

Good and Bad Drugs

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The use of Nevirapine while pregnant is generally safe. Wide usage of such antiretroviral drug aims to decrease or eliminate the chance of the HIV transmission to child. This drug is widely distributed in London and United States for those who are pregnant and HIV patient. The use of Nevirapine while pregnant was considered normally safe and is clinically proven in giving a halt in the transmission of HIV to the fetus. However minor reports of side effects and some cases of deaths were presented.

The potential side effects of Nevirapine are usually skin related. The most common among these problems are rashes, herpes, cholestasis and erythema nodosum. The cases of which rashes were reported were relatively small. In a certain study conducted by the British HIV Association, only 6.4 % of the correspondents reported side effects regarding rashes. Other side effects that were reported were hepatic failure, toxicity and even death. These reports however were some of the isolated cases.

Safety of Nevirapine to pregnant women was studied and numerous accounts say that it is not dangerous. One of this is the work published by the British HIV association this year, 2007. According to the study, only 29.4% of the subjects showed adverse effect of Nevirapine. This was relatively low compared to the remaining difference. This result as well as other study nearly suggests one thing. This is the fact that generally, women that are pregnant and have HIV can continue her drug cocktail.

With regards to what I cited above, it can be generalized that it is not dangerous to take Nevirapine while the woman is pregnant. The minimal side effect of the Nevirapine is nothing compared to the benefit that the drug will give to both the parent and child.

Antiretroviral therapy in relation to diabetes has a large impact to the wellness of the subject. It is hazardous to take antiretroviral therapy while the subject has diabetes because it was well known that the insulin is well resisted with the antiretroviral therapy. In such case the diabetes treatment will be disrupted and total body balance and will cause a net negative effect.

Reports regarding the abnormalities in the glucose and lipid metabolism of patients that were exposed to several combination of antiretroviral were present. The danger at risk upon the resistance to glucose is the lipodystrophy syndrome. The result of the disruption of the glucose metabolism will lead to other dreadful diseases such as coronary heart disease and atherosclerosis.

Some individuals subjected to the antiretroviral therapy was observed to have a “buffalo hum” this is a dorsocervical fat deposit which was observed that persons having this fat deposit is closely related for having diabetes. One of the most hazardous after effect of insulin resistance is the cognitive impairment. This is also linked to some cases like the cognitive dementia.

Given these sets of consequences, it is a no to use antiretroviral therapy because the healing that can be made by the therapy cannot compensate for the possible loss of the totally of the body. Dreadful diseases seem to come from the insulin resistance catered by the antiretroviral therapy so it would not be a wise choice to involve an individual with diabetes and HIV into an antiretroviral therapy. The probable cure for the HIV will be doorway to an array of diseases which is unfavorable to the patient. On these grounds, I do not recommend antiretroviral therapy while the individual has diabetes.

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