

"It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects." I

The results of the above controlled trial carried out at the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford are all the more welcome as earlier trials of cortisone² and prednisone³ at standard dosages have shown them to be ineffective in reducing the number of recurrences of ulcerative colitis.

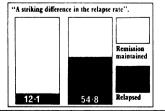
"Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped".4

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"The patients who received dummy tablets had more than four times the relapse rate of those receiving sulphasalazine".1 (Salazopyrin).

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 p11

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II Gut December 1977

Digestion

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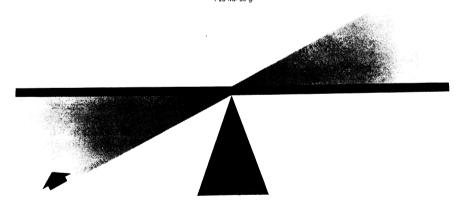
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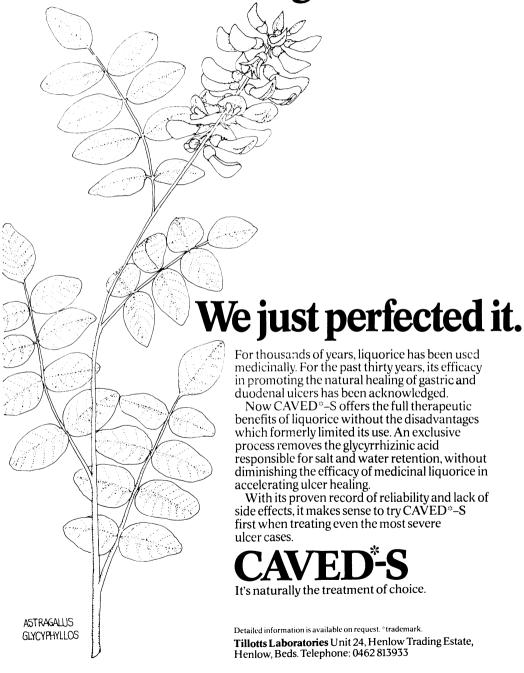
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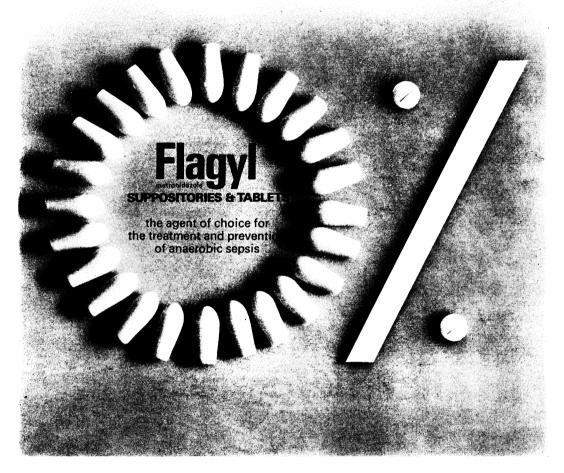
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References

- Scot. Med. J., 22, 155, 1977 Lancet, ii, 1540, 1974
- Antimicrob. Agents & Chemother., 7, 672, 1975
- J. Antimicrob. Chemother., 1, 235, 1975
- Ibid., i, 393, 1975 Br. Med. J., i, 39, 1975 Nouv. Presse Med., 4, 667,
- Br. Med. J., i, 318, 1976 J. Antimicrob. Chemother.,
- 2.101.1976
- Br. Med. J. i, 1074, 1976 Lancet, ii, 70, 1976
- Am. J. Obstet. Gynaecol., 126, 1, 1976
- Br. Med. J., ii, 1418, 1973 *trade mark 14 Lancet, ii, 997, 1975

- 15 Willis, A. T., et al. Br. Med. J., 607, 1977
- 16 J. Am. Med. Ass., 230, 1168, 1974
- 17 Lancet, ii, 4, 1977 Product Licence Nos.

