI associated with Koch’s/ COPDs/ immunocompromised conditions like HIV. 5. Post operative wounds. 6. Post operative prophylaxis. 7. Pelvic Inflammatory Disease. 8. Chronic Osteomyelitis. The results are excellent.”

Dr. P.R. Kulkarni. B.Sc., M.B.B.S. Station Road, Miraj, Maharashtra.

“I have been using Lynx (1 ml and 2 ml) since about 8 years. It is giving good results specially in Acute Bronchitis, Furunculosis, Acute Pharyngitis. It is easier to give one injection once a day. I have not found any adverse reaction. I have been practicing for more than 40 years.”

Dr. S. N.Chaubey. B.Sc., M.B.B.S. Sipri Bazar, Jhansi.

“I am using Lynx injection and capsule for last 20-25 years in cases of Furunculosis and URTI and it is giving excellent results.”

Dr. Krishnakumar Shetty. M.B.B.S. Goregaon, Mumbai.

“I have used widely your Lynx injection, syrup and gel in my practice for the last 10 years. I have found LYNX to be of utmost importance specially in Skin and ENT where I have got upto 90 % results. I thank you for providing such a good product for my patients.”

Dr. Sunil Chawla. B.A.M.S., BEHL, Bhiwani.

“It is enough to say that I am using LYNX (Lincomycin) for the last 30 years that justifies my faith in its efficacy.”

Dr. S. Prakash. M.B.B.S., R.Z.M.C. (Lusaka), Pritam Pura, Delhi.

“I am using Lynx Capsules and gel for a long time in case of Tonsillitis, Soft Tissue Infection, Furunculosis, and Chronic Suppurative Otitis Media and the results are excellent in comparison to other antibiotics.”


“I prescribe Lynx in the following conditions: 1. Tonsillitis 2. Skin and soft tissue infections. 3. Bone and joint infections. I prescribe one injection daily for 5 days. I am prescribing because of the patients compliance due to cost of therapy and also for convenient dosage schedule. I feel it is the best antibiotic for poor patients.”

Dr. Lalit KR. Singh. M.B.B.S., PGDCH. Mahisauri, Jamui.
GENERAL PRACTITIONERS

Also Endorsed by:

Dr. Naib Singh, Mullana.
Dr. Avinash Chavan, Kandivli, Mumbai - 101.
Dr. Savita Ghotikar Tanksale, Vile Parle (E), Mumbai - 99.
Dr. Nandlal Jotangia, Goregaon (E), Mumbai - 63.
Dr. Bharat Shah, Andheri (W), Mumbai - 58.
Dr. Bharati Machnar, Malad (W), Mumbai - 64.
Dr. S. N. Sanyal, Kharagpur.
Dr. Bharat Shah, Ahmedabad - 15.
Dr. R.K. Gupta, New Delhi - 110046.
Dr. Vivek Handa, New Delhi - 018.
Dr. Jaideep Rohatgi, New Delhi - 110006.
Dr. GRVR Reddy, New Delhi - 018.
Dr. U.K. Pandhya, Gotechaon - 487118.
Dr. N Y Beg, Sitapur.
Dr. GS Singh, North 24 Parganas.
Dr. Himanshu Shukla, Sitapur.
Dr. AS Chavan, Narsingpur.
Dr. NN Srivastav, Bahraich.
Dr. Ganesh Bedajna, Calcutta - 004.
Dr. Firdous Rahamn, Kolkata.
Dr. SK Baksh, Kolkata.
Dr. SI Ansari, Kolkata.
Dr. Vikram Atavale, Pune.
Dr. VV Chavan, Pune.
Dr. Sunil Sangvi, Pune -18.
Dr. VV LN Rao, Beharmpur.
Dr. K S Thumar, Dhoraji.
Dr. R N Das, Basihrat.
Dr. K B Saha, 24 Parganas (N).
Dr. P Ghoshal, Kolkata - 56.

