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.

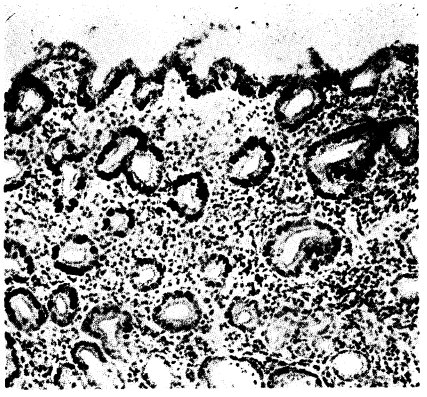
BRL 4033

Cytoprotection: between ca and H_2-recepto

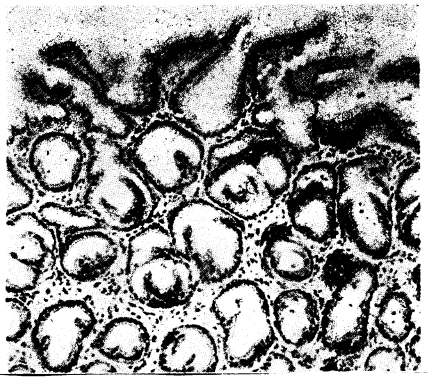
Reduced epithelial cell turnover

Gastric epithelium from a patient with chronic gastritis. High frequency of labelled epithelial cells with regeneration zone extending to surface (before treatment). Demonstrated by auto-radiography of biopsy specimens treated with tritiated thymidine.[1]

Before carbenoxolone



After carbenoxolone



Increased mucus production in gastric mucosa

Demonstrated by periodic acid/Schiff staining of biopsy specimens from patients before and after carbenoxolone treatment.[2]

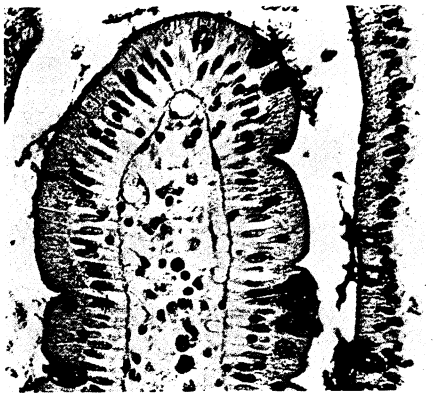
Before carbenoxolone

After carbenoxolone

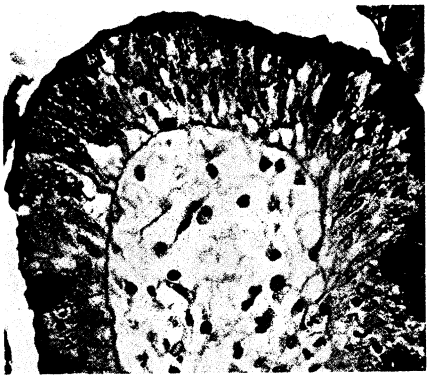
Increased mucus production in duodenal villi

Showing similar increase in mucus production.[3]

Before carbenoxolone



After carbenoxolone



the difference benoxolone antagonists

Increases prostaglandin production

"We conclude that, in the stomach, unlike H_2-receptor antagonists, CBNX significantly increases PGE liberation... that CBNX has cytoprotective properties; and that these effects of CBNX may have important therapeutic implications."[4]

Strengthens the mucosal barrier

"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."[5]

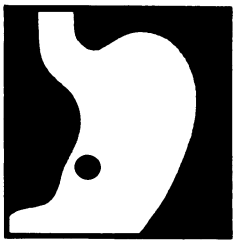
1. Fourth Symposium on Carbenoxolone. 1975. Ed. Avery Jones, F. & Park, D.V. London, Butterworths, pp. 161-170.
2. Postgrad. Med. 1968; 44: 92-99.
3. Carbenoxolone und Mukussekretion. 1974. Urban und Schwartzenburg, Munich.
4. BSG Autumn Meeting. 1981. Abstract F 38.
5. XI Int. Cong. Gastroenterology. Hamburg, June 1980.

