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

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 traditional steroid enemas.[1,2]

It has also been shown to have inherently superior retentive properties.[1]

PATIENTS PREFER IT

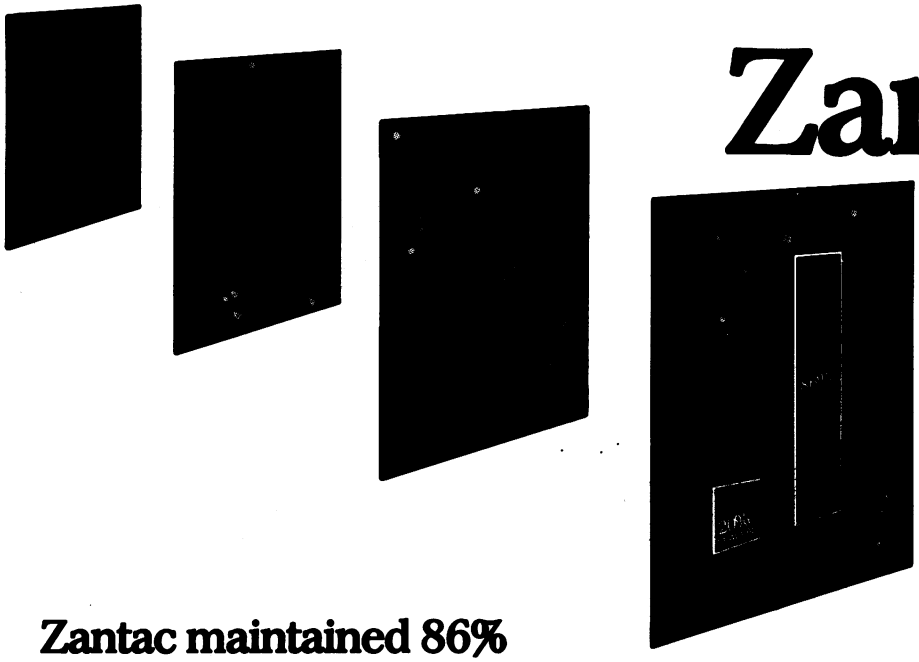
COLIFOAM is known to be far more comfortable, convenient and acceptable to the patient.

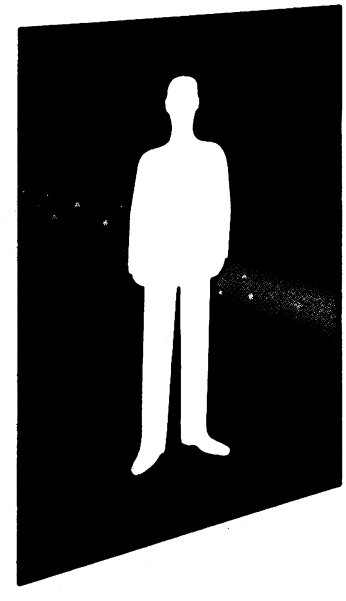
It causes less distress to administer and less interference in patients' lives.[1]

IN DISTAL INFLAMMATORY BOWEL DISEASE

COLIFOAM
hydrocortisone acetate foam

Zantac m





Zantac maintained 86% of patients symptom-free and ulcer-free on a one tablet a day dosage for a period of 12 months[2]

Selective action

No serious adverse effects have been reported to date in patients treated with Zantac Tablets. There has been no clinically significant interference with endocrine, gonadal or liver function, nor has the drug adversely affected the central nervous system even in elderly patients[3]

Simple dosage for all indications

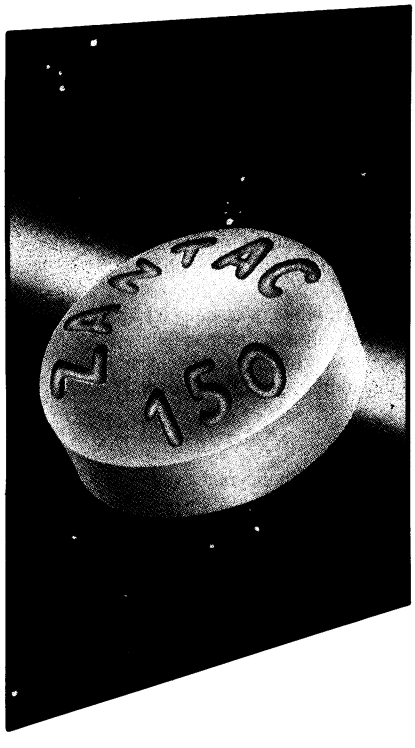
Zantac's unique molecular structure means rapid, effective ulcer healing is achieved on a simple b.d. dosage; patients are maintained symptom-free and ulcer-free on just