Dr. Arnab Ranjan Ghosh, South 24 Parganas.
Dr. Ramesh Shripat, Solapur - 5.
Dr. M P Singh, Mahnar.
Dr. (Mrs) Anuradha, Mahnar.
Dr. B K Singh, Bidupur.
Dr. B Thakur, Jamui.
Dr. Shailendra Kumar Sinha, Begusarai.
Dr. Arshad Hussain, Araria - 854 311.
Dr. N K Chatterjee, MBBS.
Dr. Hari Narayan Singh, Begusarai.
Dr. Kishore Mhaske, Ahmednagar.
Dr. Sagar Doshi, Indapur.
Dr. Ashok H Shah, Pune - 411042.
Dr. Mrs Anjali Ballal, Pune - 411 042.
Dr. S G Rai, Ganipunj (U.P).
Dr. Yeshwanth N Nayak, Boloor.
Dr. T D Ramamurthy, Mangalore - 575003.
Dr. H Kamalesh Singh, Bangalore - 67.
Dr. Umesh S N, Bangalore - 560029.
Dr. M A Bindu Rani, Bangalore - 67.
Dr. B R Srinivas, Kolar.
Dr. Chandrashekar N, Bangalore - 28.
Dr. B V Gopalakrishna, Bangalore - 53.
Dr. C U Jayaram, Mysore - 23.
Dr. A Neelankanta Murthy, Mysore - 008.
Dr. Kantha Raju, Mysore - 570 007.
Dr. Sachin D Bone, Dombivli (W).
Dr. S N Krishnan, Dombivli (W) - 421202.
Dr. X. Madeline Mary Pax, Madurai - 625 001.

GYNAECOLOGIST

“I have been using LYNX (Lincomycin) capsules since last 10 years. It is quite effective in P.I.D.”

Dr. Honey Gupta, M.S, Kota

Also Endorsed by:

Dr. Narendra Pawar, Vellarikundu - 671533.
Dr. Mughda Kulkarni, Madhyra Pradesh.

Dr. Hemavathi, Kolar.
Dr. Poonam Kohli, Lucknow.
“Patient diagnosed with Acute Lymphangitis was prescribed Cap Lynx (500 mg) 1 capsule three times a day for 5 days. Patient responded very well to the treatment. Patient was symptom free after 5 days and there was no recurrence after 3 months.

Another patient of Diabetic foot responded well after treatment with Lynx (500 mg) TDS. Patient was already on Inj. Amikacin. There was no recurrence. A patient with multiple boils on both lower limbs was given Cap Lynx (250 mg) TDS for 7 days. Patient was completely symptom free after 7 days.”

Dr. Tejinder Pal Singh M.B.B.S., M.D. Mansarovar Garden, New Delhi.

Also Endorsed by:
Dr. Anand Kumar, Samastipur.
Dr. A R Pal, Midnapore.
Dr. B Bera, Midnapore.
Dr. Vinod Kumar Tripathi, Sitapur.
Dr. Satish Mahawar, Maholi.
Dr. SS Mondal, Sirocoal.
Dr. NC Jain, Aashind.
Dr. Laxmikant Kabra, Pune.
Dr. BM Nene, Pune.

Dr. BC Patnaik, Bhubaneshwar.
Dr. P R Sharma, Jammu.
Dr. Baljit Singh, Jammu - 180 012.
Dr. V Gopalakrishna Rao, Amalapuram - 533201.
Dr. G R K Gupta, Visakhapatnam.
Dr. Rajesh Singal, New Delhi.
Dr. S Raju, Hunsur.
Dr. Dinesh Rajvaiwya, Pachore.
Dr. V Radhakrishnan, Cumbum - 625 516.

OPHTHALMOLOGIST

Endorsed by:
Dr. Sanjay Bhatnagar, Patiala.
Dr. Manoj Kumar, Darbhanga - 846003.

Dr. S K Jha, Purnea - 2854301.
“I have been using Lincomycin with brand name of LYNX, Inj. and capsules since last 15 years, particularly in contaminated road side accident and after culture sensitivity test. I have found it very effective against Staphlococcus aureus. It is true to my opinion.”

