

A. INGREDIENT NAME:

THYMOL IODIDE

B. Chemical Name:

Dithymol Diiodide, Iodothymol

C. Common Name:

D. Chemical grade or description of the strength, quality, and purity of the ingredient:

	<i>(Specifications)</i>	<i>(Results)</i>
Assay:	43.0% min.	44.08%

E. Information about how the ingredient is supplied:

Reddish-brown, tasteless powder

F. Information about recognition of the substance in foreign pharmacopeias:

Port. and Swiss.

G. Bibliography of available safety and efficacy data including peer reviewed medical literature:

H. Information about dosage forms used:

It has been used in dusting powders and ointments, and in dental root filling.

I. Information about strength:

J. Information about route of administration:

1998-345481-02-41-BDL78

K. Stability data:

Stable

Loses iodine on prolonged exposure to light.

Gives off purple iodine vapors when heated above 100°

L. Formulations:

M. Miscellaneous Information:

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TITLE: Management of patients with sickle cell disease.

AUTHOR: Steingart R

AUTHOR AFFILIATION: Division of Hematology/Oncology, Baystate Medical Center, Springfield, Massachusetts.

SOURCE: Med Clin North Am 1992 May;76(3):669-82

NLM CIT. ID: 92252446

ABSTRACT: The ever-increasing body of information regarding the molecular pathogenesis of sickle cell disease has raised expectations that a specific and effective therapy could be devised to inhibit polymerization of hemoglobin S. Despite an intense international research effort, this goal has not yet been realized. Supportive care continues to be the mainstay in the management of patients with sickle cell anemia. Empiric measures were used in early attempts to treat sickle cell anemia. Herrick reported gratifying improvement after "rest, nourishing food, the administration of iodide, arsenic, thymol and the application of boric ointment to leg ulcers." Many of these suggestions are similar to those of today. Several factors have significantly improved the prognosis of patients with this disease. Improved medical care, genetic counseling, and universal neonatal screening have directly resulted in improved outcome. Molecular biologic techniques have allowed us to approach this disease in a pathophysiologic way. Now we can envision antenatal diagnosis with the use of molecular probes and treatment by gene amplification. Still, however, the most important and challenging link in the chain between the biology of the disease and the clinical sequelae is an astute and interested physician who must remain objective at all times.

MAIN MESH SUBJECTS: Anemia, Sickle Cell/COMPLICATIONS/*DIAGNOSIS/*THERAPY

ADDITIONAL MESH SUBJECTS: Diagnosis, Differential Human

PUBLICATION TYPES: JOURNAL ARTICLE REVIEW REVIEW, TUTORIAL

LANGUAGE: Eng

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TITLE: Iodized talc pleurodesis for the treatment of pleural effusions.

AUTHOR: Webb WR; Ozmen V; Moulder PV; Shabahang B; Breaux J

AUTHOR AFFILIATION: Department of Surgery, Tulane University School of Medicine, New Orleans, LA 70112.

SOURCE: J Thorac Cardiovasc Surg 1992 May;103(5):881-5; discussion 885-6

NLM CIT. ID: 92236136

ABSTRACT: This prospective study was designed to determine the efficacy of iodized talc pleurodesis in patients with pleural effusions. Thirty-four patients underwent this treatment (three bilaterally) between October 1, 1989, and March 31, 1991. All patients had to have complete or nearly complete lung reexpansion after tube thoracostomy with fluid drainage less than 100 ml in 24 hours. A slurry containing 5 gm of talc and 3 gm of thymol iodide was instilled into the pleural space through the chest tube. Chest tubes were removed after complete reexpansion and clearing of the effusions, usually in 3 to 5 days. The patients' ages ranged from 26 to 88 years (average 50 years). Eighteen patients had lung carcinoma, two had mesothelioma, and one each had carcinoma of the ovary, breast, or anorectum, multiple myeloma, schwannoma, or Hodgkin's lymphoma. Two patients had an unknown adenocarcinoma primary and five other patients had acquired immunodeficiency syndrome. One patient had congestive heart failure. Nineteen patients had left, 12 had right, and three had bilateral pleural effusions. The effusion was serosanguineous in 26 and serofibrinous in eight patients. Serial chest radiography showed complete response in all patients. The period of follow-up ranged from 1 to 21 (average 4.9) months, with no recurrences. Twenty-three patients have died during the follow-up period, and there was no sign that reaccumulated pleural effusion existed in any, despite clinical evidence of systemic tumor progression. These observations indicate that intrapleural instillation of a slurry of iodized talc is a safe, adequate, and effective treatment for control of neoplastic or benign pleural effusions.

MAIN MESH SUBJECTS: *Chest Tubes
Pleural Effusion/EPIDEMIOLOGY/ETIOLOGY/*THERAPY
Pleural Effusion, Malignant/EPIDEMIOLOGY/ETIOLOGY/*THERAPY
*Talc

ADDITIONAL MESH SUBJECTS: Acquired Immunodeficiency Syndrome/COMPLICATIONS
Follow-Up Studies
Human
Iodides
Lung Neoplasms/COMPLICATIONS
Middle Age

Prospective Studies

Thymol

Time Factors

PUBLICATION JOURNAL ARTICLE

TYPES:

LANGUAGE: Eng

REGISTRY 0 (Iodides)

NUMBERS: 14807-96-6 (Talc)

89-83-8 (Thymol)

THYMOL IODIDE

Toxicity has not been thoroughly investigated.

May cause irritation to eyes, skin and lungs. May cause CNS hyperactivity and convulsions and coma, cardiac and respiratory collapse. Probable lethal oral dose in human is between 30g and 500 g.

Has been used as an absorbant and protective.

REFERENCES

1. Steingart R. Management of patients with sickle cell disease. *Med Clin North Am* 1992; 76(3):669-82.
2. Webb WR, Ozmen V, Moulder PV, et al. Iodized talc pleurodesis for the treatment of pleural effusions. *J Thorac Cardiovasc Surg* 1992; 103(5):881-5.