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# Nutrizym®

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**unique two-stage replacement or supplemental therapy  
in pancreatic insufficiency**

*Extensive clinical evidence\* indicates that Nutrizym is significantly more effective than its competitors in improving fat absorption and protein digestion, and in reducing faecal weight.*

Each Nutrizym tablet has an enteric-coated pancreatic core and a shell of bromelains – proteolytic enzymes of the pineapple – which are active within the pH range of pH3 and pH8 (even pH2 for short periods) and therefore act without loss of enzymatic effectiveness at the low pH found in the stomach.

Following ingestion of the tablet, the bromelains are liberated in the stomach, where proteolytic action is required, and pancreatin is released in the duodenum. Additionally, the bromelains aid digestion in the small intestine where they develop their full proteolytic effect.

Nutrizym is indicated in: pancreatic deficiency states including post-gastrectomy malabsorption, fibrocytic and gastro-intestinal disorders resulting in steatorrhoea.

Nutrizym: each tablet contains Bromelains 50mg. Pancreatin \*\* 4 x N.F. 400mg, and Ox bile 30mg.

\*\* activity equivalent to four times pancreatin B.P.

Dosage: 1 tablet to be taken with meals. Further tablets may be taken according to the degree of pancreatic exocrine insufficiency.

*Full information on request*

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**E. Merck Limited, Wokingham, Berks.**

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\*Brit.med.J., 1970, 4, 21    Medical Digest, 1972, 17, 54    Gastroenterologie 1969, 7, 314.

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# CAVED-S TABLETS

## SOME TRIAL SUMMARIES

### GUT 1968-9 48-51

#### SUMMARY

In a double blind clinical trial in which 54 patients\* were included, the effect of deglycyrrhizinated liquorice was investigated. Duodenal ulcer cases showed marked symptomatic improvement, with radiological healing demonstrable in a few cases.

\*48 Duodenal ulcer patients: 6 gastric ulcer patients.

Further confirmation of the activity of the drug was obtained from the treatment of six cases of gastric ulcer all of which showed extensive healing. Radiology demonstrated that the effect of the drug was spasmolytic in all duodenal ulcer patients, and that the side-effects were minimal. The great advantage of the treatment is that patients can be treated as ambulant and with a minimum loss of work.

### GUT 1971-72 449-451

#### SUMMARY

In our study no significant differences were found between the placebo and the treated groups.

The differences between the reported results are not easy to explain. Crossover trials in patients with duodenal ulcer are not easy to evaluate. In particular, it is not clear how after one month of reportedly successful therapy with complete relief of symptoms another drug (placebo) can be evaluated using clinical criteria. Even if the placebo is used first, the attack may be expected to subside within a month in part of the group.

In view of the conflicting reports more studies will have to be performed before a therapeutic effect can be attributed to deglycyrrhizinated liquorice in patients with duodenal ulcer.

It is not clear whether our results reflect on the efficacy of liquorice extract after the removal of carbenoxolone or merely on its efficacy in duodenal as contrasted to gastric ulcer. In common with others we found no side effects attributable to treatment with deglycyrrhizinated liquorice.

### GUT 10 299-302 1969

#### SUMMARY

In a double-blind clinical trial of deglycyrrhizinated liquorice 16 patients with gastric ulcer received the active drug for four weeks in a dose of 760 mg thrice daily and 17 the placebo. All patients, except four from each group who remained ambulant, were treated as outpatients. The results of the trial were assessed by the change in the size of the ulcer crater on barium meal before and after treatment.

Of the patients given the active drug, on average the size of the ulcer niche was reduced by 78%; in six patients (44%) the crater disappeared radiologically. In contrast the average reduction in size of the ulcer niche of the placebo group was 34% and in only one (6%) did the ulcer disappear. The difference in the reduction in ulcer size in favour of the treated group compared with the control group is statistically significant ( $P < 0.001$ ). None of the patients developed oedema and there was no excessive weight gain.

A pilot trial using Caved-(S) in a dose containing 760 mg of deglycyrrhizinated liquorice thrice daily for one month showed no toxic effects on fluid and electrolyte balance in 10 patients.

Protective Action of Deglycyrrhizinated Liquorice on the Occurrence of Stomach Ulcers in Pylorus-Ligated Rats. *Scand. J. Gastroent.*, 6, 683-686.

The effect of graded doses of a deglycyrrhizinated liquorice extract (d.Li.) was studied on the frequency of stomach ulcers and the secretion of gastric juice in pylorus-ligated rats. 25-50 mg of d.Li. given intraperitoneally reduced considerably the number of ulcers in comparison with the control group of rats without any significant changes in gastric secretion. Higher doses—100-200 mg—gave complete protection against the development of gastric ulcers and also reduced the output of gastric juice. The results give strong support for the existence of an ulcer-protecting principle in the d.Li.