Dr. Atul G. Bhatt, M.S.(Ortho), Ahmedabad.

“Excellent gram positive coverage with anaerobic coverage, assuring superb compliance due to once a day injectable regimen, costing very affordable—makes it my first drug of antibiotic choice (unless indicated otherwise by culture report).”

Dr. Abhay Manchanda, M.S., P.G.C.R., Anup Nagar, Indore.

“Why I prescribe Lynx (Injection, particularly) in general Orthopaedics practice-1. Once in a day schedule. 2. It covers most of the common pathogens one comes across in day to day practice. 3. Well suited for small hospital units where there is a shortage of trained staff, due to once a day schedule. 4. Cost effective.”

Dr. S.K. Jain, M. S. (Ortho), Satna.

“I have been using Lynx since 2 years mainly for septic arthritis and post operative cases. Dosage schedule is 500 mg twice a day for 7-10 days. The results seem to be very good.”

Dr. M. Sankara Rao, M.S.(Ortho), Vizianagaram.

“I have been using LYNX (Lincomycin) for the last 10 years. The indications for which I am prescribing are Chronic Osteomyelitis and Soft Tissue Infections like Cellulitis of varied aetiology. I am prescribing 500 mg twice a day for 7 days or 1 ampoule of 600 mg for 1 week with which I am getting good results. I have not observed any side effects nor any resistant cases.”

Dr. P. Ashok Kumar, M.S. (Ortho), Vishakapatnam.

Also Endorsed by:

Dr. HS Sohal, Patials -147001.
Dr. B Sudhakar Rao, Paloncha - 507115.
Dr. Amirul Koda, Samastipur.
Dr. K K Das, Midnapore -721101
Dr. Pramod Maheshwari, Madhya Pradesh
Dr. V K Kataria, New Delhi -110046.
Dr. Atul Chandra Agarwal, Allahabad.
Dr. Tapash Ranjan Bag, Arambagh S.D. Hospital.
Dr. Jayant S Shah, Pune - 411 002.
Dr. Naresh Pandita, MS (Ortho).
Dr. Rajeev Tanwar, Hisar - 125005.

Dr. N P Singh, Purnea.
Dr. L N Mandal, Katihar - 854 105.
Dr. P M Dhole, Ahmednager - 814 003.
Dr. Amit Kumar Tripathi, Reva.
Dr. Man Mohan Singh, Rewa.
Dr. Avadhesh Kumar, Jaunpur (U.P.)
Dr. S N Prasad, Ganjipur
Dr. Shridhar Shetty, Mangalore - 575001.
Dr. Dinesh Kumar Shetty, Karnataka - 201.
Dr. Nikhil Kumar Rai, Kundapura.
Dr. Satish Babu, Palani.
"I am in practice for 29 years. I am using Lynx (Lincomycin injections as well as capsules) for the last 10 years in a variety of Skin and Soft Tissue Infections as well as Osteomyelitis cases. To name a few 1. Release of burn contractures and skin grafting (5 days). 2. Flap procedures (7 days). 3. Finger tip injuries with exposed bone (5 days). 4. Pulp abscess (finger) with impending osteomyelitis (7 days). 5. Trophic ulcer (Diabetes and Leprosy) with/without Osteomyelitis of tarsals and/or metatarsals in foot, (7 days). 600 mg daily intramuscularly in adults and 10 mg/kg I.M. in children for 5 to 7 days depending upon severity has given satisfactory control of infection without any side-effects."

**Dr. J.J. Kashalikar** M.S. Plastic Reconstructive and Cosmetic Surgeon. Miraj.

“We are regular prescribers of Inj Lynx since last 4 years. We are very much satisfied with the result. Where nothing works, Lynx works.”

**Dr. Anil Singh** M.S. (Surgery) **Dr. Sunita Singh** D.G.O. Itarsi.

“I have been using LYNX (Lincomycin) for the last 7 years in the following indications.