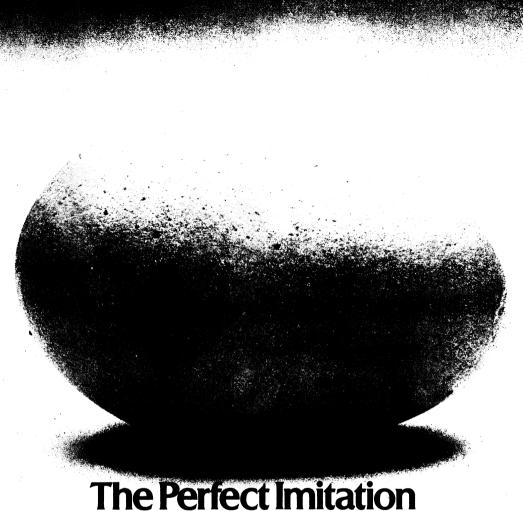
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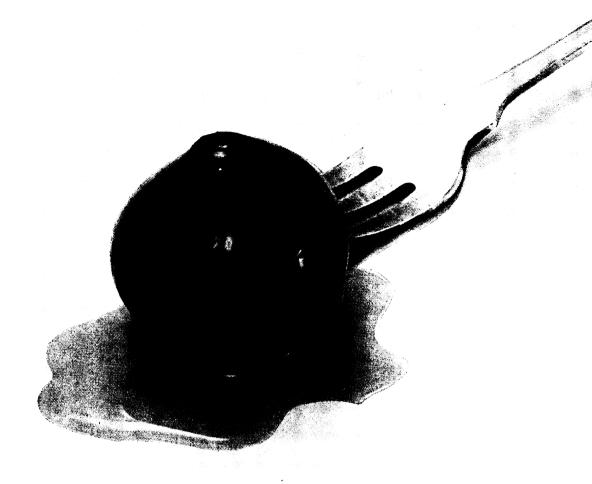
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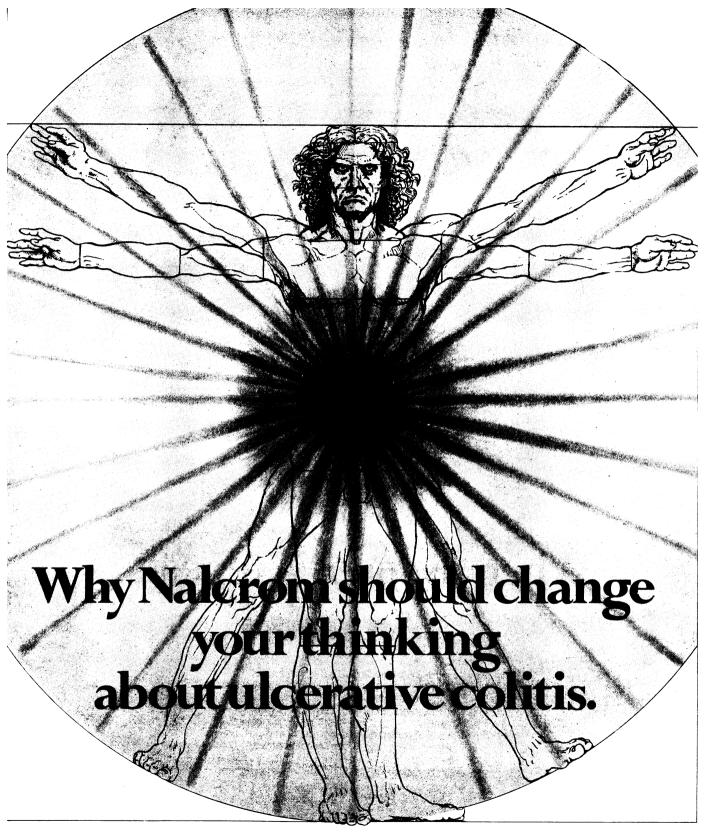
1. Gut, (1969), 10, 678-680. 2. Postgrad. med. J., (1973), 49, (Suppl), 29. 3. Gut, (1974), 15, 462-467. 4. Brit. med. J., (1971), 2, 25



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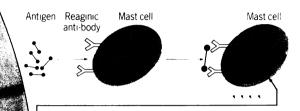
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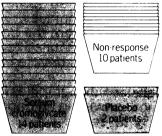
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On left mast cell undergoing gross degranulation. On right mast cell stabilised after treatment with sodium cromoglycate. Photomicrographs prepared by: $R\&D\ Laboratories, Fisons\ Ltd., Pharmaceutical\ Division.$

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References 1 Heatley, R.V. et al, 1975, "Gut," 16, 559 2. Mani, V. et al, 1976, "Lancet," 1, 439 3. Mani, V. et al, 1977, "Gastro-enterology," 72, 1093

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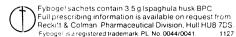
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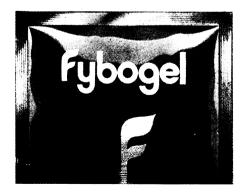


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1. Oral cimetidine in severe

duodenal ulceration, (1977) Lancet, i, 4. 2. Data on file (March 1977), Smith Kline & French. 3. The effect of cimetidine on duodenal ulceration. (1977). The Second International Symposium on Histamine H, Receptor Antagonists. Excerpta Medica, p.260.

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Cimetidine in the treatment of oesophagitis. (1977) ibid. p.297.

6. Healing of gastric ulcer during treatment with

cimetidine. (1976) Lancet, i, 337.
7. Long-term treatment with cimetidine in duodenal ulceration (1977) Lancet, i, 900.

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