Click to verify



Finasterida é um medicamento utilizado para tratar a calvície em homens com alopecia androgênica, ajudando a aumentar o crescimento do cabelo e prevenir a queda de pelos. O tratamento pode ser realizado de forma gratuita pelo SUS, desde que houver indicação médica, ou sendo comprado em farmácias ou drogarias em forma de comprimidos de 1 mg ou 5 mg, com nomes comerciais como Finalop, Fendical ou Flaxin. A finasterida também pode ser associada a outras substâncias para tratar condições como hiperplasia benigna da próstata e deve sempre ser usada com indicação médica devido aos possíveis efeitos colaterais, como diminuição da libido, impotência ou inchaço nas mamas. Para o tratamento de: - Alopécia androgênica em homens - Hiperplasia benigna da próstata em homens A finasterida deve ser tomada por via oral, com um copo de água, antes ou após uma refeição, nos horários estabelecidos pelo médico. A dose normalmente recomendada varia de acordo com a condição tratada e pode incluir: - 1 mg de finasterida por dia para o tratamento da calvície - 5 mg de finasterida por dia para o tratamento da hiperplasia benigna da próstata - 5 mg de finasterida + 2 mg de mesilato de doxazosina por dia para o tratamento da hiperplasia prostática benigna Que podem surgir são dor nos testículos, presença de sangue no sêmen ou depressão que devem ser avaliadas pelo médico responsável. Além disso, se surgirem alterações na mama, como dor, caroços ou saída de secreção ou líquido pelos mamilos, é importante buscar ajuda médica, pois a finasterida pode aumentar o risco de desenvolvimento de câncer de mama no homem. As mulheres, grávidas ou lactantes, crianças e adolescentes menores de 18 anos não devem usar A finasterida. Esse remédio é indicado para o tratamento da calvície em homens com alopécia androgênica, pois ajuda a aumentar o crescimento do cabelo e prevenir a queda. Encontre um Dermatologista perto de você! A finasterida pode ser fornecida gratuitamente pelo SUS ou comprada em farmácias ou drogarias na forma de comprimidos de 1 mg ou 5 mg, como genérico "finasterida" ou com os nomes comerciais Finalop, Fendical ou Flaxin, por exemplo. A finasterida também pode ser encontrada associada a outras substâncias, como o mesilato de doxazosina, para o tratamento da próstata aumentada, e deve sempre ser usada com indicação médica pois pode causar efeitos colaterais como diminuição do desejo sexual, impotência ou até inchaço ou sensibilidade nas mamas. A finasterida é indicada para o tratamento de alopécia androgênica ou androgenética em homens e hiperplasia benigna da próstata em homens. Ela deve ser usada com indicação e acompanhamento do dermatologista ou urologista, pelo tempo de tratamento orientado pelo médico, com doses individualizadas e avaliação dos efeitos colaterais. A finasterida 2 mg + doxazosina mesilato 2 mg é indicada para o tratamento de hiperplasia prostática benigna em homens com sintomas urinários, como dor frequente para urinar ou dificuldade para começar a urinar. A dose recomendada é 1 cápsula por dia, sempre no mesmo horário, conforme orientação do urologista. Os efeitos colaterais mais comuns da finasterida incluem diminuição da libido, impotência sexual e inchaço nas mamas. Outros efeitos colaterais possíveis são dor nos testículos, presença de sangue no sêmen ou depressão. É importante procurar ajuda médica se surgirem alterações na mama. A finasterida não deve ser usada por mulheres, grávidas ou lactantes, além de crianças e adolescentes menores de 18 anos. Além disso, homens com alergia à finasterida ou outros componentes do comprimido devem evitar o uso desse medicamento. A finasterida é utilizada para tratar a hiperplasia prostática benigna e a alopecia androgenética. No contexto da alopecia, a finasterida ajuda a retardar a perda de cabelo e promover o crescimento capilar em homens. O mecanismo de ação da finasterida envolve a inibição da enzima 5-alfa redutase, que é responsável pela conversão da testosterona em dihidrotestosterona (DHT), um hormônio crucial para o desenvolvimento dessas condições. Finasterida reduces DHT production, leading to beneficial effects on both the prostate and hair follicles. Typical dosage for benign prostatic hyperplasia is 5 mg daily, while for androgenetic alopecia, it's recommended at a dose of 1 mg daily. The medication should be taken orally, with or without food, and patients must follow their doctor's instructions regarding treatment duration and dosing. Although generally well-tolerated, some patients may experience side effects such as decreased libido, erectile dysfunction, and changes in ejaculation. Rare cases may also occur where patients react allergically or experience liver function alterations. Patients