1. Soft tissue infections (2 ml BD for 5 days, 250 mg capsule TID for 5 days), 2. Upper Respiratory Tract Infection (same as above), 3. Post operative surgical case (along with Gentamicin) (2 ml for 5 days followed by 250 mg capsule TID for 5 days).

I am very happy with the results. I have not seen any side effects with the above dosage as I have used in more than 4000 patients in these 7 years.”

**Dr. P. Viswanadham** M.S., Srikakulam, Andhra Pradesh

“I am using Cap Lynx 500 mg 8 hourly in almost all rectal surgeries and find it works fantastically. Patients are very happy.”

**Dr. Damodar M. Kashikar** M.S. (Surgery) Warangal.

“I write Lynx for 1. Earliest indication in any post operative erythema/wound infection- the wound heals within 72 hours. 2. Hernioplasty (mesh repair)- all cases- so no chance of mesh infection by Staphlococcus. 3. Cellulitis/Abscesses- Avoids undue I & D. 4. Resistant URTI and LRTI- especially those cases who cannot and do not want admission and injection- once a day can be taken even in any peripheral village.”

**Dr. Nishith Gagrani** M.B.B.S., M.S., F.A.I.S., Devas.
LYNX TESTIMONIALS

GENERAL SURGERY

“I have been using LYNX for the last 15 years for 1. Prevention of postpartum infection. 2. Skin and soft tissue infections. 3. URTI and LRTI 4. Bone and joint infections. 5. Post operative below umbilical surgeries.

For PPI I am giving LYNX 600 mg OD for two days before delivery and 3 days after the delivery both in normal and episiotomy deliveries.

In post operative, below umbilical surgeries like appendicectomy, hernia, hydrocoele, piles, fistulae, hysterectomy, etc., I have found excellent wound healing without any infection with 600 mg Lincomycin IM BID on the first day followed by 600 mg IM OD for the next 6 days.

In URTI and LRTI 600 mg IM OD for 5-7 days has been giving excellent results. In bone and joint infections, LYNX 600 mg IM OD for 10 days has been giving excellent results. In these 15 years I have used Lincomycin for more than 10,000 patients. I have not found any side effects and it has given excellent results.”

Dr. Seshagiri Rao. M.B.B.S., D.O., MAMS, Srikakulam

Also Endorsed by:
Dr. K S Kamath, Kasaragod - 671121.
Dr. Amarjit Singh, Patiala - 147001.
Dr. Samir Kumar Dey, Calcutta.
Dr. G K Ghosh, Contai.
Dr. Navin Prasad Singh, Darbhanga - 846003.
Dr. Atul Puranik, Mumbai-64.
Dr. Sarita Bhagwat, Mumbai - 14.
Dr. Manisha Garg, Bhopal - 462001.
Dr. Nishith Gagrani, Madhya Pradesh.
Dr. Lalit Machhar, Vadodara - 2.
Dr. MA Chaudhary, Tabalpur.
Dr. Alok Kashiv, Narsingpur.
Dr. MM Bagati, Delhi - 110096.
Dr. Rajendra Jathar, Pune - 37.
Dr. Jayaram Patro, Bhubaneswar.
Dr. H K Dobaria, Rajkot.
Dr. V Ananda Rao, Visakhapatnam - 13.
Dr. D Venkateswar Rao, Visakhapatnam - 530020.
Dr. N Subba Rao, Visakhapatnam - 530 002.
Dr. Vandana S Rao, Srikakulam - 532001.
Dr. T Narayana Rao, Visakhapatnam.
Dr. G Manohar, Visakhapatnam.
Dr. S K Roy, Sub-Divisional Hospital.
Dr. Arun Murari, Patna - 800 004.
Dr. H Ravikumar, Bangalore - 560010.
Dr. K.S.Gunjyal, Goa - 2514883.
Dr. Dinesh Luthra, Maheshpur Chowk.
Dr. R. S. Chowdhary, Aligarh.
Dr. Anil Dube, Naewa Junction.
Dr. L. A. Kapadia, Ujjain, M. P.
Dr. V. Mahadevan, Madurai - 2.
Dr. A. Natarajan, Palani - 624 601.
“I am using Lynx syrup/injections for Neonatal Pustular Dermatitis, Secondary Infected Eczema, Arthritis, Scalp Cellulitis and Pyodermas with good results.”

