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VINS - Snake Venom Antiserum I.P.

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Snake Venom Antiserum I.P.
(Lyophilised Polyvalent Enzyme Refined Immunoglobulins)



[For the use Registered Medical Practitioner or a Hospital or a Laboratory]

Description

Snake Venom Antiserum is a sterile preparation containing antitoxin globulins and their derivatives.

Each ml antiserum shall neutralize

- 0.60 mg of dried Indian Cobra (Naja naja) venom
- 0.45 mg of dried Common Krait (Bangarus caeruleus) venom
- 0.60 mg of dried Russell's Viper (Vipera russelli) venom
- 0.45 mg of dried Sawscaled Viper (Echis carinatus) venom

Administration

Reconstituted serum should be administered as soon as possible after the snake bite by intravenous injection. Should be given very slowly at 1 ml per minute. A second dose may be given after an hour or two if the symptoms continue. Further doses are administered at six hourly intervals until the symptoms completely disappear. Alternately, the serum may be administered as a slow drip intravenously by diluting 5 to 10 times with normal saline or glucose and saline.

First Aid for Snake Bite

Snake bite victims must be given quick and positive first aid. The patient must be removed to a well ventilated and quiet place and confidence infused. The patient must be assured that there is no reason to get alarmed. Psychological shock of snakebite must be combated.

Snake Poisoning & Serum Treatment

In case of Cobra and Krait poisoning there is creeping paralysis of muscles of eyelids, staggering gait, incoordination of speech, paralysis of limbs, drooping of head accompanied by nausea and vomiting. These symptoms are due to the predominance of neurotoxins. Death may result within minutes or several hours due to respiratory failure caused by the neurotoxins. Further there may be convulsions and violent abdominal pain due to internal haemorrhage in case of Krait poisoning. In case of Russell's viper and Sawscaled viper, no paralysis is observed. The poisoning is characterized by persistent pain and swelling with oozing of blood from the bite. This is followed by generalized vascular injury. Severe internal haemorrhage with tenderness and vomiting may occur. Death may result by intravascular clotting. Only polyvalent Anti Snake Venom Serum can neutralize the venom in circulation. Hence the serum should be injected as

early as possible.

Serum Reactions

The physician should ascertain history of earlier administration of Anti Snake Venom Serum and history of asthma, eczema or drug allergy before treating the patient. Serum sensitivity test may be carried out by injecting 0.1 ml of serum in 1:10 dilution subcutaneously and by observing for half an hour for any reactions either local or general. In allergic patients anti snake venom serum should be given with anti histamines. Administration of serum in snake bite victims has to be decided taking into consideration the severity of the condition of the patient. Urgency of treatment must override the danger of anaphylaxis. In such cases 1 ml of 1:1000 adrenaline may be given intramuscularly.

Associated Treatment

Sedatives and analgesics will relieve pain and nervousness in case of vipers' poisoning. Corticosteroids may be administered to minimize the serum and allergic reactions. Local sepsis may be prevented by antibiotic treatment. Normal saline or plasma infusions are recommended in near collapsing patients. In case of respiratory paralysis tracheotomy and positive pressure ventilation are additional measures.

Storage

Snake venom antiserum I.P. (Lyophilised) may be stored in a cool, dark place to avoid exposure to excessive heat. Reconstituted liquid should not be stored for long nor should be allowed to freeze.

Snake venom antiserum I.P. (Liquid) should be stored at between +2°C to +8°C.

Presentation

Snake venom antiserum I.P. is supplied as freeze-dried powder with water for injection I.P. in 10 ml vials.

Snake venom antiserum I.P. liquid in 10-ml vials.

Reconstitution of Lyophilised Serum

The antiserum is supplied in freeze-dried form along with 10 ml of Water for Injection I.P. The whole contents of freeze dried vial are reconstituted with 10 ml of Water for Injection. Freeze-dried powder goes into a clear colourless or pale yellow liquid, which should be used immediately.

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