Reflux controlled!

Heartburn and regurgitation: strengthening the lower oesophageal sphincter should be the primary goal of medical treatment.[1]

* Maxolon is clinically effective in increasing sphincter tone.[2-7]
* Maxolon reduces frequency and duration of reflux.[8,9]
* Maxolon eliminates or alleviates even severe symptoms.[10-11]

Maxolon–controlling heartburn by tightening the sphincter.

Prescribing Information

Indications

Heartburn, dyspepsia and flatulence associated with the following conditions e.g. Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer. Nausea and vomiting associated with e.g. Gastro-intestinal disorders.

Adult dosage (Oral, IM or IV)

Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5 mg/kg body weight.

Adults: 10 mg three times daily

Young Adults (15-20 years): 5-10 mg three times daily, commencing at the lower dosage

For dosage in children, please consult Data Sheet.

Side effects and precautions

There are no absolute contra-indications to the use of Maxolon.

If vomiting persists the patient should be re-assessed to exclude the possibility of an underlying disorder, e.g. cerebral irritation.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5 mg/kg body weight are administered.

The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy: this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics.

Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days since vigorous muscular contractions may not help healing.

Availability and NHS prices

Tablets 10 mg (£9.78 for 100).
Syrup 5 mg/5 ml (£3.36 for 200 ml).
Ampoules for injection 10 mg (£2.69 for 10).
Paediatric Liquid 1 mg/1 ml (£1.52 for 15 ml).
Prices correct at August 1982.

Further information is available on request to the company

Beecham Research Laboratories
Brentford, England

PL 0038/0095 0098 5040 5041.

Maxolon and the BRL logo are trade marks

References: 1. Br Med J (1979) **1**: 3-4, **2.** Gut (1973) **14**: 275-279, **3.** Gut (1973) **14**: 380-382, **4.** Gastroenterology (1975) **68** (5): 1114-1118, **5.** Gastroenterology (1976) **70** (4): 484-487, **6.** Anaesth Intens Care (1978) **6** (1): 26-29, **7.** Gastroenterology (1980) **78** (5) pt 2: 1292, **8.** Tijdschr Gastro-Enterol (1977) **20** (3): 155-162, **9.** Dt Z Verdau-u-Stoffwechselkr (1981) **41**: 13-17, **10.** Postgrad Med J (July Suppl. 1973) 104-106, **11.** Z Gesund Inn Med. (1981): 122-124.

BRL 4033

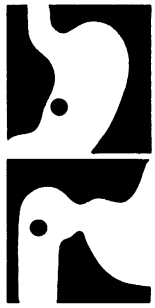
HEALING OF PEPTIC ULCER

"by restoring gastric physiology to normal"[1]

"Carbenoxolone . . . acts by restoring gastric physiology to normal in strengthening the mucosal barrier, rather than by creating a non-physiological situation of hypochlorhydria, such as antacids and H_2 receptor antagonists produce."[1]

1. XI Int. Cong. Gastroenterology, Hamburg, June 1980.

- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity



BIOGASTRONE
carbenoxolone
for gastric ulcer

DUOGASTRONE
carbenoxolone
for duodenal ulcer

Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP

"Cimetidine ['Tagamet'] remains the drug of first choice both for symptomatic relief and for ulcer healing."[1]

Tagamet®
cimetidine

puts you in control of gastric acid
THOROUGHLY EXPLORED

Reference: 1. Gazzard B. Do any drugs actually cure ulcers? General Practitioner 1983; January 28: 44.

Prescribing Information
Presentations - Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine, 56, £16.61. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine, 500, £74.15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml, 200 ml, £8.17. **Indications** - Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelsons) syndrome; malabsorption and fluid loss in short bowel syndrome; Zollinger-Ellison syndrome. **Dosage** - Usual dosage: Adults: Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia; 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and short bowel syndrome, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). N.B. For full dosage instructions see Data Sheet. **Cautions** - Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** - Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** - POM. 21783.

SK&F SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY.

