

Reflux controlled!



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

- * Maxolon is clinically effective in increasing sphincter tone.^{2,7}
- * Maxolon reduces frequency and duration of reflux.^{2,7}
- * 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

Maxolon and the BRL logo are trade marks

PL 0038/0095 0098 5040 5041.

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.

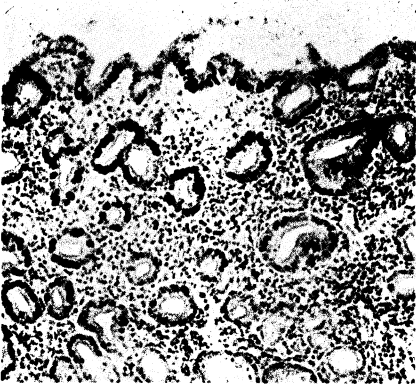
BRL 4033

Cytoprotection: between car and H₂-receptor

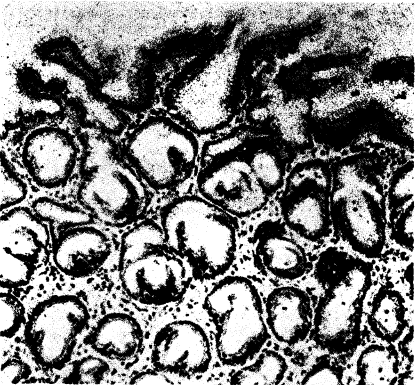
Reduced epithelial cell turnover

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!

Before carbenoxolone



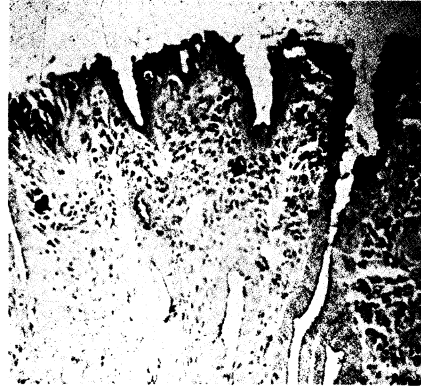
After carbenoxolone



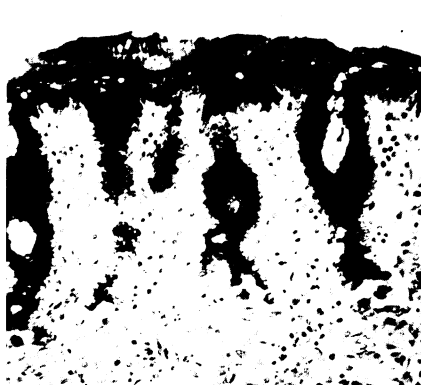
Increased mucus production in gastric mucosa

Demonstrated by periodic acid/Schiff staining of biopsy specimens from patients before and after carbenoxolone treatment?

Before carbenoxolone



After carbenoxolone



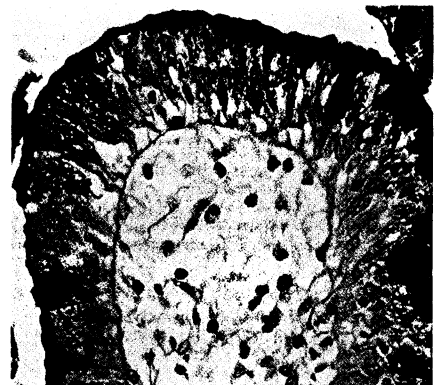
Increased mucus production in duodenal villi

Showing similar increase in mucus production?

Before carbenoxolone



After carbenoxolone



the difference benoxolone antagonists

Increases prostaglandin production

"We conclude that, in the stomach, unlike H₂-receptor antagonists, CBNX significantly increases PGE liberation... that CBNX has cytoprotective properties; and that these effects of CBNX may have important therapeutic implications"⁴

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.

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 H₂ receptor antagonists produce"⁵

3. Carbenoxolone und Mukussekretion. 1974. Urban und Schwarzenburg, Munich.
4. BSG Autumn Meeting. 1981. Abstract F 38.
5. XI Int. Cong. Gastroenterology. Hamburg, June 1980.

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 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.

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.