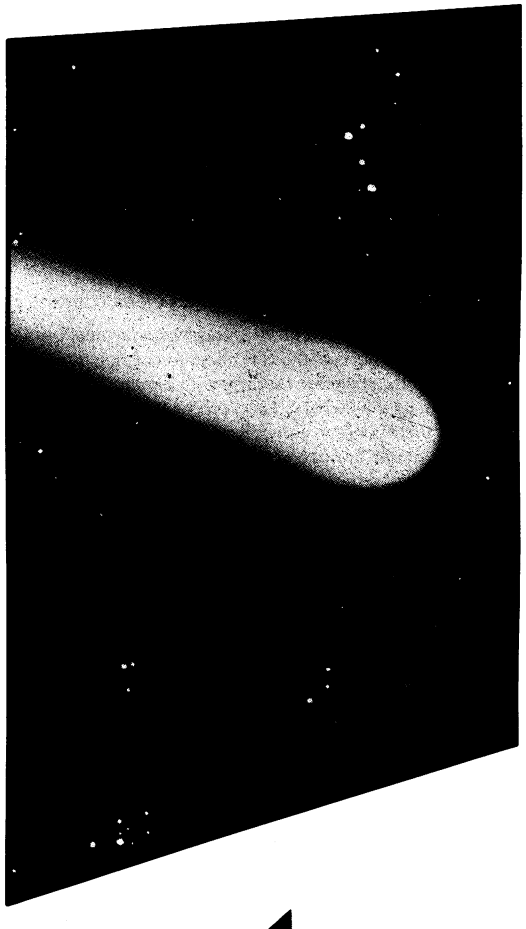
Simply right in peptic ulcer treatment
Simply right in maintenance

Glaxo

For prescribing information, see overleaf

aintains patients ulcer-free on one tablet daily





one tablet at night.

Zantac

RANITIDINE

For prescribing information, see overleaf

Prescribing information

Zantac

RANITIDINE

Uses *Indications:* Zantac Tablets are indicated for the treatment of duodenal ulcer, benign gastric ulcer, post-operative ulcer, reflux œsophagitis and the Zollinger-Ellison syndrome. *Mode of action:* Zantac is a highly effective, rapidly acting histamine H_2-antagonist. It inhibits basal and stimulated secretion of gastric acid, reducing both the volume and the acid and pepsin content of the secretion. Zantac has a relatively long duration of action and so a single dose effectively suppresses gastric acid secretion for twelve hours.

Dosage and administration *Adults:* The usual dosage is one 150mg tablet twice daily, taken in the morning and before retiring. It is not necessary to time the dose in relation to meals. In most cases of duodenal ulcer, benign gastric ulcer and post-operative ulcer, healing occurs in four weeks. In the small number of patients whose ulcers have not fully healed, healing usually occurs after a further course of treatment. Maintenance treatment at a reduced dosage of one 150mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer.

In the management of reflux œsophagitis, the recommended course of treatment is one 150mg tablet twice daily for up to 8 weeks. In patients with Zollinger-Ellison syndrome, the starting dose is 150mg three times daily and this may be increased, as necessary, to 900mg per day. *Children:* Experience with Zantac Tablets in children is limited and such use has not been fully evaluated in clinical studies. It has, however, been used successfully in children aged 8-18 years in doses up to 150mg twice daily without adverse effect.

Contra-indications There are no known contra-indications to the use of Zantac Tablets.