**Key-words:** Gastric secretion; gastric ulcers; liquorice; pylorus-ligated rats.

*Dept. of Pharmacology, Karolinska institutet, S-104 01 Stockholm 60, Sweden.*

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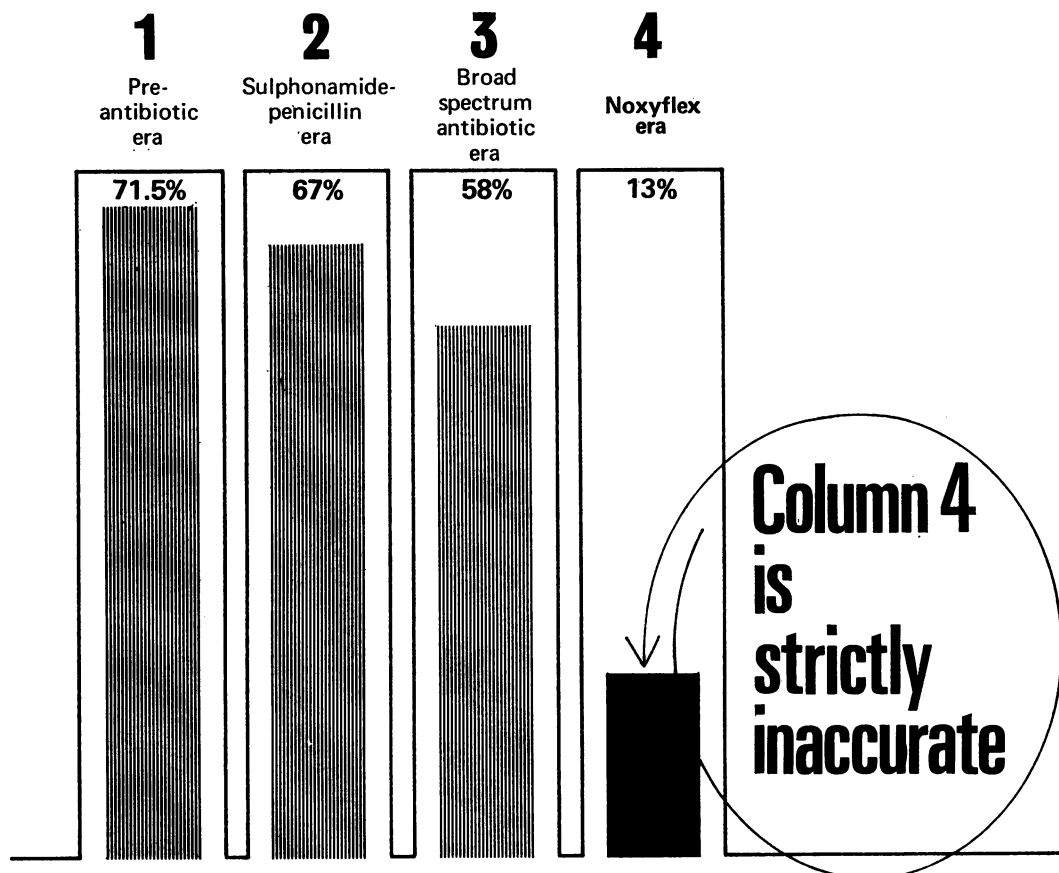
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The graph below compares mortality rates due to faecal peritonitis, era by era. It is not pedantically accurate because its sources differ. But the point is fairly made.