Dr. Vivek Despande M.D. (Paediatrics). Ahmednagar.

“I have been using Lincomycin in my practice (as Lynx) in upper Respiratory tract, Lower respiratory Tract, skin and soft tissue infections in the form of syrup, capsule and injections over a period of more than 10 years and found that the results are convincingly excellent, even if it was prescribed as lone antibiotic in all the cases (number being more than 1000).”

Dr. Jitendra Agarwal M.B.B.S., M.D. (Paeds), MAMS, Ambala.

“Though it has been stated in books about the serious side effects of Lincomycin, I was reluctant to prescribe it, but after seeing various references, I tried it on my patients and now I have to say- there is no need of giving any painful, hypersensitivity prone Inj. PPF. I will request all doctors to use Lynx for Multiple boils, Impetigo, Furuncles, this is having excellent result in URTI (bacterial), infected wounds, impending abscesses, cellulitis, Otitis Media, Sinusitis. As it is dose convenient and economical it makes patient compliance better, I wish success of this product.”

Dr. Prabhakar Avtade M.B.B.S., D.M.C.H., Bhilwada

Also Endorsed by:

Dr. Mahesh Nawani, Bhopal.
Dr. M.B.De, Midnapur- 721 101.
Dr. Harish Seth, Delhi - 110006.
Dr. NP Jain, Raipur.
Dr. Ashok Kumar nayak, Kandeli.
Dr. K.K. Varma, Bhuaraich.
Dr. R K Goel, Jammu.
Dr. Nissar Ahmed, Jammu.
Dr. Gurdeep Singh, Jammu.
Dr. A Razzak, Barasat.
Dr. G S Haque, Begusarai - 851 101.
Dr. Ashwini Kumar, Gajipur.
Dr. Suresh Kumar N L, Mysore - 007.
Dr. A. Neville Carvalho, Goa.
Dr. Nishikant Patange, Dombivil (W) - 421202.
Dr. Pramod Bejkar, Dombivil (W) - 421 202.
Dr. R S Manawat, Chomu (Jaipur).
Dr. R. Mahalingam, Madurai - 625 009.
Dr. P. Ilangovan, Madurai - 20.
Dr. A. Jaffarullah, Palani - 624 601.
"I am using LYNX capsules in Sexually Transmitted Diseases especially when I am confused in diagnosis or multiple STDs together. And always I am getting dramatic improvement."

**Dr. Kalpesh A. Shah** M.D. (Dermatology & STD) Ahmedabad

"I have been recommending LYNX (Lincomycin) oral and injection from 1982. I have been prescribing this drug for Chronic Superficial Folliculitis and Cellulitis and Hidradenitis suppurativa. For Chronic superficial folliculitis, I prescribe injection 600mg twice a day for 3 days followed by cap 500mg for 7-14 days. For Cellulitis, I prescribe this drug for 7-10 days. (500mg). For Hidradenitis suppurativa I advise this drug (oral) 500mg for 10-14 days. I never encountered any major adverse effects in my patients except for minor G.I. disturbance. I am happy with the results in all of my patients."

**Dr. T. Narayana Rao** M.D., D.V.D., Visakhapatnam

"I have been using LYNX (Lincomycin) for the past 18-20 years. This is my drug of choice in for the following conditions.

a) Gram positive infections especially
   i) Folliculitis
   ii) Superficial pustular folliculitis
   iii) Cellulitis
   iv) Impetigo

b) Filarial lymphangitis where there is severe streptococcal infection.

c) Hidradenitis suppurativa

d) Eczematous disorders associated with severe infection. E.g. Infectious eczematous dermatitis.