Precautions Treatment with a histamine H_2-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of the condition. Accordingly, where gastric ulcer is suspected the possibility of malignancy should be excluded before therapy with Zantac Tablets is instituted. Ranitidine is excreted via the kidney and so plasma levels of the drug are increased and prolonged in patients with severe renal failure. Accordingly, it is recommended that the therapeutic regimen for Zantac in such patients be 150mg at night for 4 to 8 weeks. The same dose should be used for maintenance treatment should this be deemed necessary. If an ulcer has not healed after treatment for 4 to 8 weeks and the condition of the patient requires it, the standard dosage regimen of 150mg twice daily should be instituted, followed, if need be, by maintenance treatment at 150mg at night.

Although the incidence of adverse reactions in clinical trials of one year's duration and longer has been very low and no serious side effects have been reported with Zantac treatment, care should be taken to carry out periodic examinations of patients on prolonged maintenance treatment with the drug as a safeguard against the occurrence of unforeseeable consequences of drug treatment. Like other drugs, Zantac should be used during pregnancy and nursing only if strictly necessary. Zantac is secreted in breast milk in lactating mothers but the clinical significance of this has not been fully evaluated.

Side effects No serious adverse effects have been reported to date in patients treated with Zantac Tablets. There has been no clinically significant interference with endocrine, gonadal or liver function, nor has the drug adversely affected the central nervous system even in elderly patients.

Further information *Drug interactions:* Ranitidine does not inhibit the cytochrome P450-linked mixed function oxygenase enzyme system in the liver and therefore does not interfere with the effects of the many drugs which are metabolised by this enzyme system. For example, there is no interaction with warfarin or diazepam.

Pharmacokinetics: Absorption of ranitidine after oral administration is rapid and peak plasma concentrations are usually achieved within two hours of administration. Absorption is not impaired by food or antacids. The elimination half-life of ranitidine is approximately two hours. Ranitidine is excreted via the kidneys mainly as the free drug and in minor amounts as metabolites. Its major metabolite is an N-oxide and there are smaller quantities of S-oxide and desmethyl ranitidine. The 24-hour urinary recovery of free ranitidine and its metabolites is about 40% with orally administered drug. *Use in renal transplants:* Zantac has been used without adverse effect in patients with renal transplants.

Product licence number 4/0279. **Basic NHS cost** (exclusive of VAT) 60 tablets £27.43.

References: 1. Hansky, J., *et al;* Dig. Dis. Sci. 1979; 24(6):465-467. 2. Zantac Technical Book. 3. Lancet 1982; i: 601-602.

Glaxo

Further information is
available on request from:
Glaxo Laboratories Limited, Greenford,
Middlesex UB6 0HE.

SCANDINAVIAN JOURNAL OF Gastroenterology

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U.S. address: P.O. Box 258, Irvington-on-Hudson, NY 10533, USA.

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

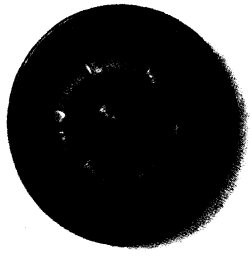
BIOGASTRONE
carbenoxolone
for gastric ulcer

DUOGASTRONE
carbenoxolone
for duodenal ulcer

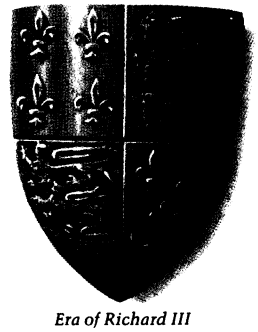
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP

Renaissance

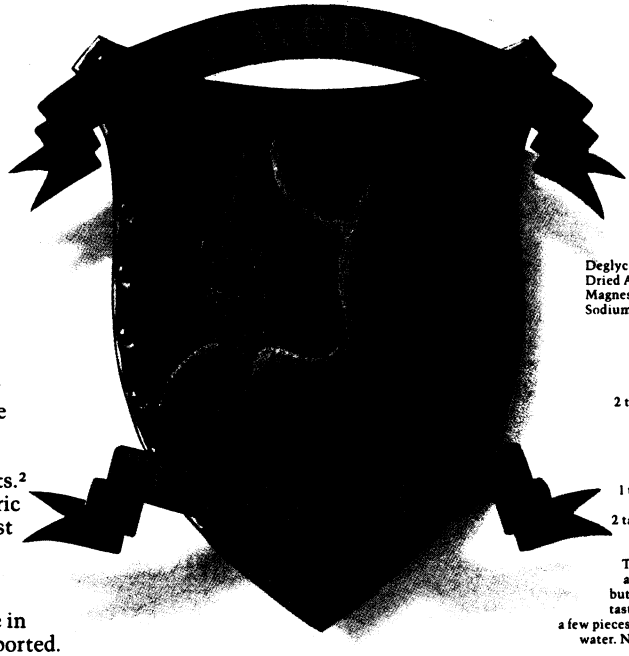


Mediaeval Crusades



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.