BIOGASTRONE For the treatment of gastric ulcers. Carbenoxolone sodium B.P. 50 mg tablets. PL 0071/5902. Bottles of 100. Basic N.H.S. cost: 1 day's treatment (3 tablets) 45p; (6 tablets) 90p.
Adult dose: 2 tablets t.i.d. after meals for the first week, then 1 tablet t.i.d. until ulcer is healed (usually 4-6 weeks).
DUOGASTRONE For the treatment of duodenal ulcers. Carbenoxolone sodium BP 50 mg position-release capsules. Bottles of 28. PL 0071/5903. Basic N.H.S. cost: 1 day's treatment (4 capsules) £1.21.
Adult dose: 1 capsule swallowed whole and unbroken with liquid q.i.d. 15-30 minutes *before* meals. Patients may continue to take antacids but anticholinergic drugs should be discontinued. Treatment should continue for 6-12 weeks.

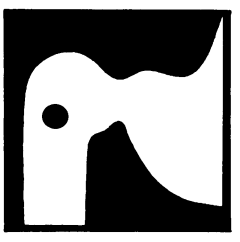
Contra-indications. Severe cardiac, renal or hepatic failure. Patients on digitalis therapy, unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia. **Precautions.** Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since carbenoxolone can induce similar changes. Potassium supplements should be considered for those at risk of developing hypokalaemia. Regular monitoring of weight and blood pressure, which should indicate such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone or amiloride should not be used because they hinder the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Biogastrone or Duogastrone for women who may become pregnant.

Biogastrone and Duogastrone are registered trade marks. Made under licence from Biorex Laboratories. Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

WINTHROP



BIOGASTRONE
carbenoxolone.
for gastric ulcer

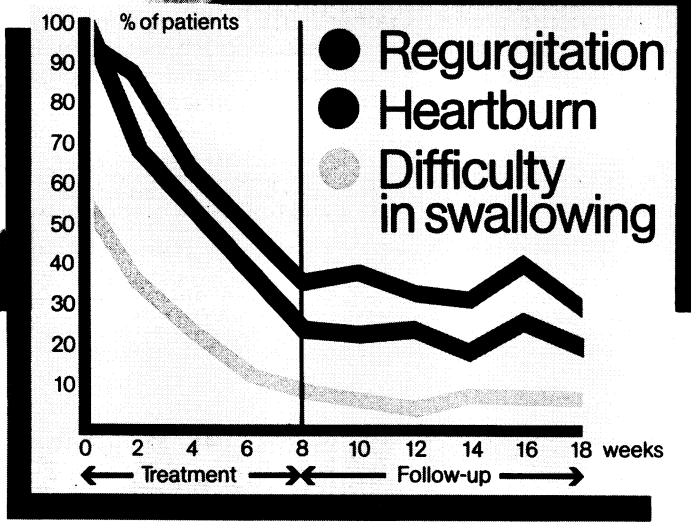


DUOGASTRONE
carbenoxolone.
for duodenal ulcer

(W6216H)184

Management of reflux oesophagitis

Practitioner. 1983; 227 (1378): 637-639.



PYROGASTRONE

carbenoxolone sodium, magnesium trisilicate, dried aluminium hydroxide gel

positive healing prolongs post-treatment benefit

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683.
Further information available from:- Winthrop Laboratories Surbiton-upon-Thames Surrey KT6 4PH

(W5834H) 7·83

WINTHROP

Proven effective over seven years of widespread clinical experience, 'Tagamet' is a known quantity in peptic ulcer treatment.

With 'Tagamet', 25 million patients ahead of the less experienced newcomers, you're on familiar ground.