Treatment - 5 - 7 days 1 ampoule 600mg I.M one time in a day. Results are excellent and never I faced resistance. Only side effect is an occasional diarrhoea.
One of the outstanding drug in treating gram + ve coccal infections."

**Dr. B.V. Ramachandra** M.D.(Derm. & Ven.) Visakhapatnam

"I don't hesitate to say emphatically that LYNX (Lincomycin)/500mg cap and 2ml injections) are very effective in the treatment of:

1. S.P.F. 
   Dosage 300mg cap 1TID - 7-10 days
2. Sycosis barbe 
   - do - 7-10 days
3. Hidradenitis suppurativa 2ml. 
   followed by 1 TID 500mg cap 
   1 BD 2 days
   7-10 days
and I did not come across any significant side effects with LYNX (Lincomycin) during my last 15 years of its usage."

**Dr. T.V. Ramanarao** M.D. Srikakulam (A.P)

continued on page 23........
"I have been using Lynx both in Adults & children for the past 15 years in more than 5000 patients. Overall compliance and efficacy of Lincomycin is excellent. No resistance has been observed in any of the patients. Adverse side effects: A small percentage of patients had GI disturbances. These side effects are reversible once the drug is withdrawn. Tolerance: Good."

**Dr. G. Raghu Rama Rao** M.D. (Derm.) Visakhapatnam

“We have been using your skin range products since many years. Especially LYNX Capsules (Lincomycin) being exclusively used by us for many Dermatological conditions in more than a thousand patients.

We are extremely satisfied with results in following conditions:

1. Recurrent pyodermas
2. Carbuncles
3. Recurrent infected Eczemas
4. Hidradenitis suppurativa
5. Chronic Non-Healing ulcers
6. Bacterial infections in HIV patients
7. Acne vulgaris (Pustular variety)

We use Cap. Lynx 500 mg 1BD/1TDS. For 5-7 days accordingly.”

**Dr. Amit Shah & Dr. Bharat C. Shah**


Also Endorsed by:

**Dr. Abdul Latif Iqbal**, Warangal.
**Dr. Esufi**, Godhra.
**Dr. D.Biswas**, Sadar Hospital.
**Dr. Gautam Gupta**, Sardar Hospital.
**Dr. PK Sen**, Khanakal.
**Dr. Antaryami Sahu**, Orissa.
**Dr. BD Jena**, Bhubaneshwar.

**Dr. Yaramati Satyanarayana**, Kakinada-533001.
**Dr. P Guru Prasad**, Visakhapatnam-530 016.
**Dr. B V Satyanarayana**, Visakhapatnam-530002.
**Dr. Nihar Ranjan Bhattacharyya**, North 24 Parganas.
**Dr. N Marappa**, Bangalore-50.
**Dr. Devaraj**, Kolar.
**Dr. Juzer Hussain**, Ujjain, M. P.
“I am using injection Lynx Post operatively after mastoid surgery and Tympanoplasty since last 5-7 years. It gives good results especially in cholesteotoma (mastoid) surgery.”

Dr. N.D. Jogani M.S. (E.N.T.) Ahmedabad

“Lynx 500 TID x 10 days
Gives excellent result in Acute Otitis Media, Acute Otitis Externa, Acute URTI, Acute tonsillitis. I am using this drug since last 20 years.”

Dr. K.N. Pansara M.S. (E.N.T.) Jamnagar

“Indications for prescribing Lynx
- Salivary gland swelling
- Peritonsillar Abscess
- Recurrent Tonsilitis
- Acute Maxillary sinusitis
I prefer to write above drug due to very good tissue penetration, no resistance & excellent compliance.”

Dr. Jayesh Patel (E.N.T.) Rajkot

“I have been using Lynx Injection and capsules for the last so many years to my fullest satisfaction. It is very convenient and effective against plethora of microbes.”