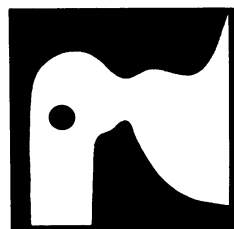
WINTHROP



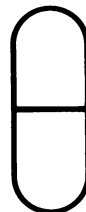
BIOGASTRONE
carbenoxolone.



for gastric ulcer



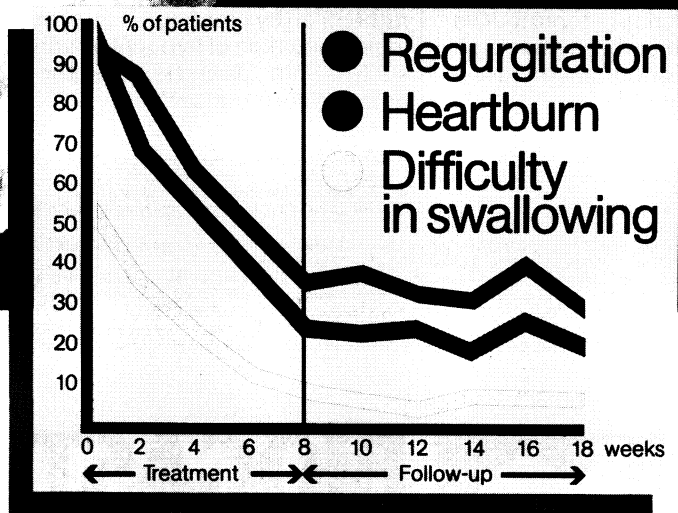
DUOGASTRONE
carbenoxolone.



for duodenal ulcer

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

WINTHROP

Terra firma

GAWNE

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, 0002, each containing 400 mg cimetidine 50 x 16 (1). Tagamet Tablets, PL 0002, 0003, each containing 200 mg cimetidine 500 x 16 (1). Tagamet Syrup, PL 0002, 0003, containing 200 mg cimetidine per 5 ml, 200 ml (3). **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 (Mendelson's) syndrome, malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison syndrome. **Dosage Usual dosage:** Adults: Duodenal ulcer, 400 mg b.i.d. with breakfast and at bedtime, or 200 mg t.i.d. with meals and 400 mg at bedtime (10 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.i.d. with meals and 400 mg at bedtime (10 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.i.d. with meals and 400 mg at bedtime (10 g/day) for 4 to 8 weeks. **Prophylaxis of stress-induced gastrointestinal haemorrhage** up to 2 g/day divided to maintain intragastric pH below 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 16 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.i.d. and 400 mg at bedtime (10 g/day). **N.B. For full dosage instructions see Data Sheet. Cautions** Impaired renal function: reduce dosage (see Data Sheet). **Potential of oral anticonvulsants, 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). **Acid 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. 21/783.

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 1/3 less per dose than a standard proprietary enema.³



IT'S SAFER Recent clinical data shows Colifoam has extremely low levels of systemic absorption,⁴ lower 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 WJS, 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.

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. 1,000,000

U.K. Patent No. 2,000,000

Colpermin is a trade mark of Tillotts Laboratories.

REFERENCE:

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



2 7126

COLPERMIN™

(enteric-coated peppermint oil)

**With
nature's help,
Tillotts**

has
an

**two-dimensional
answer
for
irritable bowel
syndrome**



Ease the spasm. Ease the mind.

LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

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

J486062/283


Sauter

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.