REFERENCES:
1. Van Marle J, Aarsen PN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquorice on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhinized liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. *Gastroenterology* 82:1134, 1982. 5. Morris TJ, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAP, Morgan AC, Pacsoo C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AG, McAdam WAF, Pacsoo C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.

DATA SHEET

PDS* (Polydioxanone) Sterilised Absorbable Synthetic Suture

Presentation
PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_3)n$. PDS (Polydioxanone) sutures are coloured by adding D & C violet No 2 during polymerisation. These sutures may also be manufactured undyed (clear).

PDS (Polydioxanone) sutures are relatively inert, non-antigenic, non-pyrogenic and elicit only a mild tissue reaction during absorption.

Action
Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Data obtained from implantation studies in rats show that, at two weeks post implantation, approximately 70% of the suture strength is retained whilst at four weeks the strength retention is approximately 50%. At eight weeks approximately 14% of the original strength remains. *This indicates a significantly longer period of wound support than previously available with an absorbable suture.*

The absorption or loss of mass is minimal until about the 90th post implantation day and is essentially complete within six months.

Uses
PDS (Polydioxanone) monofilament sutures are intended for use where an absorbable suture or ligature is indicated. They may have particular application where longer wound support is required. See strength retention data above.

Dosage and Administration
By implantation

Contraindications, Warnings, etc
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

As with all monofilament synthetic sutures, care should be taken to ensure proper knot security.

Conjunctival, cuticular and vaginal mucosal sutures could cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiovascular tissue have not yet been established. The use of this material in the renal tract is currently under investigation.

Pharmaceutical Precautions
Do not resterilise.

Legal Category P
Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities
The gauge range initially available will be 0.7 metric (6/0) to 4 metric (1). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets.

This primary pack is contained in a peel-apart secondary pack. The unit of sale is 24 packs contained in a film wrapped drawer style carton.

Further Information
No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0011 (dyed)
PL 0508/0012 (clear)

Br Pat No 1 540 053

ETHICON LTD,
PO BOX 408, BANKHEAD AVENUE
EDINBURGH EH11 4HE

*Trademark

(Date of preparation of Data Sheet — September 1982)

PAX TAGAMETICA

'Tagamet' 400mg nocte can keep your duodenal ulcer patients free of relapse

Prescribing Information
Presentations 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £72.75. 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.30. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £7.86.
Indication Duodenal ulcer.
Dosage *Usual dosage:* Adults. *Duodenal ulcer,* 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. 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.
N.B. For full dosage instructions see Data Sheet.
Cautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants and phenytoin (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. 22.9.82

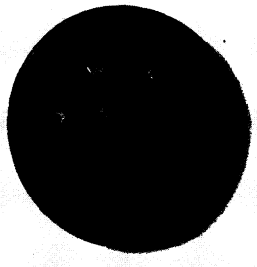
Tagamet cimetidine
puts you in control of gastric acid

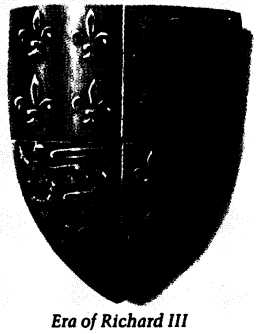
SK&F Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY.