TG/AD493/1

IT'S E OPENER

Intravenous sedation with new Hypnovel

Hypnovel (midazolam) is undoubtedly an innovation in intravenous sedation. Midazolam is a novel benzodiazepine which combines the unusual ability to form stable water-soluble salts with a short action.[1]

These features distinguish Hypnovel from intravenous diazepam and provide real advantages for patient and operator alike.

Hypnovel is recommended for intravenous sedation prior to minor procedures whether they be medical, dental or surgical.

Compared with intravenous diazepam, Hypnovel "is associated with a faster onset of sedation, a much greater degree of amnesia and a faster rate of recovery".[2] With Hypnovel venous complications are minimal.[2]

NEW

HYPNOVEL

midazolam

PRESCRIBING INFORMATION: Indication Intravenous sedative cover. **Dosage** Dosage should be titrated against the response of the patient. As a guide, 0.07mg/kg body-weight is adequate in most cases. Total dose usually varies between 2.5 and 7.5mg but, on occasions, more may be necessary. In elderly patients a dose of 2.5mg may be adequate. A second person should always be present and facilities for resuscitation should always be available. **Contra-indications** Benzodiazepine sensitivity; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should not drive or operate machinery for 8 hours after administration. Sedative effects of other centrally-acting drugs may be intensified. **Side-effects** Hypnovel is well-tolerated and changes in arterial blood pressure, heart rate and respiration are usually slight. The rapid injection of a high dose can induce soft-tissue airway obstruction or apnoea of short duration. Local effects on veins are infrequent. However, pain on injection and thrombophlebitis may occur. **Presentation** Ampoules containing 10mg midazolam base as the hydrochloride in 2ml aqueous solution, in packings of 10. **Basic NHS Cost** 59p per ampoule. **Product Licence Number** 0031/0126.

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. Hypnovel is a trade mark.

References 1. Anaesthesia, 1980, 35:454. 2. Anaesthesia, 1982, 37:1002.

1391012-183

ROCHE

COLPERMIN™

(enteric-coated peppermint oil)

An exclusive two-dimensional remedy for irritable bowel syndrome

Prescribing Information

Presentation: A light blue/dark blue enteric coated hard gelatin capsule size 1, with a green band between cap and body. Each capsule contains 0.2 ml standardised peppermint oil B.P. Ph. Eur.

Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. The enteric coating of the capsule delays release of the peppermint oil until it reaches the distal small bowel. The oil exerts a local effect of colonic relaxation and a fall of intracolonic pressure.

Dosage and Administration: For oral administration.
Adult dose: One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years.

Contraindications, Warnings, etc. Precautions: The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients.

Adverse effects: Heartburn; sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Treatment of overdosage: If capsules have been recently ingested, the stomach should be emptied by gastric lavage. Observation should be carried out with symptomatic treatment if necessary.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal category: P

Package quantity: Containers of 100 capsules

Further information: Nil

Product Licence: PL 0424/0009

Basic NHS cost: £10.00 per 100

European Patent No. 0041335
U.K. Patent No. 2080113
COLPERMIN is a trade mark of Tillotts Laboratories

REFERENCE:
1. Rees WDW, Evans BK, Rhodes J. Treating irritable bowel syndrome with peppermint oil. Br Med J 1978; 2: 835-836.

11/82

Tillotts Laboratories

2.7126

Henlow Trading Estate, Henlow, Bedfordshire, SG16 6DS.
Telephone (0462) 811933. Telex: 82393 Tillot G.

COLPERMIN™

(enteric-coated peppermint oil)