Dr. Jyoti Prakash Gupta M.S.D.L.O., Jammu

“As a senior ENT consultant I used your Lynx Injection & Lynx Cap. in
- Chronic Suppurative Otitis Media
- Acute Follicular tonsillitis
- Maxillary sinusitis
- Neck Swelling
since 8 years. I am happy and getting good results in Injectable form because of once a day dose.”

Dr. Shailen B. Mody M.S.(E.N.T.)D.L.O., Ahmedabad

Also Endorsed by:
Dr. Rajiv Jha, Ahmedabad.
Dr. Hitesh Shah, Ahmedabad-380 008.
Dr. Nigam, Raipur.
Dr. Dilip Majumdar, Berhampore General Hospital.
Dr. Vikram Oak, Pune.
Dr. Vijay Ketkar, Pune.
Dr. Tamhare, Pune.
Dr. Girish Rajharkut, Sholapur.
Dr. Himanshu J Thakkar, Rajkot - 360 004.
Dr. Pankaj Shah, Bhavnagar.
Dr. Shivanand Jha, Bhavnagar.

Dr. Mohammed Lateef, Srinagar.
Dr. Bilal Ahmad Raja, Basant Bagh.
Dr. P Koteswara Rao, MBBS, MS, ENT.
Dr. GSN Murthy, Kakinada-533003.
Dr. B Kotilinga Murthy, Visakhapatnam - 7.
Prof (Dr.) A M Saha, Kolkata-700016.
Dr. M A Kirne, Shrirampur.
Dr. H S Satish, Bangalore - 560010.
Dr. Rajesh Gupta, Ramnagar.
Dr. Pankaj Arora, Mohali Ph:2261900.
Dr. Shrenik K Shah, Rajkot.
“I am using Lynx Injections & capsules in my practice for last 15 years. It has always remained a drug of choice in my practice for moderate to severe oral-dental infections.

The product is quite affordable to all the categories of patients. It is also available at every corner. Wallace Pharma has done a commendable job by getting this product for the service of ailing mankind. I convey my best wishes to this house for endeavors of similar nature.”

**Dr. R. P. Abrol** B.D.S.(Bomb)M.I.A.I.D. Jammu

“Using Lynx Injection from so many years with faith and trust. Using in Periapical abscess indication and got satisfactory results from Lynx (Positive ++).”

**Dr. Vinay Gupta**, BDS(DVG) Dental surgeon Udhampur

“I am using Lynx since last 16 years in my dental practice. I am using it in dental root abscess and I am getting very goods result as it is economical and convenient in single dose per day to the patients.

I wish every practitioner will get some benefit from this as antibiotic in day to day practice.”

**Dr. A. K. Srivastava** B.D.S. (Pat), dental surgeon Darbhanga

“Lynx (Lincomycin) is a spectrum antibiotic which covers almost entire range of micro organism either it be Gram+ve or anaerobes. I have been prescribing LYNX for the last 5 years and got some tremendous results in the cases like Ludwig’s Angina, Cellulitis, Periradicular Abscess and any deep seated soft tissue infections. Apart from that it has some good role in the Gingival Diseases also. So, I think LYNX is the best use antibiotic now a days with least side effects.”

**Dr. A. K. Singh** B.D.S. New Delhi

“Injection Lynx is used for severe extra oral swelling with Periapical infection of all types dental and osteolytic infection like Ostemyelitils, Cellulitis, Ludwig’s Angina, Supramandibular, Submental, Canine space infection. The result is also very prompt and excellent in cases of severe acute, chronic, and recurrent Pericoronitis with severe trismus.

I am using Lynx Injection since my internee work job from 1993 onwards. Now in my hospital job and private practice all types of serious cases my 1st drug of choice is Injection Lynx.”

