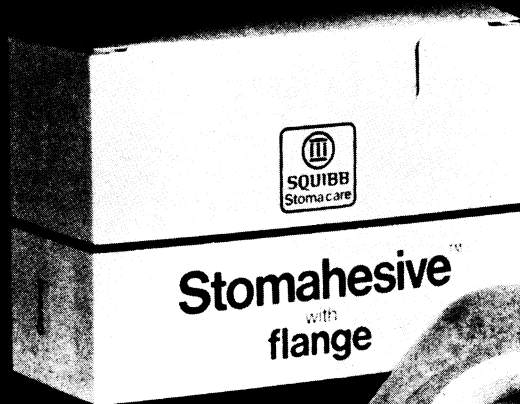


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# Alternative dosage regimen of Caved-S produces impressive results in chronic duodenal ulcer

Endoscopic examination proved chronic duodenal ulceration in 32 male patients, whose clinical histories ranged from 2 to 30 years.<sup>1</sup>

## ADEQUATE DOSAGE

2 Caved-S tablets 5 times daily for up to 24 weeks

"... the daily dose selected was the median of that advised in a series of patients treated with deglycyrrhizinized liquorice tablets who had failed to respond to other measures and had been referred for surgery..."<sup>1</sup>

## THOROUGH CHEWING OF THE TABLETS

mixed Caved-S with the saliva appears to play an important role.

"Saliva may have a role of its own or a synergistic action with constituent of the liquorice extract. Work in India (Malhotra *et al.*, 1965) has suggested that eating foods which do not require chewing results in an increased incidence of duodenal ulceration and that saliva exerts a protective action in peptic ulceration (Malhotra 1967; Malhotra, 1967)."<sup>1</sup>

## SWALLOWING ON AN EMPTY STOMACH

allows the bolus of Caved-S and saliva to reach the prepyloric area of the stomach, where maximum demulcent effect and healing occur.

"The advice that the agent should be taken on an empty stomach in the ambulant patient could be crucial. Simple studies on patients presenting for barium-meal examination have shown that if a small sip of barium is taken while in an upright position when the stomach is empty the bolus of barium rapidly travels down the lesser curve of the stomach and comes to rest in the prepyloric region. This may effectively produce a 'positioned release' preparation, and the bolus of mixed saliva and deglycyrrhizinized liquorice would appear to be strategically placed to exert maximum demulcent or healing effect."<sup>1</sup>

## RESULTS

Endoscopic examination showed that Caved-S had healed the ulceration in ALL 32 patients and in most the mucosa appeared normal.

<sup>1</sup>A Retrospective Endoscopic Survey of 32 patients. *The Practitioner*, (1975).