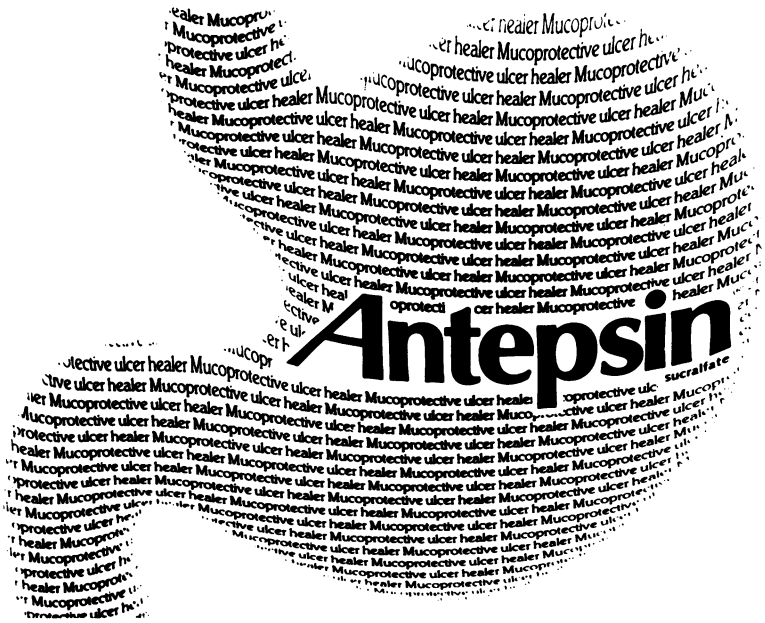
With nature's help, Tillotts

has
an
two-dimensional
answer
for
irritable bowel
syndrome

Antepsin®

Sucralfate

Mucoprotective ulcer healer



Non-systemic action

Fast pain relief
Excellent healing rates

Prolonged remission
Low incidence of side effects

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. *Adults* – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. **Contra-indications, Precautions, Warnings, etc.** *Contra-Indications* There are no known contra-indications. *Precautions* 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported.

® ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

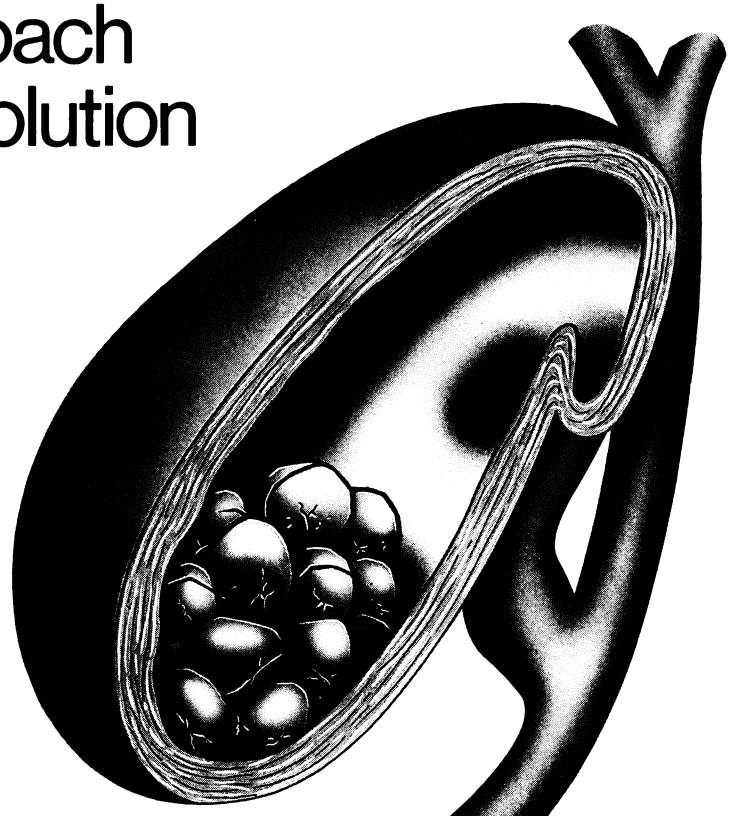
Legal Category POM. **Package Quantities** Antepsin 1 gram – Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p.