.TG:AD1152

Renaissance

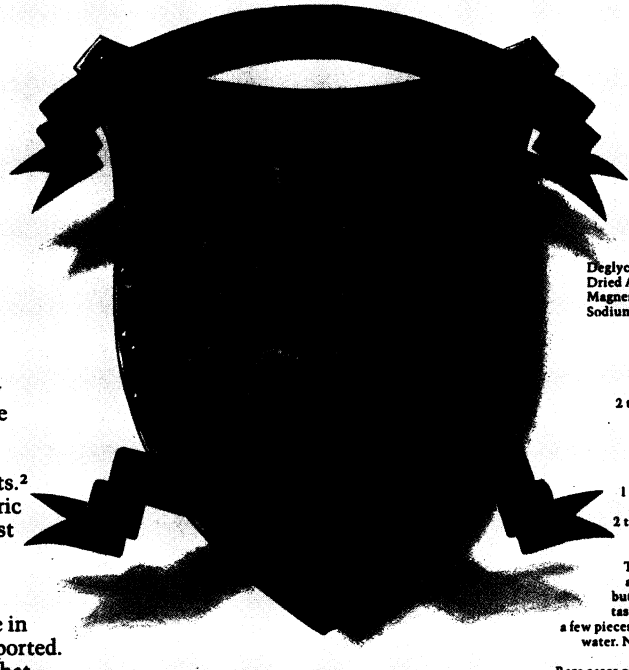
Mediaeval Crusades





Era of Richard III

Bodily defence still relies on shields



NOW! A natural mucosal shield helps heal peptic ulcers!

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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]

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Magnesium carbonate	200 mg
Sodium bicarbonate	100 mg

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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.
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For those who can't make a meal of fi

3 SACHETS DAILY

EASY MIX Regulan

Ispaghula Husk B.P.

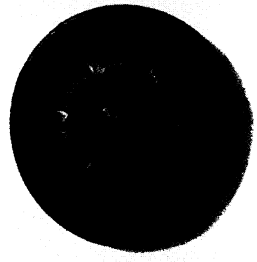
for the bulk of dietary constipation

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.

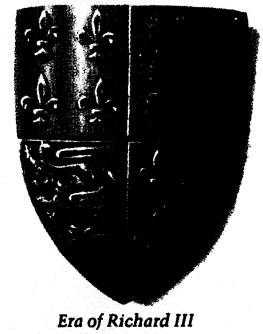
RE: JA13 January 1983

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*

Renaissance

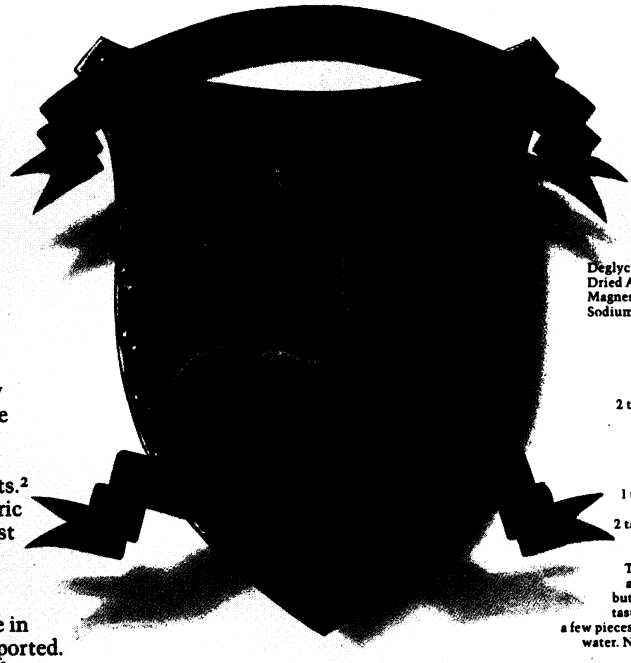


Mediaeval Crusades



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.

REFERENCES:
1. Van Marle J, Aarsen PN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquoriee on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhinized liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. *Gastroenterology* 82:1134, 1982. 5. Morris TJ, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAF, Morgan AC, Pacsoo C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AG, McAdam WAF, Pacsoo C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.