*Further information is available on request.*

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# THE END OF THE RETENTION ENEMA IN ULCERATIVE COLITIS THERAPY

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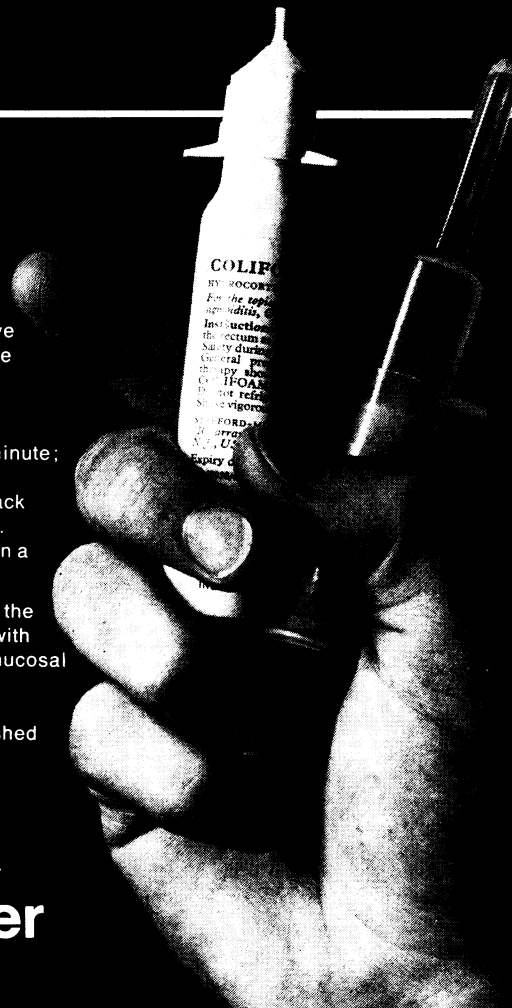
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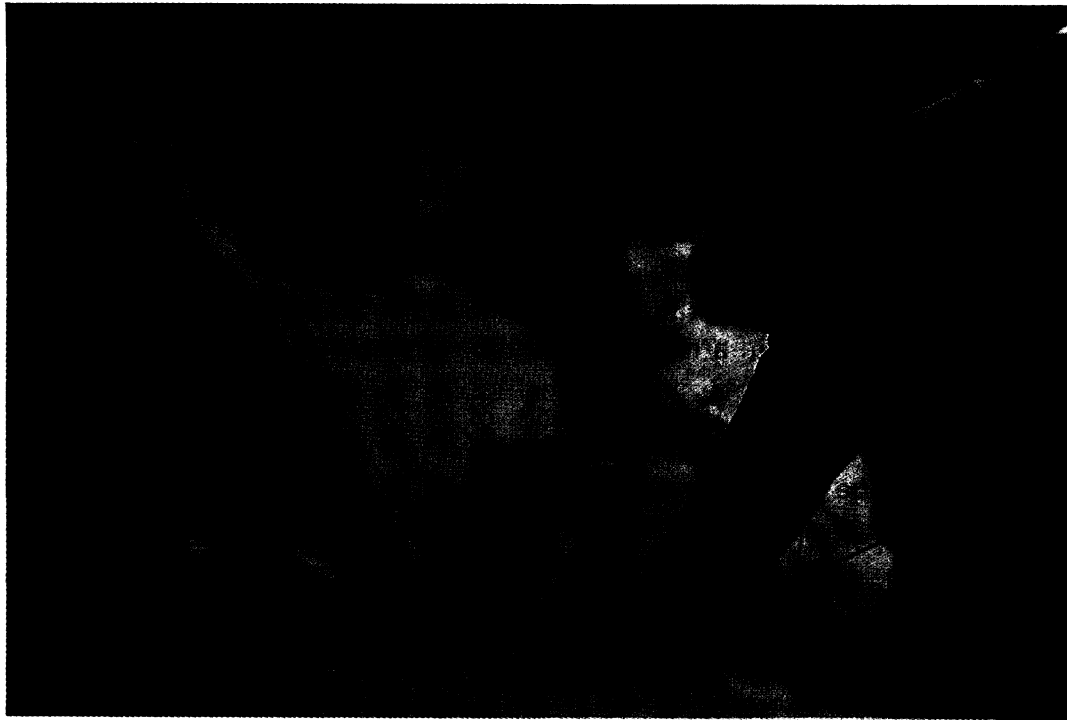
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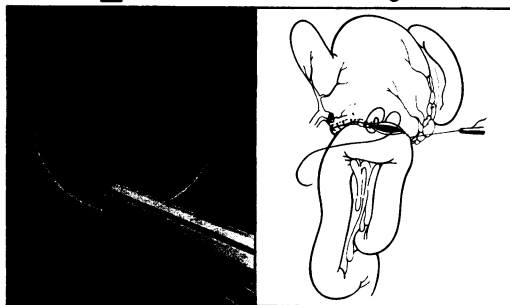


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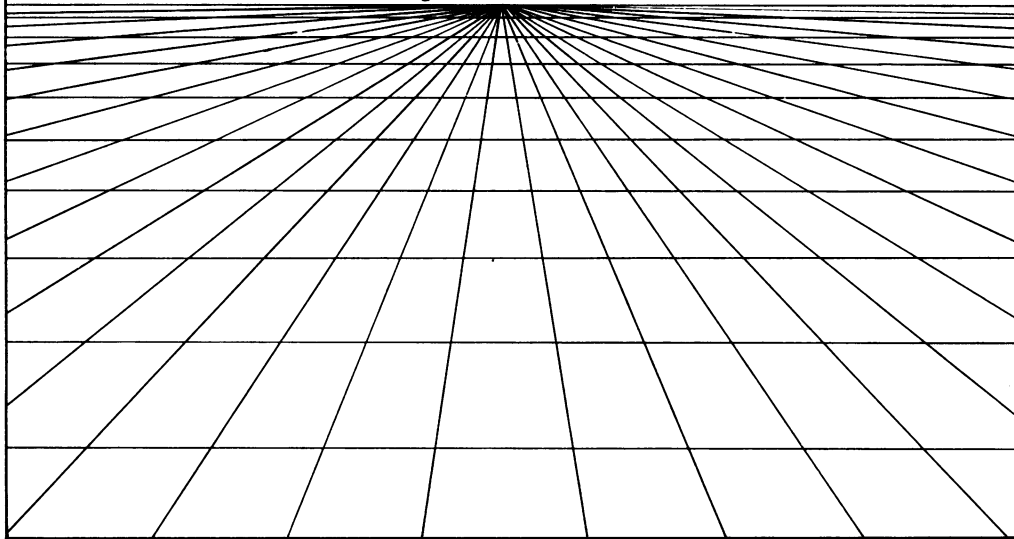
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“Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority

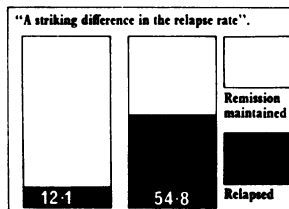
of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped”.<sup>4</sup>

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Salazopyrin is a registered trade mark.



Both groups of patients had been satisfactorily maintained for 1-5 years on Salazopyrin prior to the study, in which they took Salazopyrin or placebo for 6 months.