**Dr. Raibata Gangopadhyay** BDS (Cal), Gold Medalist Durgapur
Also Endorsed by:

Dr. M B Halkati, Bagalkot.
Dr. Ashutosh Nirola, Patiala.
Dr. Ch. V R Nageswara Rao, Khammam - 507 001.
Dr. P Venkateswar Rao, Khammam.
Dr. Potu Vinod, New Paloncha-507115.
Dr. Rajani Kanth Pulluri, Warangal - 506002.
Dr. S K Jha, Laheriasarai.
Dr. CK Jaiswal, Katni.
Dr. SK Agarwal, Jhansi.
Dr. Sakina Jinwala, Godhra.
Dr. NC Malty, BDS.
Dr. Puneet Mehta, Bharaich.
Dr. LD Gupta, Indore.

Dr. A V Khimani, Veraval - 362266.
Dr. Sajjad Qadir, Hyderpora.
Dr. Mohammad Ayub, Srinagar.
Dr. Mohmad Shafi Hakim, Rajouri Kadal Chowk.
Dr. Abdul Wahid Malik, Srinagar.
Dr. (Mrs) Veena Chaudhry, Chandigarh.
Dr. T J Chiang, Vizianagaram.
Dr. Kurshid Ahmed, Jamui.
Dr. Maslahuddin Khan, Kolar - 563101.
Dr. Sanjay Mohanchandra, Bangalore - 78.
Dr. Ashish Y Thakore, Mangrol - 362225.
Dr. Ziauddin Ahmad, Aligarh.
Dr. R. D. Rajan, Dindigul - 1.

We will be very pleased to receive your feedback.
Please send your Queries/Comments/Suggestions to :

Medical Advisor,

WALLACE PHARMACEUTICALS PVT. LTD.
Flora Deck Plaza, Off Central MIDC Road, Andheri (E), Mumbai-400 093.
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.
- Backed by outstanding clinical success.

**CLINICAL ADVANTAGES OF LYNX**
Infections seen in daily practice

- Tonsillitis/Pharyngitis
- Dental Infections
- Bone & Joint Infections
- Soft Tissue Infections

**LYNX**
(Lincomycin)

The First Choice Antibiotic

For Best Results

Start with **LYNX**
I.M. INJECTION

Stay with **LYNX**
CAPSULES & SYRUP
# Acute PID  
The Polymicrobial Problem

<table>
<thead>
<tr>
<th>Attacks anaerobes</th>
<th>Attacks G-ve aerobes</th>
<th>Assures 97% success</th>
</tr>
</thead>
</table>

Start with **LYNX** I.M. bid

Stay with **LYNX** capsules tid

---

**LYNX** plus Amikacin (Lincomycin HCl - I.M.)

Flora Deck Plaza, Off Central MIDC Road, Andheri (E), Mumbai-400 093.  
www.wallacepharma.co.in
**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*.

**DOSEAGE AND ADMINISTRATION**

**LYNX CAPSULES/SYRUP AND LYNX INJECTION:**

<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>Severe infections</td>
<td>500 mg</td>
<td>600 mg (2 ml)</td>
<td>5% glucose in water or</td>
</tr>
<tr>
<td>(or more) q.i.d.</td>
<td>(or more)</td>
<td>every 12 hours</td>
<td>normal saline</td>
</tr>
<tr>
<td>Children**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild to moderately</td>
<td>30 mg/kg/</td>
<td>10 mg/kg</td>
<td>10 to 20 mg/kg/ day</td>
</tr>
<tr>
<td>severe infections</td>
<td>day in</td>
<td>every 24 hours</td>
<td>in two or three doses</td>
</tr>
<tr>
<td>3/4 equal doses</td>
<td></td>
<td></td>
<td>at 8-12 hours intervals</td>
</tr>
<tr>
<td>Severe infections</td>
<td>60 mg/kg/</td>
<td>10 mg/kg</td>
<td>Administer as infusion.</td>
</tr>
<tr>
<td>(or more) equal doses</td>
<td>day in</td>
<td>every 12 hours</td>
<td>Dilute as for adults.</td>
</tr>
<tr>
<td></td>
<td>3/4 equal doses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lynx Injection should not be injected IV as a bolus.

* 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.