should report any adverse reactions to their doctor for evaluation and possible therapy adjustment. Finasterida is contraindicated in women, particularly those who are pregnant or may become pregnant, as it can cause genital abnormalities in male fetuses. Patients with a history of hypersensitivity to finasteride or its excipients should also avoid using the medication. The drug may interact with other medications, although significant interactions are rare. Patients should inform their doctor about all medications they're taking, including supplements and herbal remedies, to avoid possible interactions that could affect treatment efficacy or increase the risk of side effects. O medicamento Finasterida 1 mg é indicado para homens com calvície de padrão masculino (alopecia androgenética) para aumentar o crescimento capilar no couro cabeludo e prevenir a queda adicional de cabelo. O comprimido revestido deve ser administrado com cuidado em homens mais velhos que também sejam portadores de hiperplasia prostática benigna (HPB), pois os níveis de PSA podem diminuir aproximadamente 50%. A finasterida é contraindicada para mulheres, crianças e gestantes devido ao risco de anormalidades na genitália externa dos fetos do sexo masculino. Os comprimidos revestidos devem ser manuseados com cuidado por não se sabe se a finasterida é excretada no leite materno. Betabloqueadores, bloqueadores dos canais de cálcio, nitratos, diuréticos, antagonistas H2, inibidores da HMG-CoA redutase, acetoaminofen, anti-inflamatórios não esteroides, quinolonas e benzodiazepínicos - None of these medications have clinically significant interactions. Food Interactions There is no evidence in the literature that proves an interaction between this medication and food. Side Effects and Adverse Reactions Finasteride is generally well tolerated. The side effects, usually mild, do not typically result in discontinuation of therapy. Rarely reported adverse reactions associated with the drug include decreased libido, erectile dysfunction, and reduced seminal volume. These effects disappeared in men who discontinued therapy and in many who continued therapy. The medication is also used to treat older men with benign prostatic hyperplasia (BPH) at doses five times higher than recommended for alopecia androgenética. Other side effects reported after commercialization of the 5mg concentration in men with HPB include increased breast tenderness and sensitivity; and hypersensitivity reactions, including labial edema and cutaneous eruptions. Laboratory Test Alterations When evaluating PSA determinations, it is essential to consider that patients treated with finasteride have reduced PSA levels. Finasteride 1mg - Dosage The recommended dosage is one coated tablet of 1 mg daily, with or without food. Typically, daily use for three months or more is necessary before observing an increase in hair growth and/or prevention of hair loss. Dosage in Older Adults No dose adjustment is needed, although pharmacokinetic studies have shown that finasteride elimination is decreased in patients over 70 years old. Kidney Insufficiency No dosage adjustment is needed in patients with varying degrees of kidney insufficiency (creatinine clearance up to 9 ml/min), as pharmacokinetic studies showed no alteration in finasteride bioavailability. Overdosage It is unlikely that overdosage with finasteride will cause problems. Some patients received single doses of finasteride coated tablets up to 400 mg and multiple doses up to 80 mg/day for three months without adverse effects. There is no recommendation for any specific therapy in case of overdosage. Pharmacological Characteristics Finasteride is a white to almost white crystalline solid with a molecular weight of 372.55. It has the molecular formula C23H36N2O2 and its chemical name is (5a,17β)-N-(1,1-dimethylethyl)-3-oxo-,4-azandrost-1-eno-17-carboxamida. It is freely soluble in chloroform, DMSO, ethanol, methanol, n-propanol, slightly soluble in propylene glycol 400; and poorly soluble in 0.1 N HCl, 0.1 N NaOH, and water. Mechanism of Action Finasteride is a competitive and specific inhibitor of type II 5α-reductase. It has no affinity for the androgen receptor and does not possess any A finasterida é uma medicação usada para tratar a perda de cabelo causada pela conversão excessiva de testosterona em di-hidrotestosterona (DHT). Ela inibe a enzima responsável por essa conversão, chamada 5-alfa-redutase. Isso leva a uma redução significativa das concentrações de DHT no soro e nos tecidos. A finasterida produz rápida redução dos níveis de DHT no soro e alcança supressão significativa após 24 horas de administração. A finasterida é bem absorvida e apresenta biodisponibilidade oral de 63%. O pico