1. Gut (1973) 14 923 - 926
2. Brit. med. J. (1959) 1 387 - 394
3. Lancet (1965) 1 188 - 189
4. General Practitioner (1972) April 7 p 11

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## REFINED CARBOHYDRATE FOODS AND DISEASE

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edited by

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"... everyone with an interest is strongly recommended to read Burkitt and Trowell's splendidly comprehensive and lucid compilation." *New Scientist*

"Once every ten years or so a new idea emerges about the cause of disease that captures the imagination and, for a time seems to provide a key to the understanding of many of those diseases whose aetiology was previously unknown. Such ideas have included the concepts of hormone deficiency and excess, inborn errors of metabolism, vitamin deficiency, septic foci, psychosomatic disease, stress, and auto-immunity. To these we may now add a deficiency of dietary fibre." Sir Richard Doll, *Regius Professor of Medicine, University of Oxford*

In this important work, Denis Burkitt, Hugh Trowell and their collaborators present the evidence that dietary fibre deficiency can be a major cause of ischaemic heart disease, tumors of the large bowel, diabetes, obesity, diverticular disease and other critical "Western" illnesses.

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## Cystic Fibrosis of the Pancreas: Manual of Diagnosis and Treatment

Charlotte M. Anderson M.D., M.Sc., F.R.A.C.P., F.R.C.P. and Mary C. Goodchild M.B., B.S., D.C.H. 1976. 184 pages, 18 illustrations. Paper, £4.75

This manual was prepared for the Cystic Fibrosis Research Trust to help doctors in many disciplines concerned with this distressing disorder. It outlines the pathology, clinical manifestations and diagnostic criteria of the condition and gives practical details of medical treatment. The social and psychological aspects and present prognosis of the condition are also discussed together with a summary of current research on the underlying metabolic defect.

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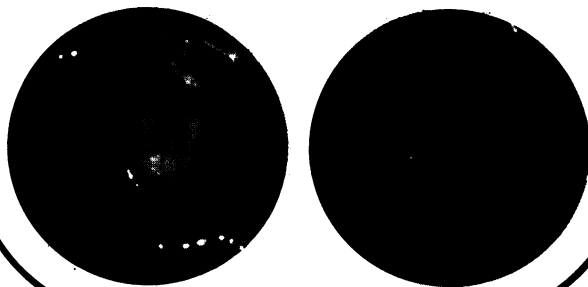
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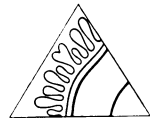
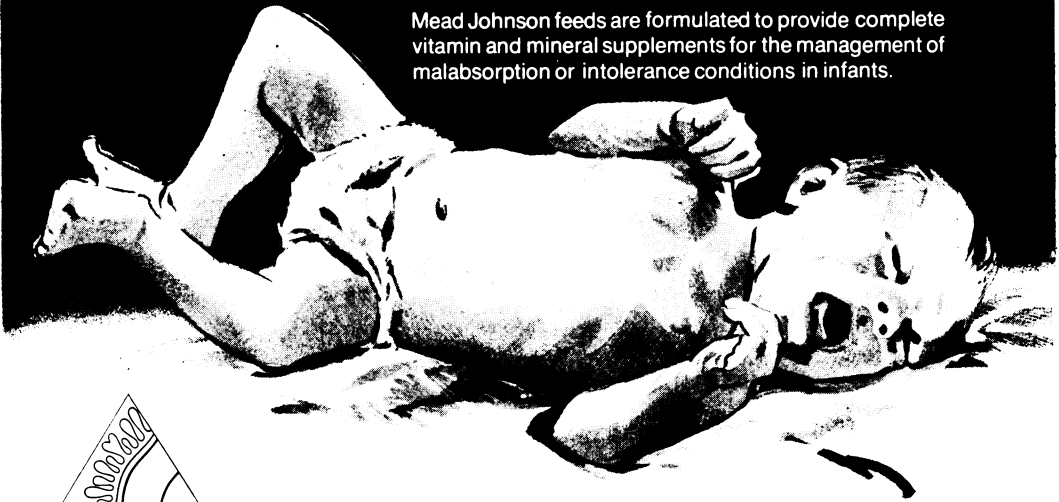
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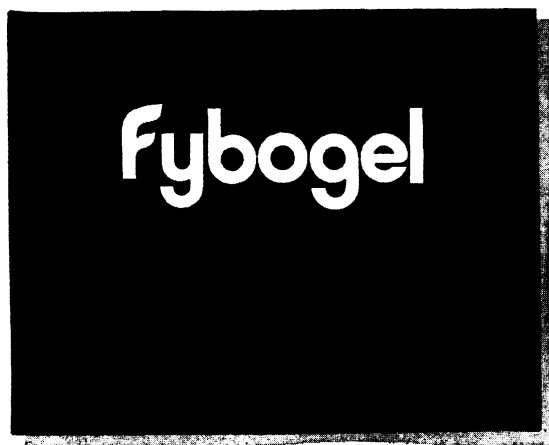
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