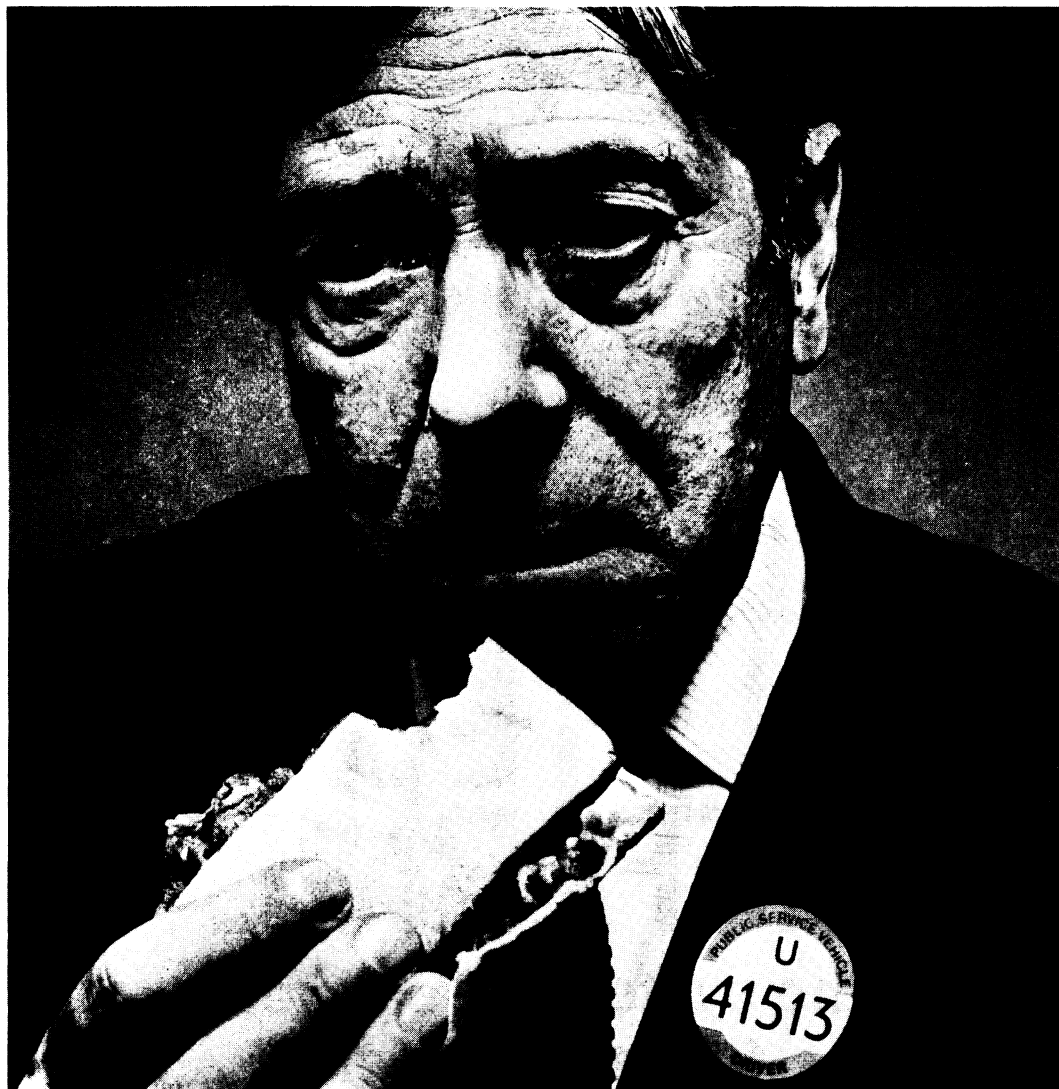
Why inaccurate? Because column 4 refers to 23 cases of faecal peritonitis which were treated successfully with Noxyflex. But the \*3 deaths which occurred were due to causes other than peritonitis - as post-mortem revealed. **The mortality rate due to peritonitis can therefore be regarded as zero.**

\* The whole graph, and the causes of the deaths referred to are the subject of the new Noxyflex folder "Why three deaths?" You will receive at least one copy!

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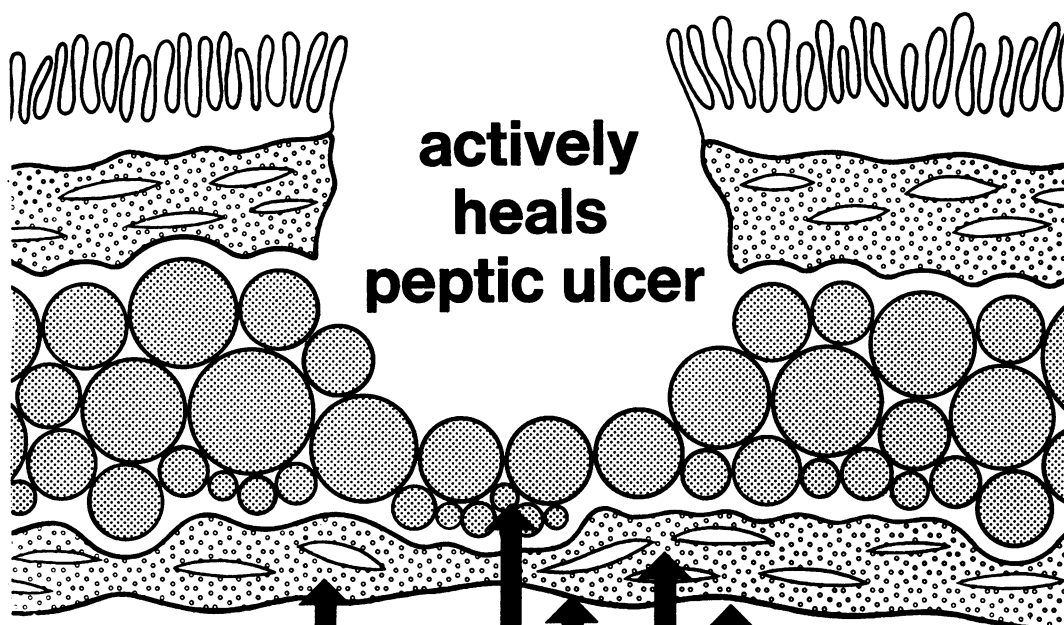
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## **Maxolon** for flatulent dyspepsia.