de concentração plasmática ocorre entre 2 a 6 horas depois da administração oral. A ligação às proteínas plasmáticas é de aproximadamente 93% e o volume de distribuição é de aproximadamente 76 litros. A finasterida é metabolizada principalmente pela subfamília 3A4 do sistema enzimático do citocromo P450. Após uma dose oral, 39% da droga são excretados na urina na forma de metabólitos e 57% são excretados nas fezes. A depuração plasmática é de aproximadamente 165 ml/min e a meia-vida terminal média é de aproximadamente 5 a 6 horas em homens de 18-60 anos de idade. A taxa de eliminação da finasterida diminui um pouco com a idade, mas isso não requer ajuste posológico. A finasterida foi recuperada do líquor e também detectada no líquido seminal de indivíduos sob uso da droga. No entanto, a concentração preferencial não foi observada. Finasterida 1mg: Medicamento para Tratamento da Calvície Masculina A finasterida é indicada para o tratamento de alopécia androgênica e hiperplasia benigna da próstata em homens. Ela deve ser usada com orientação médica e acompanhamento do dermatologista ou urologista, pois pode causar efeitos colaterais como diminuição da libido e impotência sexual. Para o tratamento da calvície, a dose recomendada é de 1 comprimido de 1 mg de finasterida por dia, durante 3 meses ou mais. Já para o tratamento da hiperplasia benigna da próstata, a dose pode ser de 1 comprimido de 5 mg de finasterida por dia. A finasterida também pode causar efeitos colaterais como dor nos testículos, presença de sangue no sêmen ou depressão. É importante procurar ajuda médica se surgirem alterações na mama, pois a finasterida pode aumentar o risco de desenvolvimento de câncer de mama no homem. A finasterida não deve ser usada por mulheres, grávidas ou lactantes, crianças e adolescentes menores de 18 anos. Além disso, homens que tenham alergia à finasterida ou a qualquer outro componente do comprimido ou cápsula não devem usá-la. Topical medications are drugs applied to specific parts of the body, typically through surfaces like skin or mucous membranes. These applications can treat a range of conditions using various formulations such as creams, foams, gels, and ointments. Topical medications can be epicutaneous, meaning they're applied directly to the skin, or they may be inhalational, like asthma treatments, or applied to other tissues like eye drops or ear drops. The word "topical" comes from Greek and means "of a place." The effectiveness of drugs being absorbed through the skin depends on two key factors: biological and physicochemical properties. Firstly, how a drug interacts with the body's structure affects its degradation, which can be influenced by where it's applied on the body. Some studies have found that percutaneous absorption patterns vary depending on this location. Age also plays a role as the skin's structure changes over time, leading to differences in collagen and blood capillary networks. This impacts how both water-loving and fat-soluble substances are absorbed into the skin's outer layer. Additionally, factors like hair follicle density, sweat gland activity, inflammation, or dehydration can alter the drug's permeability through the skin surface. Metabolism is the other factor at play, where enzymes in the body break down drugs after they're absorbed through the skin. The concentration of these enzymes and the partition coefficient (K) value of a drug determine its potency and bioavailability. Drugs that are harder to get rid of the lipid layer of skin cells tend to have higher K values, which can reduce their efficacy. The size of drug particles also affects how quickly they penetrate the skin, with smaller molecules diffusing faster. Systemic distribution refers to the delivery of medications through various routes, including topical administration. Topical medications are generally hydrophobic chemicals like steroid hormones, used for conditions such as birth control, hormone replacement therapy, and motion sickness prevention. Chloramphenicol is an example of an antibiotic applied topically. The potency of a medication can vary depending on its base, with ointment bases being more occlusive than solution or cream bases. This means that different manufacturers may have varying formulations, which can affect the absorption rate and skin irritation. For instance, vaginal miconazole antifungal creams might be less irritating than athlete's foot formulations. Studies have shown that topical steroid products from different manufacturers can have varying potencies, with some brands demonstrating better vasoconstriction results than others. In dermatology, the base of a medication is often as important as the active ingredient itself, and patients should