Ayerst International
Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

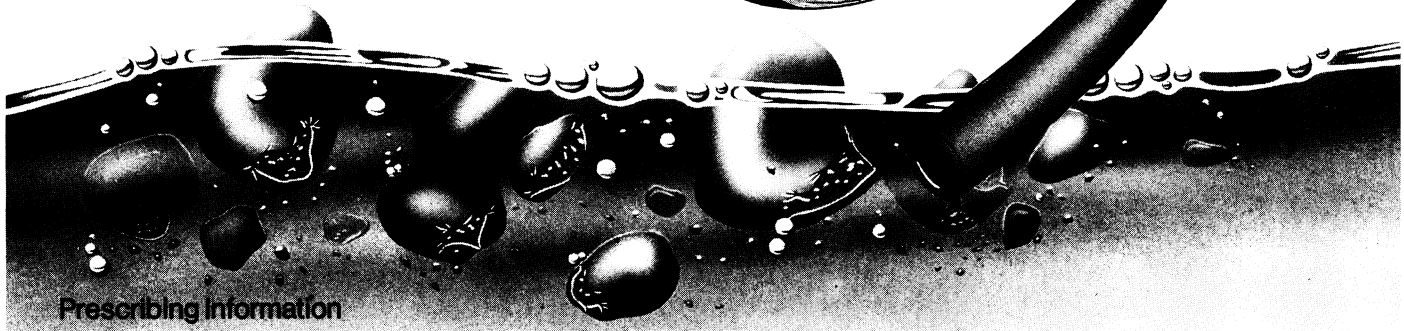
Ursofalk®

ursodeoxycholic acid

The simple approach to gallstone dissolution



- effective[1,2,3]
- lack of side effects[1,4,5]
- cost-effective
- simple regimen



References:

1. Roda, E et al, Hepatology 1982, Vol. 2, No. 6: 804-810.
2. Bachrach, WH, and Hofmann, AF Digestive Diseases and Sciences 1982. Vol. 27, No. 8: 737-761.
3. Leuschner, U: Bilanz der medikamentosen Gallestein Auflosung. Med Klin 1981: 76: 232-234.
4. Volpi, C et al, Current Therapeutic Research 1979; 26: 225-229.
5. Dowling, RH, Hospital Update 1979, December: 1081-1103.

Prescribing Information

Presentation White opaque hard gelatin capsules containing 250 mg ursodeoxycholic acid (UDCA). **Uses** Dissolution of radiolucent gallstones measuring up to 15 mm diameter, as assessed on X-ray films, in patients whose gall bladders opacify on oral cholecystography. Ursofalk lowers biliary cholesterol secretion, reduces cholesterol saturation in bile, and facilitates transfer of cholesterol from gallstones to bile. **Dosage and Administration** The following dosage regime is recommended to provide a daily dosage of 8–12 mg UDCA/kg:

Body Weight (kg)	Dose of Ursofalk: Capsules daily (in 2 doses)	mg/kg/day
50–62	2	8.1–10
63–85	3	8.8–11.9
86–120	4	8.3–11.6

If doses are unequal the larger dose should be taken in late evening to counteract the rise in biliary cholesterol saturation which occurs in the early hours of the morning. The late evening dose may usefully be taken with food to help maintain bile flow overnight. The time required for dissolution of gallstones is likely to range from 6 to 24 months depending on stone size and composition. Follow up cholecystograms or ultrasound investigations may be useful at 6 month intervals until the gallstones have disappeared. Treatment should be continued until 2 successive cholecystograms and/or ultrasound investigations 4–12 weeks apart have failed to demonstrate gallstones. This is because these techniques do not permit reliable visualisation of stones less than 2 mm diameter. The likelihood of recurrence of gallstones after dissolution by bile acid treatment has been estimated as up to 50% at 5 years. The efficacy of Ursofalk in treating radio-opaque or partially radio-opaque gallstones has not yet been tested but these are generally thought to be less soluble than radiolucent stones. Non-cholesterol stones may not be dissolved by bile acids. These account for 10–15% of radiolucent stones. Obese patients may require a higher dose of Ursofalk for gallstone dissolution, for example up to 15 mg/kg daily. **Contra-indications, Warnings etc.** Like other bile acids, Ursofalk is absorbed from the intestine, passed to the liver, conjugated and excreted into the bile. Little information is available on the effects and tolerance of Ursofalk in the presence of hepatic damage or inflammatory bowel disease. The following drugs bind bile acids in vitro and may therefore interfere with absorption of Ursofalk – cholestyramine, charcoal, colestipol and certain antacids e.g. aluminium hydroxide. As with all but essential drugs the use of Ursofalk in early pregnancy is contra-indicated. (In the rabbit, but not in the rat, embryotoxicity has been observed). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of UDCA has not been established. **Overdosage** Doses of up to 4 g UDCA/day have been used therapeutically. The compound is almost entirely excreted in the stool as UDCA or bacterial metabolites. Serious toxicity from a gross overdose is not to be expected although some looseness of the bowels may occur. **Pharmaceutical Precautions** Store in a cool dry place. **Legal Category** POM. **Package Quantity** Ursofalk 250 mg capsules in packs of 60. **Further Information** Many patients report a reduction in severity and frequency of biliary colic during bile acid treatment. The following methods of post-dissolution treatment have been used: (a) continued treatment with a reduced dose; or (b) intermittent treatment with the standard recommended dose. Another approach is to give no continuing therapy, but to maintain regular monitoring of the patient for the recurrence of gallstones by means of cholecystograms. **Product Licence Number** 4408/0001 **Product Licence Holder** Thames Laboratories Limited, Thames Building, 206 Upper Richmond Rd West, London SW14 8AH