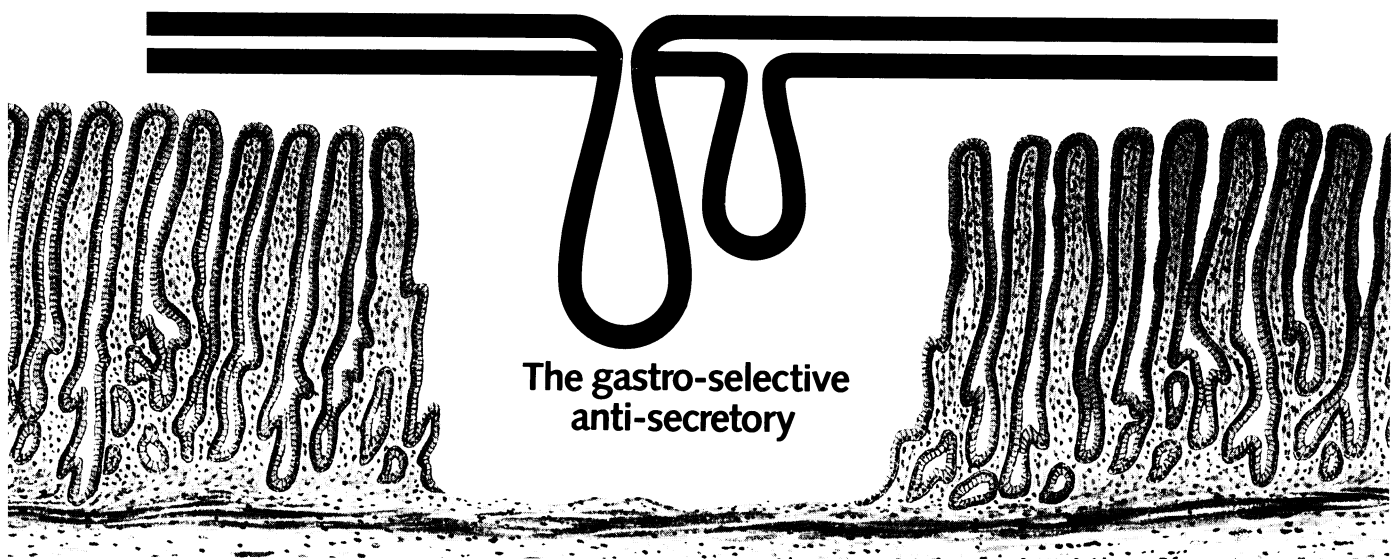
For the treatment of peptic ulcer

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.

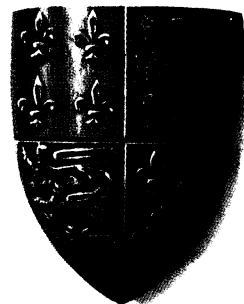
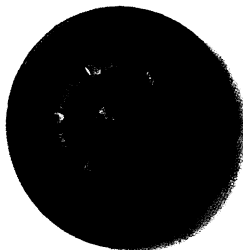
 Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark



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 cells¹ 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 weeks⁷ has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers⁷ and comparable efficacy to ranitidine in healing duodenal ulcers.⁶

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 deglycyrrhizinised liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971.
3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinised 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 deglycyrrhizinised liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted.

CAVED-S®

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

**"The Mucosal Shield"
for peptic ulcers**



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

PRESCRIBING INFORMATION

Presentation:

Brown tablets embossed

'CAVED-S', each containing:

| | |
|------------------------------|--------|
| Deglycyrrhizinised 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.



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 AC, 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 new diagnostic promise in gastroenterology



SeHCAT is a γ -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
Amersham Buchler GmbH & Co. KG Braunschweig W Germany Amersham Corporation Arlington Heights USA
Amersham Denmark ApS Birkerød Amersham France SA Paris Amersham Medical Tokyo Amersham Nederland BV Utrecht

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. 0431553

U.K. Patent No. 2188002

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* 1983; 836: 1079.



11/82

2/7126

Harrison Trading Estate, Harrison, Blackburn, Lancashire, BB4 6BN
Telephone 04562 819833. Telex: 82213 Tillott G.

COLPERMIN (enteric-coated peppermint oil)