A fresh approach to peptic ulcers

Antepsin®
sucralfate

New non-systemic ulcer healer

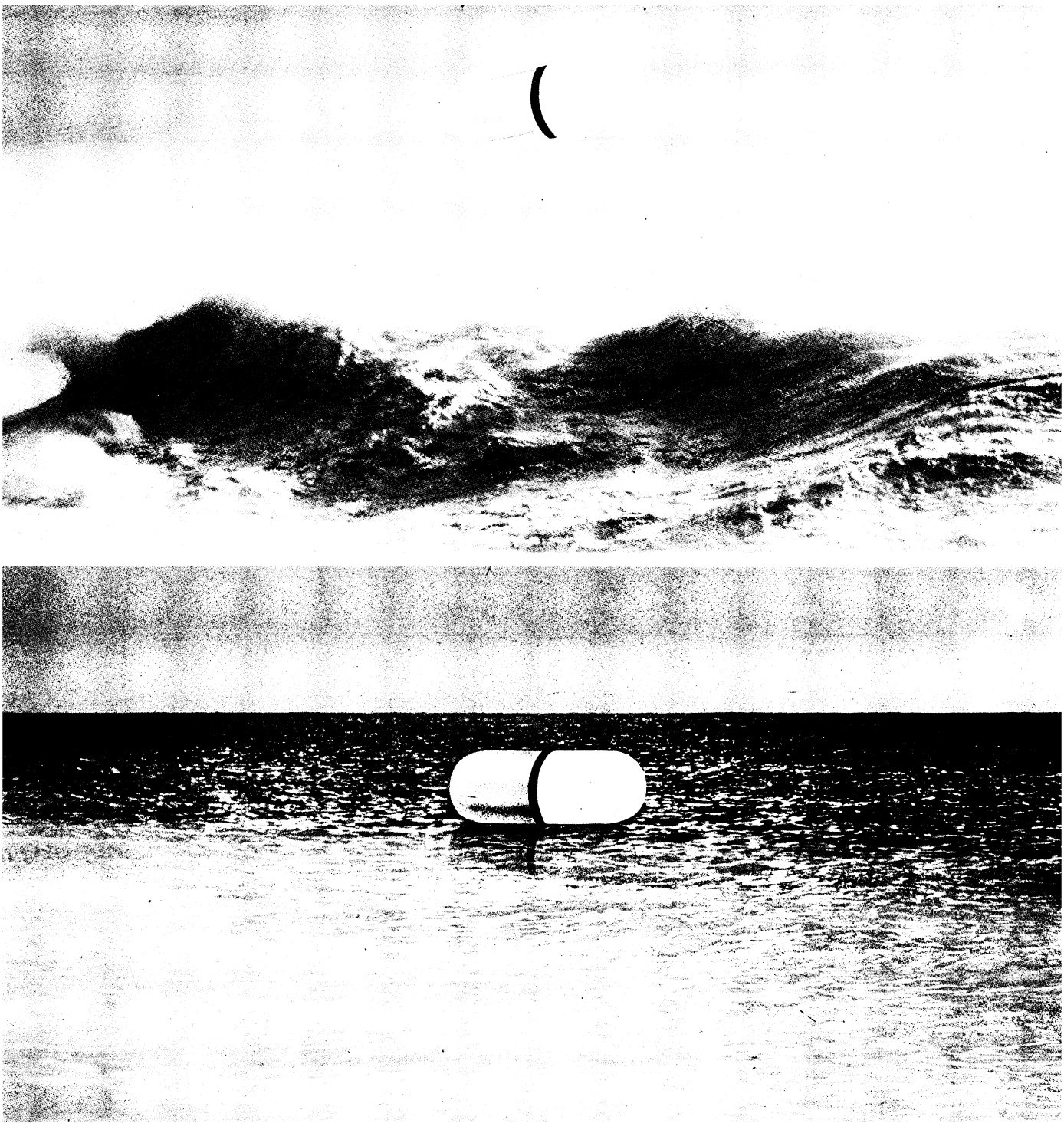
Prescribing Information

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. **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

Further information is available on request to the Company

® ANTEPSIN is a registered Trade Mark

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.