Thames Laboratories

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .
- **rely on acid reduction alone**
- **rely on pepsin reduction alone**
- **rely on mucosal protection alone**
- **profoundly affect intragastric pH**

Gastrozepin DOES . . .
- **relieve daytime pain**
- **relieve night-time pain**
- **reduce antacid intake**
- **heal peptic ulcers with one 50 mg tablet b.d.**

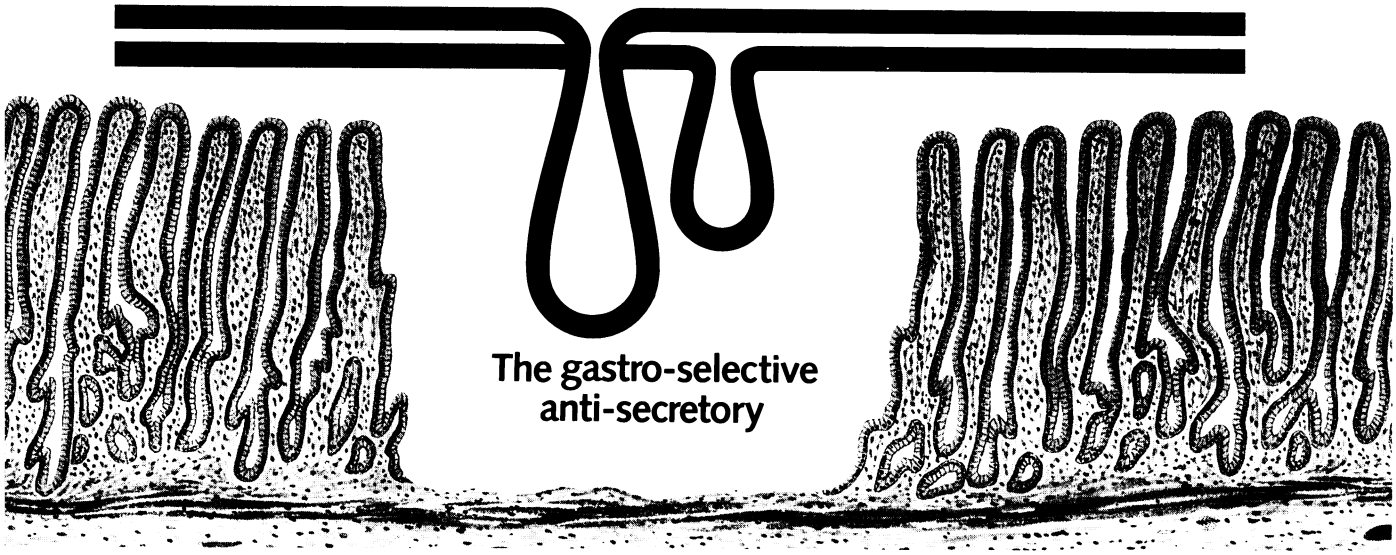
For the treatment of peptic ulcer

Twice daily

GASTRO SELECTIVE

Gastrozepin®

pirenzepine



The gastro-selective anti-secretory

Prescribing Information: Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with 'G' on one side of the score and '50' on the other. The obverse is impressed with the symbol ℞ **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. *Side effects:* occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets: PL0014/0260.