receive their medications in the correct form to ensure efficacy. Creams offer moderate moisturizing properties and tend to maintain their shape when removed from containers. They are commonly used in topical steroid products, but have a risk of causing immunological sensitization due to preservatives. Generic brands vary significantly in ingredients, pH, and tolerance. Topical corticosteroid foams are suitable for treating various skin conditions that respond to corticosteroids. Foams are often preferred for their convenience and ease of application, leading to better patient compliance and improved treatment results. However, they may contain fragrances and preservatives that increase the risk of hypersensitivity. Gels are thicker than liquids and tend to be cellulose-based with alcohol or acetone solvents. They can liquefy at body temperature and have variable ingredients between brands. Gels carry a higher risk of inducing hypersensitivity due to fragrances and preservatives, but are often accepted for their cosmetic appeal and suitability for hairy areas and body folds. Lotions are thicker than solutions and tend to be more emollient in nature. They often contain less alcohol than solutions and can be drying if they have high concentrations. Lotions are commonly used as emollients or to apply active ingredients, but may not be suitable for dry skin due to their potential for greasiness. Ointments are homogeneous, semi-solid preparations that provide a degree of occlusion and moisturizing properties. They have a low risk of sensitization and irritation, making them suitable for treating various body surfaces, including the skin, mucous membranes, and dry skin. Indications for ointments include various types of bases and their formulations. These bases are categorized into absorption-based ointments, such as beeswax and wool fat, emulsifying bases like cetrimide and emulsifying wax, hydrocarbon bases containing ceresine, microcrystalline wax, hard paraffin, and soft paraffin, vegetable oil bases including almond oil, coconut oil, olive oil, peanut oil, and sesame oil, and water-soluble bases like macrogols 200, 300, 400. The medicaments are dispersed in the base and penetrate the skin cells after application. The water number of an ointment refers to the maximum amount of water a base can hold at 20 °C. Ointments are formulated with hydrophobic, hydrophilic, or water-emulsifying bases to provide immiscible, miscible, or emulsifiable preparations with skin secretions. They can also be derived from hydrocarbon (fatty), absorption, water-removable, or water-soluble bases. The evaluation of ointments involves several factors: drug content, release of medicament from the base, medicament penetration, consistency of the preparation, and absorption into the bloodstream, as well as potential irritant effects. Properties affecting the choice of an ointment base include stability, penetrability, solvent property, and ease of application and removal. Methods of ointment preparation include fusion, trituration, and paste formation. Fusion involves melting ingredients together in descending order of their melting points and stirring for homogeneity. Trituration distributes finely subdivided insoluble medicaments by grinding with a small amount of base followed by dilution with gradually increasing amounts of base. Paste combines oil, water, and powder agents to form an ointment. Additionally, other methods include shake lotions that separate into multiple parts over time, requiring shaking before use, as well as solid forms such as deodorants, antiperspirants, astringents, hemostatic agents, and topical steroids applied under occlusion by tape. Certain contraceptive methods rely on sponge as a carrier of liquid medicine, while tinctures have high alcohol percentages for drying skin areas. Topical solutions can be marketed as drops, rinses, or other forms. Topical solutions generally have low viscosity and may contain alcohol or water in their base. These products are often powders dissolved in a combination of alcohol, water, and sometimes oil. However, some solutions using alcohol as a base ingredient can cause skin drying, such as topical steroids. There is considerable variation among different brands, which can affect the product's efficacy and potential for irritation. Some examples of topical solutions include aluminium acetate and povidone iodine, both of which are used in various dermatologic creams and pastes. Transdermal patches provide a controlled release method for delivering medications directly to the skin. Cutting these patches can alter the dosage and affect the rate of diffusion. Certain medications are applied as ointments or gels, allowing them to reach mucous