Tagamet
cimetidine
THOROUGHLY EXPLORED
puts you in control of gastric acid

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. Potential for interaction with 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, myalgia, gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** POM. 21.7.83.

SK&F SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY
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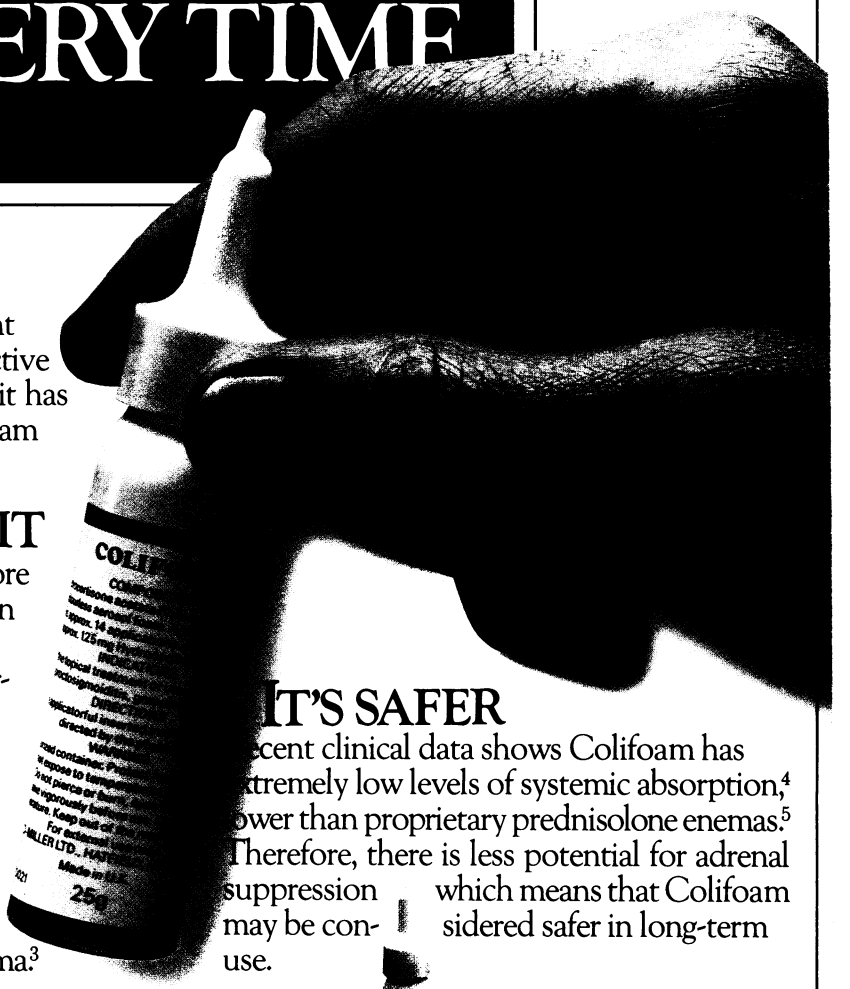
Tagamet is a trade mark. TG AD194

THE BEST CHOICE EVERY TIME



IT WORKS In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.[1, 2]

PATIENTS PREFER IT
Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS
Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to ⅓ less per dose than a standard proprietary enema.[3]

IT'S SAFER
cent clinical data shows Colifoam has tremely low levels of systemic absorption,[4] ower than proprietary prednisolone enemas.[5] Therefore, there is less potential for adrenal suppression which means that Colifoam may be considered safer in long-term use.