With nature's help Tillotts

has
an

two-dimensional answer for irritable syndrome

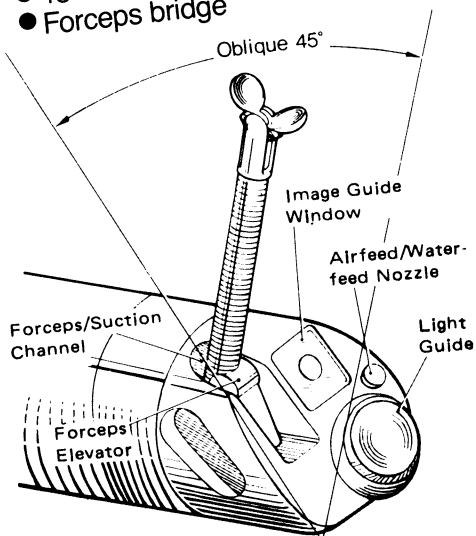


NEW
from Fujinon

Advanced endoscope technology featured in these three instruments

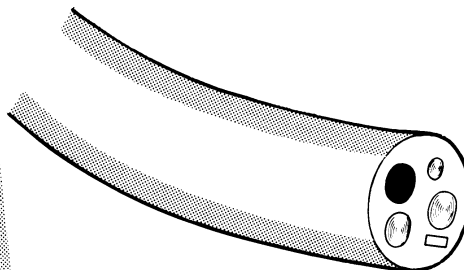
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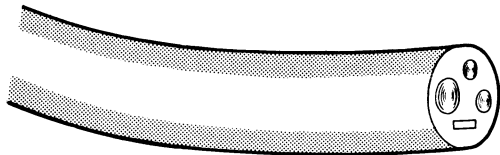
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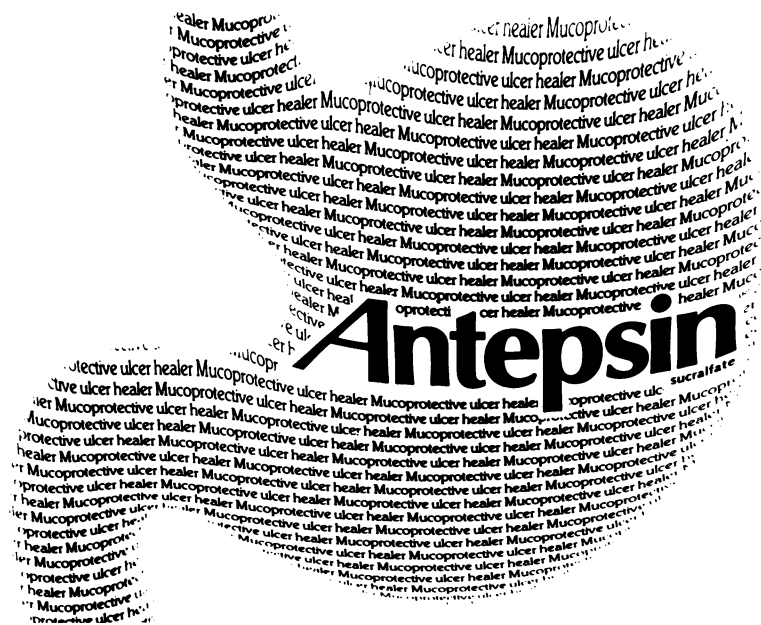
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in resistant cases. Antacids may be used as required for relief of pain. **Contra-indications, Precautions, Warnings, etc.** **Contra-indications.** There are no known contra-indications. **Precautions** 1. Concomitant administration with some oral 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.



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South Way, Andover, Hampshire SP10 5LT.
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Further information is available on request to the Company.