COLPERMIN CALMS THE IRRITABLE BOWEL

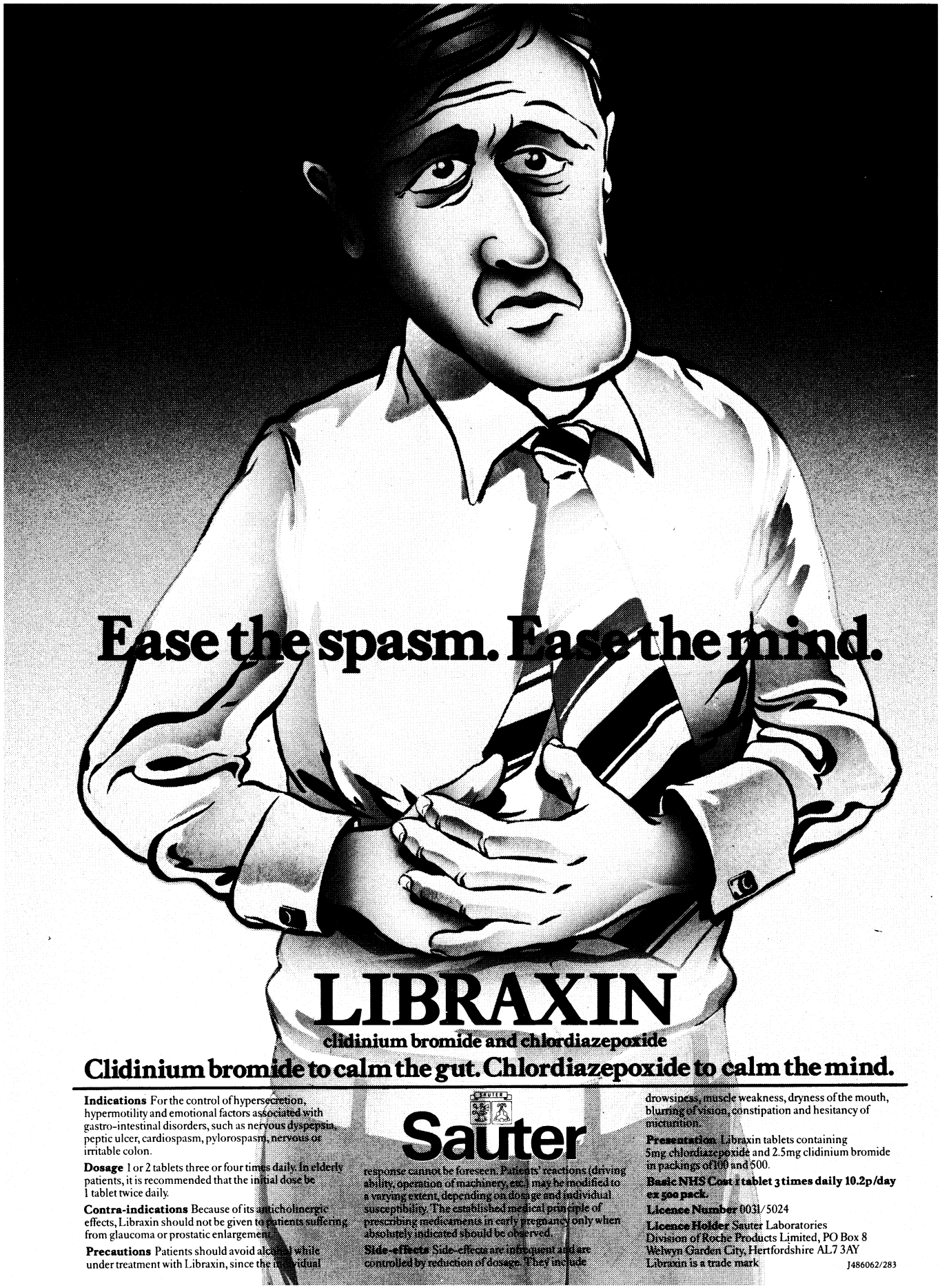
enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each 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. **Dosage and Administration:** 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 capsule should not be broken or chewed. 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. **Product Licence:** PL 0424 0009. **Basic NHS Cost:** £10.00 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds. European Patent No. 0015334. UK Patent No. 2 006 011

Tillotts LABORATORIES



Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

Basic NHS Cost 1 tablet 3 times daily 10.2p/day ex 500 pack.