COLIFOAM

hydrocortisone acetate foam

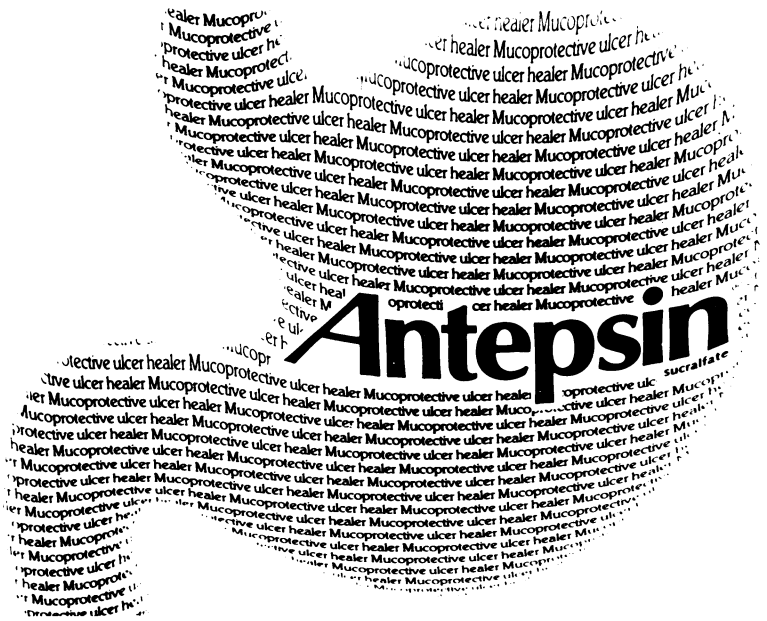
IN DISTAL INFLAMMATORY BOWEL DISEASE. THE BEST CHOICE EVERY TIME.

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 (illustrated instructions are enclosed with every pack). 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 fistulae. 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** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category POM. Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. **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. **4.** Barr WH, Kline B, Beightol L, Zfass A, Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document October 1981. **5.** Lee DAH, et al. Gut 1980; 21: 215–218. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

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.

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

® ANTEPSIN is a registered Trade Mark.

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

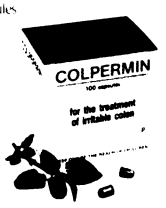
Package quantity: Containers of 100 capsules

Further information: Nil

Product Licence: PL 0424/0009

Basic NHS cost: £10.00 per 100

European Patent No. 0013333
U.K. Patent No. 2 006 011
Colpermin is a trade mark of Tillotts Laboratories