℞ Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin® Trade Mark

For those who can't make a meal of it

3 SACHETS DAILY

EASY MIX

Ispaghula Husk B.P.

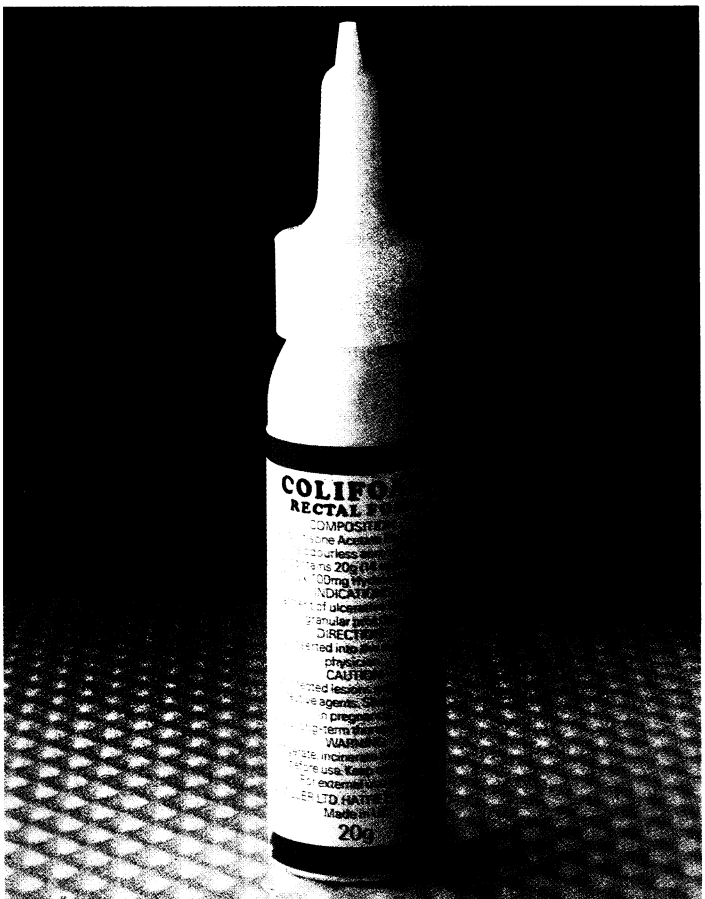
for the bulk of dietary constipation

Prescribing Information. Presentation Premeasured, single-dose sachet containing 6.4 g of beige rough ground powder. Active ingredient — 56% (3.6 g) Ispaghula Husk B.P. **Uses** For the treatment of constipation and patients requiring a high fibre regimen. **Dosage and Administration** 1. Pour measured dosage into a glass. 2. Slowly add 150 ml (¼ pt) COOL water. 3. Drink entire contents immediately. An additional glass of liquid may be taken if needed. *Adults and children over 12 years.* The usual dosage is the entire contents of one sachet taken one to three times daily. *Children* A reduced dosage based upon the age and size of the child should be given. 6-12 years ½-1 level 5 ml teaspoonful one to three times daily. **Contraindications:** Intestinal obstruction, faecal impaction, hypersensitivity to ispaghula. **Warnings and Precautions:** Intestinal atony or stenosis, diabetes. Should be taken as a liquid suspension and drunk immediately after mixing. **Adverse effects:** Allergy and gastrointestinal obstruction or impaction have been reported with hydrophilic mucilloid preparations. **Product Licence Holder and Number** G.D. Searle & Co. Ltd. 0020/0087 **Basic N.H.S. cost** Box of 30 sachets £2.63. Full prescribing information is available on request. Regulan and Gold Cross are trademarks.