Licence Number 0031/5024

Licence Holder Sauter Laboratories Division of Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY

Libraxin is a trade mark

Sauter

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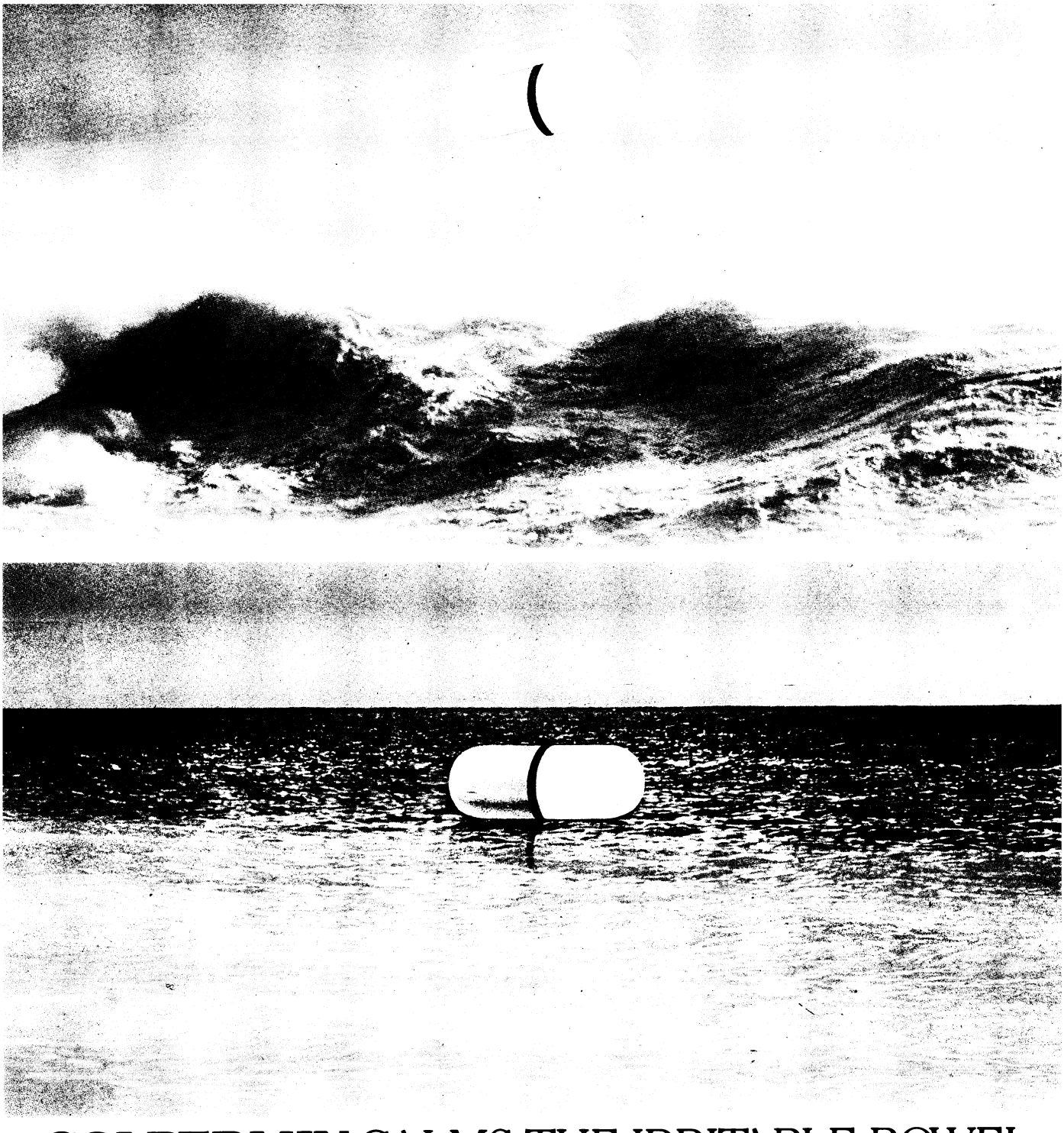

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European Patent No. 0015334. UK Patent No. 2 006 011

Tillotts LABORATORIES

Reflux oesophagitis

more than a little bit of acid

PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

more than an antacid –a positive healing treatment

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683. Full information from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. WINTHROP