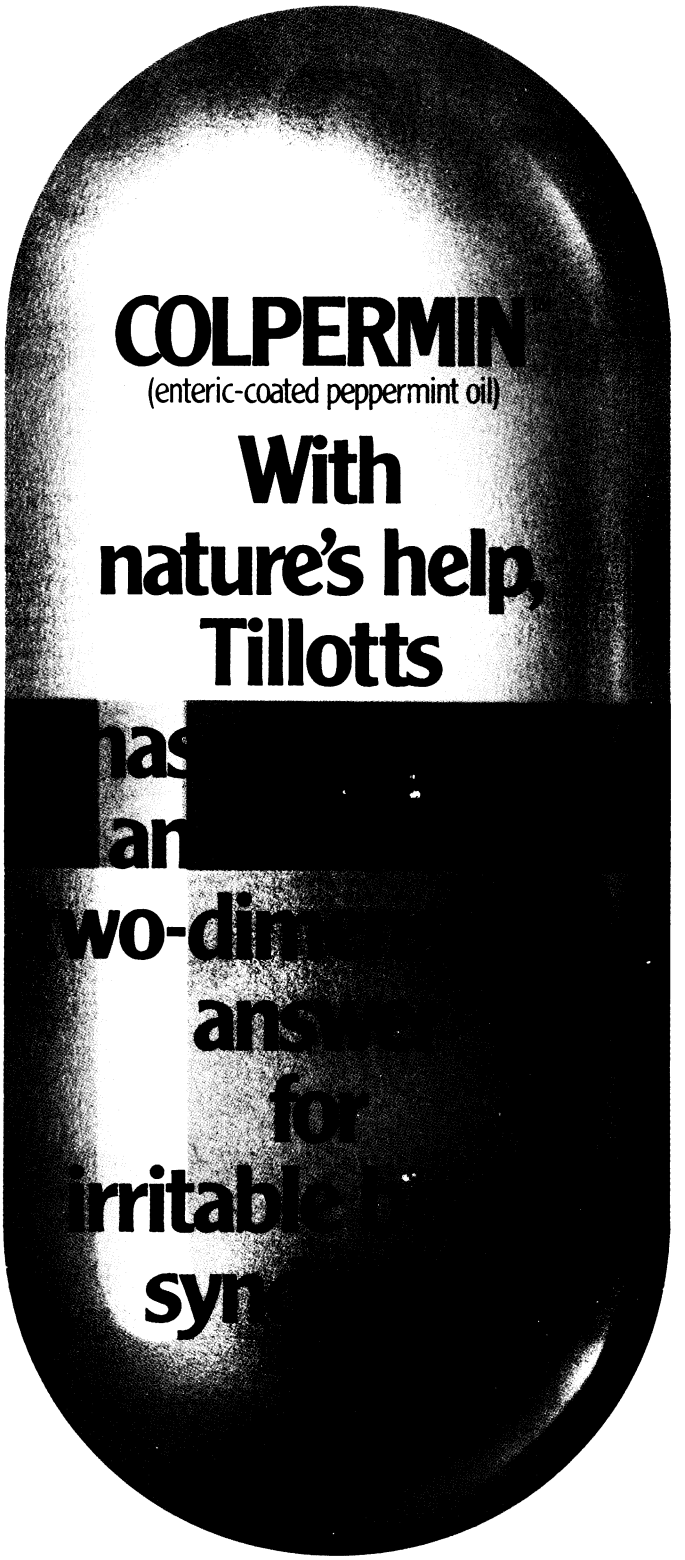


REFERENCE:

1. Rees WDW, Evans BK, Rhodes J. Treating irritable bowel syndrome with peppermint oil. Br Med J 2:835-836, 1979.

11/82 Tillotts LABORATORIES 2-7126

Hentow Trading Estate Hentow Bedfordshire SG16 6DS
Telephone 0462 813933 Telex 82313 Tillab G


COLPERMIN™
(enteric-coated peppermint oil)
With
nature's help,
Tillotts
has
an
wo-dim
ans
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irritabl
syn

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 ℬ **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.

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

Gastrozepin® Trade Mark

A new diagnostic promise in gastroenterology

SeHCAT is a ^{75}Se-labelled taurine conjugate of homocholic acid. It has been shown to mimic the reabsorption and enterohepatic circulation of the endogenous bile acid pool, and is particularly resistant to deconjugation by intestinal flora.

SeHCAT represents a significant breakthrough, enabling for the first time, accurate and convenient measurement of bile acid pool turnover and assessment of ileal reabsorptive function.

SeHCAT has four broad areas of application:

- Measuring ileal function following gastrointestinal surgery.
- Indicating the extent of ileal involvement in inflammatory bowel disease.
- Classification of patients suffering chronic diarrhoea.
- Research into the dynamics of the enterohepatic circulation.

Such enormous diagnostic promise has already produced some exciting results.

Information about the product, its applications and the results it has produced are available on request.

SeHCAT

The first accurate, convenient measure of bile acid pool turnover

Amersham International plc
Amersham England HP7 9LL
telephone Little Chalfont (024 04) 4444

Amersham

Amersham Australia PTY Limited Sydney **Amersham Belgium SA/NV** Brussels
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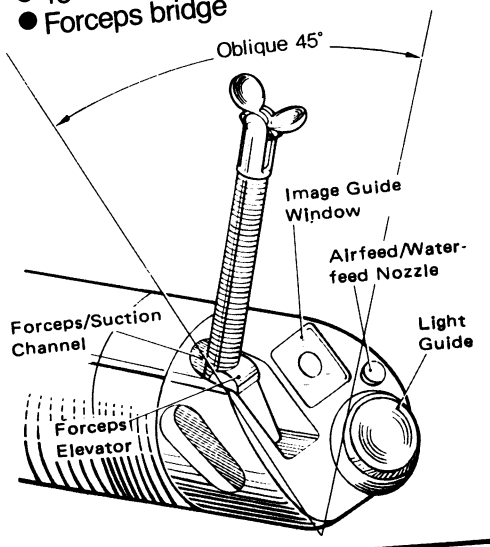
NEW from Fujinon