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CLINICAL APPLICATIONS

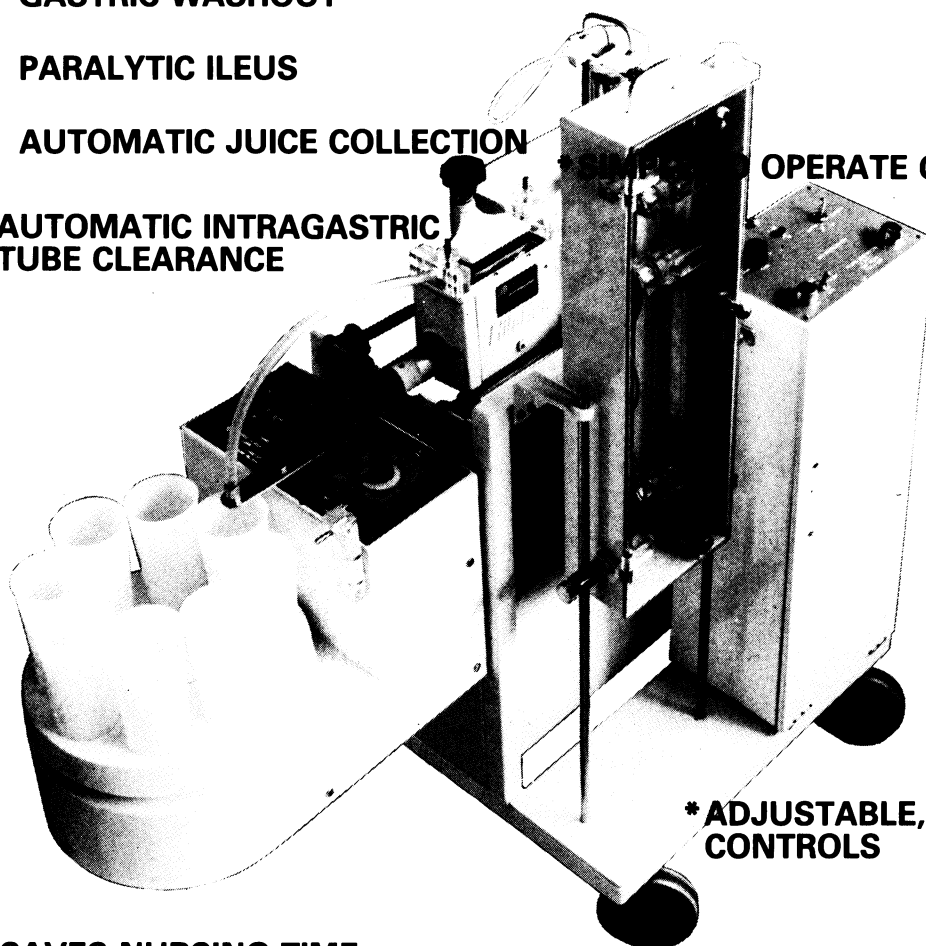
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4. AUTOMATIC JUICE COLLECTION

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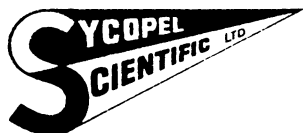


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PROBING THE ETIOLOGIC BASES OF FOOD INTOLERANCE...

FOOD INTOLERANCE

Editor:
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Professor of Pediatric Research and Nutrition,
Memorial University of Newfoundland,
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ELSEVIER

The adverse reaction to foods can present in a variety of clinical manifestations. Some are easily recognized and managed, while others require lengthy investigation involving research into a patient's clinical history and testing for the reappearance of symptoms. Recent advances in biochemistry and immunology shed new light on the pathogenesis of adverse reactions to food — making it easier for physicians to diagnose and treat reactions to specific foods.

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Food Intolerance, an up-to-date reference on adverse reactions to food, provides essential information for gastroenterologists, nutritionists, allergists, perinatologists, and all those interested in the pathogenesis of food intolerance.

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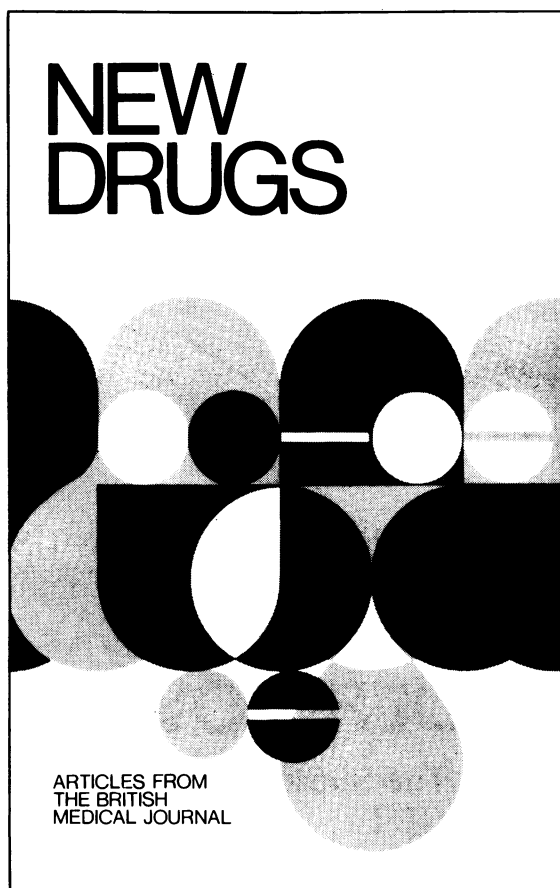
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