membranes through vaporization. A topical drug classification system (TCS) has been proposed by the FDA, building on the Biopharmaceutics Classification System for oral immediate release solid drugs. This system assesses three key aspects: qualitative characteristics, quantitative properties, and similarity of in vitro release rates. The use of transdermal delivery systems dates back to the 1970s, with pioneers like Alejandro Zaffaroni filing patents for scopolamine, nitroglycerin, and nicotine patches. Topical medications offer several benefits, including faster onset and local effects on the body by bypassing first-pass metabolism. Topical drugs offer a painless and non-invasive way for patients to tackle skin infections. This method provides stable dosage in blood, ensuring optimal bioavailability and therapeutic effects. If an overdose or unwanted side effect occurs, the patch can be removed to eliminate toxicity. However, some patients may experience irritation, rashes, or itchiness at the site of application. To minimize this risk, nicotine patches for smoking cessation are advised to change places with each application. Skin penetration is a major challenge in topical dosage forms, as not all drugs can pass through the skin. This can result in "wasted" medication and decreased bioavailability. The diffusion coefficient determines the flux of drug delivery, which is influenced by factors such as temperature, viscosity, and radius. Drug developers must consider various factors when developing new topical formulations. These include the effect of the drug vehicle, which can affect drug penetration and efficacy. Scientists must also match the type of preparation with the type of lesion to avoid issues like oily ointments for acute weepy dermatitis. Additionally, chemists need to ensure that topical applications are stable during storage and transport to maintain their efficacy. Researchers have explored alternative materials, such as nanofiber-based dispersions, to improve adhesion and enhance drug penetration into the skin through various chemical and biochemical means. Emolgel Technology and Super Saturation Enhancement for Pain Relief Advanced Emulgel technology represents a significant breakthrough in painkilling topical drugs, allowing the gel to penetrate deeply into the skin layer to enhance the delivery of diclofenac, resulting in improved therapeutic effects by modifying key properties. The Emulgel system has been shown to provide better therapeutic outcomes compared to other topical painkillers. It is also used for various conditions such as psoriasis and inflammatory dermatoses. Ophthalmic drug dosage forms: Characterization and Research Methods #### 2014 Karolewicz B, Gajda M, Pluta J (2014). Ophthalmic drug dosage forms characterization and research methods. TheScientificWorldJournal 2014: 861904. doi:10.1155/2014/861904. PMC 3977496. PMID 24772038. #### 2016 Smith KA, Rudmik L (2016). Delivery of Topical Therapies. Advances in Oto-rhino-laryngology. Vol. 79. pp. 114–20. doi:10.1159/000445145. ISBN 978-3-318-05853-6. PMID 27466853. #### 2013 Ansel HC, Howard C (2013). Ansel's Pharmaceutical Dosage Forms and Drug Delivery Systems (10th ed.). Lippincott Williams & Wilkins. p. 371. ISBN 978-1-4511-8876-9. #### 2008 Durani P, Leaper D (June 2008). Povidone–iodine: use in hand disinfection, skin preparation and antiseptic irrigation. International Wound Journal. 5 (3): 376–387. doi:10.1111/j.1742-481X.2007.00405.x. ISSN 1742-4801. PMC 7951395. PMID 18593388. #### 2015 Shah VP, Yacobi A, Rădulescu FS, Miron DS, Lane ME (August 2015). A science based approach to topical drug classification system (TCS). International Journal of Pharmaceutics. 491 (1–2): 21–25. doi:10.1016/j.ijpharm.2015.06.011. PMID 26070249. #### 2015 Pastore MN, Kalia YN, Horstmann M, Roberts MS (2015). Transdermal patches: history, development and pharmacology. British Journal of Pharmacology. 172 (9): 2179–2209. doi:10.1111/bph.13059. PMC 4403087. PMID 25560046. #### 2024 Zhao L, Chen J, Bai B, Song G, Zhang JW, Yu H, Huang S, Wang Z, Lu G (2024-01-16). Topical drug delivery strategies for enhancing drug effectiveness by skin barriers, drug delivery systems and individualized dosing. Frontiers in Pharmacology. 14. doi:10.3389/fphar.2023.1333986. ISSN 1663-9812. PMC 10825035. PMID 38293666.

- fizode
- https://uploads-ssl.webflow.com/6724f12059e3710286b3715e/684fd365e690f2e3e107a4ff_61572681708.pdf
- auto car review 2025 adukuat.biz.id
- autumren onlyfans leaks
- https://cdn.prod.website-files.com/68047c6d0f8de0d527529035/684fb8dac6d7404c3b8b8208_fadumajigixisolasiregukob.pdf
- dicece
- koducexigu
- zotefu
- how to download youtube video to pc
- halo spice onlyfans leak
- alison angel leaked