Advanced endoscope technology featured in these three instruments

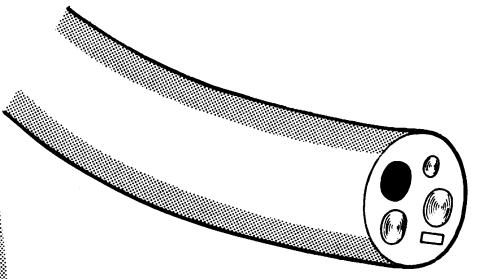
FUJI UGI G

- Panoramic 125° field of view
- 45° fore-oblique lens
- Forceps bridge



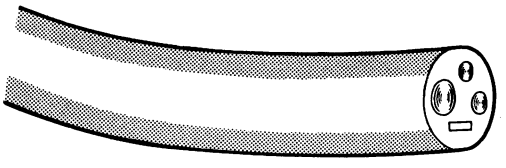
FUJI UGI RB

- 7.9mm outer diameter
- 2.7mm biopsy channel is exceptionally large



FUJI UGI RU

- Adult screening scope 6.3mm diameter permits use in unusual situations.



KEEP AHEAD WITH PYSER AFTER-SALES SERVICE

FUJINON **Pyser–**

clearly the better team

The shape of nutrition

A range of nutritionally balanced, complete tube feeds, ready-to-use, in 500ml bottles.

Cow & Gate Limited, Clinical Products Division, Cow & Gate House, Trowbridge, Wiltshire. BA14 8YX

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; 2; no6: 804-810.
2. Bachrach, WH, Hofmann, AF. Digestive Diseases and Sciences 1982; 27; no8: 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; 12 (Dec): 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

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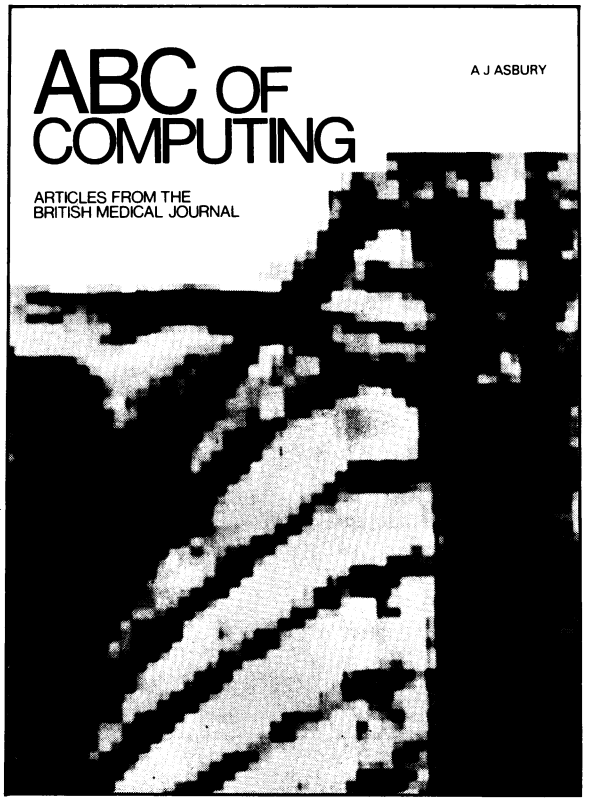

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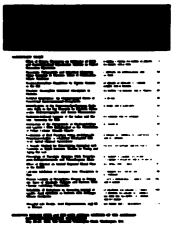

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