RE: JA13 January 1983

GOLD CROSS *Gold Cross Pharmaceuticals Division of G. D. Searle and Co. Ltd. P.O. Box 53, Lane End Road, High Wycombe, Bucks HP12 4HL Telephone: High Wycombe 21124*

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. **Uses** Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration** One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use. Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings, etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with 'Colifoam'. Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children. **Package quantities** Aerosol canister containing 20g. (14 applications) plus a plastic applicator and illustrated leaflet. One applicatorful of 'Colifoam' provides a dose of approximately 90 - 110mg. of hydrocortisone acetate, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Basic NHS cost** 20g (14 applications) plus applicator, £7.58. **Product licence no.** 0036/0021. **References** 1. Ruddell WSJ et al. Gut 1980; 21: 885 - 889. 2. O'Donoghue D. Modern Medicine. December 1981; 45. 3. Source: MIMS Nov. 1982. Further information is available on request.
Stafford-Miller Ltd, Professional Relations Division, Hatfield, Hertfordshire AL10 0NZ.



IT WORKS

COLIFOAM is as effective as intrarectal steroid enemas.[1,2]

It has also been shown to have inherently superior retentive properties.[3]

PATIENTS PREFER IT

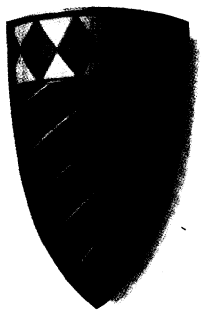
COLIFOAM is known to be far more comfortable, convenient and acceptable to the patient.

It causes less distress to administer and less interference in patients' lives.[3]

IN DISTAL INFLAMMATORY BOWEL DISEASE

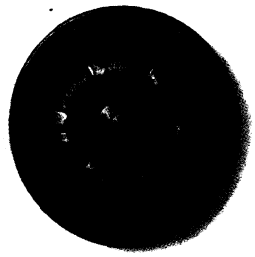
COLIFOAM

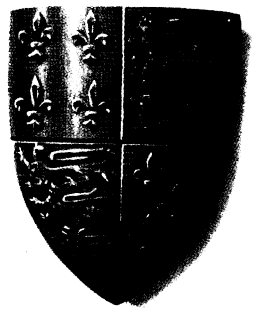
hydrocortisone acetate foam



Renaissance

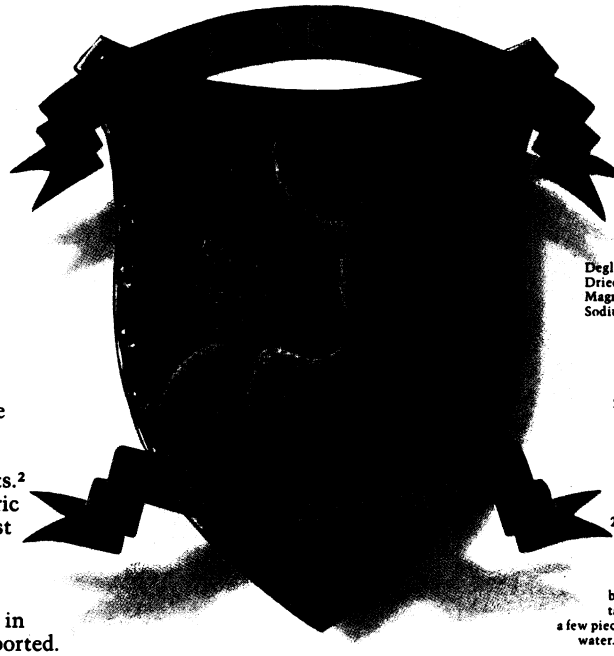
Mediaeval Crusades





Era of Richard III

Bodily defence still relies on shields



NOW! A natural mucosal shield helps heal peptic ulcers!

CAVED-S® does what no other ulcer therapy can do: it increases the number of mucus-secreting cells[1] with virtually no side effects.[2] This protects the gastric mucosal barrier against damaging agents [3,4,5] and reduces ulcer recurrence.[6]

An 88% healing rate in 12 weeks[7] has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers[7] and comparable efficacy to ranitidine in healing duodenal ulcers.[6]

PRESCRIBING INFORMATION

Presentation:
Brown tablets embossed 'CAVED-S', each containing:

Deglycyrrhizinated Liquorice	380 mg
Dried Aluminum hydroxide gel	100 mg
Magnesium carbonate	200 mg
Sodium bicarbonate	100 mg

Indications:
For the treatment of peptic ulcer and other allied conditions.