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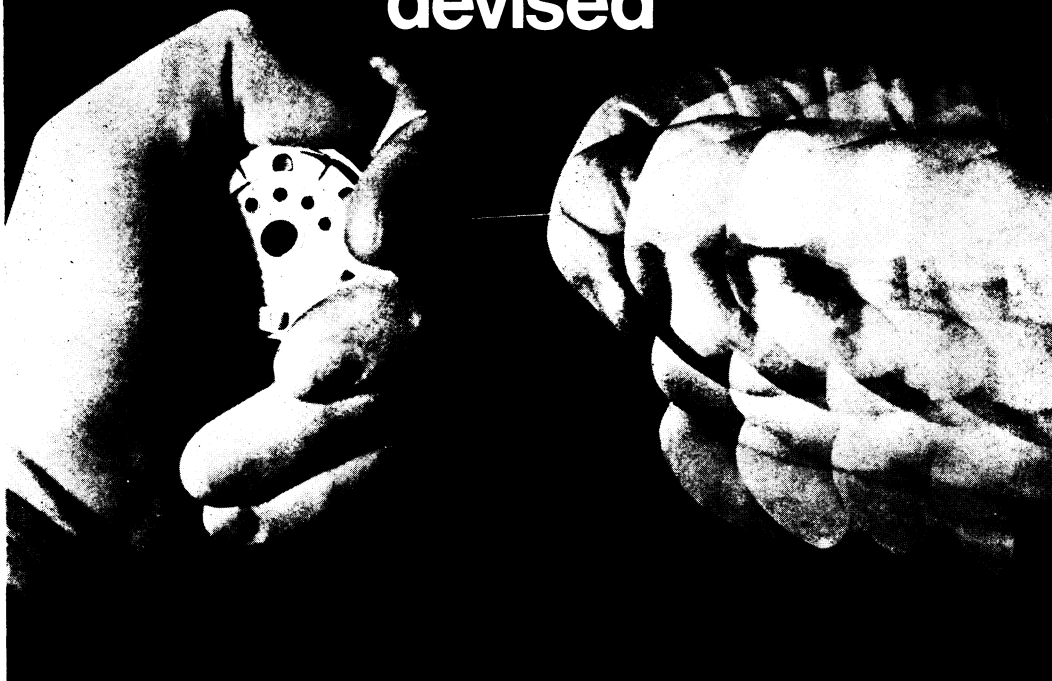
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\*Gut, 1971, 12, 599-603

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. . . lactulose is free from significant side effects, and therefore falls into place as a valuable alternative to antibiotics when prolonged therapy is required". \*Gut, 1970, 11: 1043-1048

***The following work on Duphalac in portal systemic encephalopathy has been published:***

Treatment of chronic portal-systemic encephalopathy with lactulose *Lancet*, 1966, 1: 890-892

Portal-systemic encephalopathy treated with lactulose (letter) *Lancet*, 1966, 2: 281

Treatment of hepatic system encephalopathy with lactulose *Medical Journal of Australia*, 1968, 2: 160-163

Treatment of portacaval encephalopathy by lactulose *Presse medicale*, 1968, 76: 1675-1676

Cirrhosis, hyperammonaemia and lactulose *Tijdschrift voor Gastro-Enterologie*, 1968, 11: 123-139

Lactulose in the treatment of chronic portal-systemic encephalopathy: a double-blind clinical trial *New England Journal of Medicine*, 1969, 281: 408-412

Long-term treatment of portal-systemic encephalopathy with lactulose *Australasian Annals of Medicine*, 1969, 18: 117-123

Die Behandlungen des chronischen Coma hepaticum mit Laktulose  
*Therapeutische Umschau und medizinische Bibliographie*, 1969, 26: 275-277

Lactulose treatment of chronic hepatportal encephalopathy: a clinical and electroencephalographic study  
*Acta medica Scandinavica*, 1970, 187: 337-346

The value of EEG frequency analysis in hepatic encephalopathy  
*J. Ryl. Coll. Surg. Edinb.*, 1970, 15: 151-157

Some observations on the effects of treatment with lactulose on patients with chronic hepatic encephalopathy  
*Quarterly Journal of Medicine*, 1970, 39: 245-263

A controlled clinical trial of lactulose in hepatic encephalopathy  
*Gastroenterology*, 1970, 59: 827-832

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