Dosage and Administration:
Adult dose for gastric ulcer:
2 tablets 3 times a day between meals.
Adult dose for duodenal ulcer:
Increase to 2 tablets 6 times a day between meals when necessary.
Prophylactic dose:
Gastric ulcer:
1 tablet 3 times a day, between meals.
Duodenal ulcer:
2 tablets 3 times a day, between meals.
Children's dosage 10-14 years: half adult dose.
The tablets should be lightly chewed and swallowed with a drink of water, but in exceptional cases of objection to taste, the tablets should be broken into a few pieces and then swallowed with a drink of water. No additional antacids are necessary.

Contra-indications, warnings, etc:
Rare cases of mild diarrhoea can occur. No other side-effects have been reported. Caved-S should be used with caution in pregnancy.

Basic NHS Price:
60's—£2.83
240's—£10.12
600's—£22.76
PL0424/5000.

CAVED-S®

(deglycyrrhizinated liquorice, alum hydrox gel, mag carb, sod bic)

"The Mucosal Shield" for peptic ulcers

Tillotts LABORATORIES

Henlow Trading Estate, Henlow, Bedfordshire. SG16 6DS.
Telephone 0462 813933 Telex: 82313 Tillab G.

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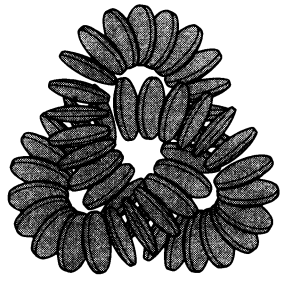

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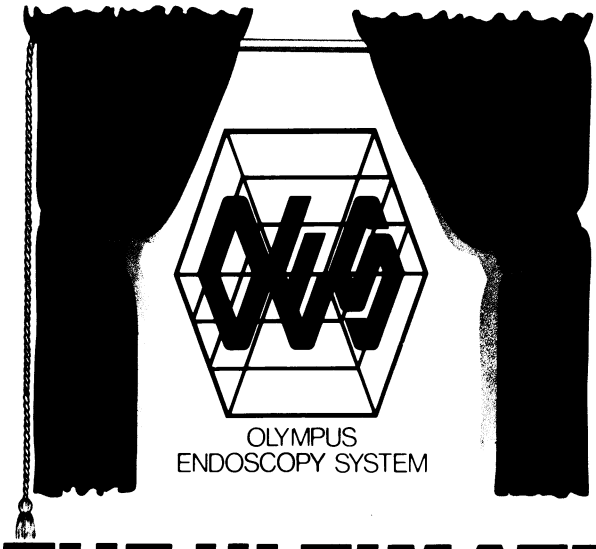

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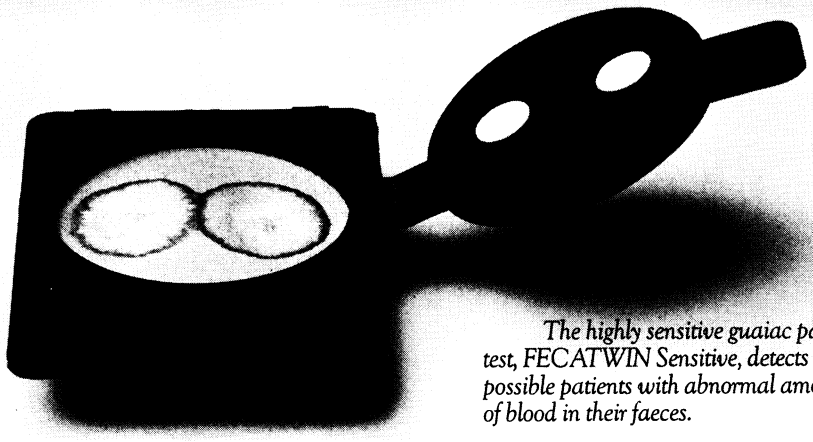

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