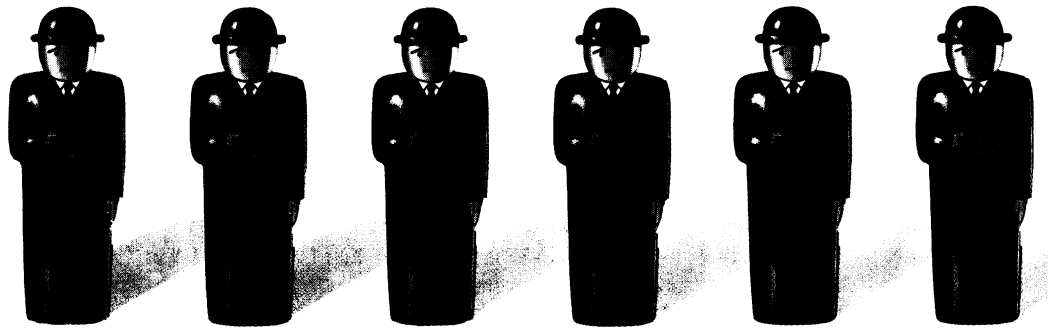
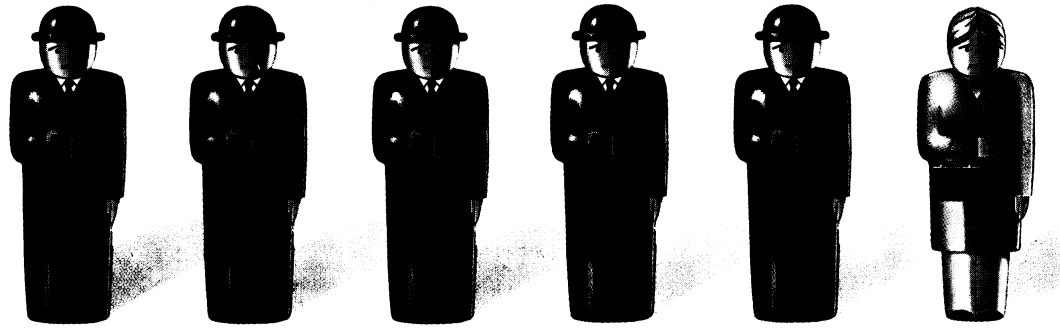
Most conven- tional ulcer patients can be



treated with H_2 antag- onists, but...



Now more ulcer patients may be successfully treated with[1]

Antepsin®

sucralfate

Cytoprotection in action

- **In patients over 55 where hypersecretion is seldom a factor[2]**
- **Those whose gastric disturbance is due to external irritants[3,4]**
- **Those for whom H_2 antagonists are inadequate[1]**

STILL AVAILABLE ON THE NHS FOR PEPTIC ULCER AND CHRONIC GASTRITIS

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information

Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline, phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet). **Side-effects:** constipation. **Legal Category:** POM. Date of preparation April 1985. Antepsin is a registered trade mark.

References: 1. Guslandi, M. *et al*, GUT, 1983, **24,** 498. 2. Marks, I.N., Gastrointestinal Tract Disorders in the Elderly, Edinburgh, Churchill Livingstone, 1984, 79. 3. Tesler, M.A. *et al*, J. Clin. Gastroenterol., 1981, **3.** (suppl.2), 175. 4. Tarnawski, A., *et al*, Gastroenterology, 1985, **88** (No5), 1609.

Ayerst® International

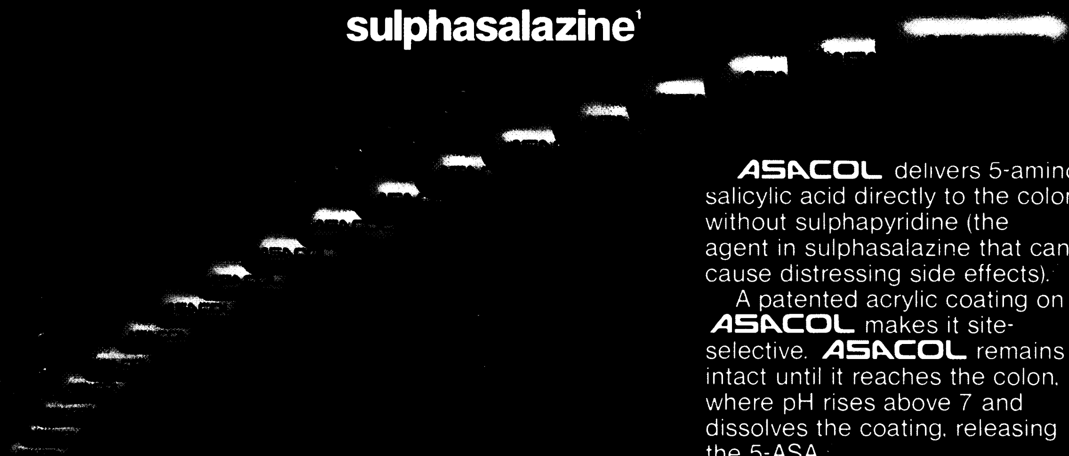
Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributors in Ireland: Ayerst Laboratories Ltd.
765 South Circular Road, Islandbridge, Dublin 8

A ACOL™

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-amino salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).

A patented acrylic coating on ASACOL makes it site-selective. ASACOL remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.

Each ASACOL tablet provides twice as much 5-ASA (400 mg) as each tablet of sulphasalazine (200 mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that ASACOL offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.

ASACOL™

Direct Delivery to the Colon

REFERENCES:

1. Dew M J, Harries A D, Evans B K, et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*. 1983; [illegible]: 801.
2. Dew M J, Hughes P J, Lee M G, et al. An oral preparation to release drugs in the human colon. *Br. J. Clin. Pharmacol.* 1982; 14: 405-408.
3. Dew M J, Ryder R E J, Evans N, et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br. J. Clin. Pharmacol.* 1983; 16: 185-187.
4. Dew M J, Hughes P J, Harries A D, et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-amino salicylic acid. *Br. Med. J.* 1982; 285: 1012-1014.
5. Dew M J, Harries A D, Evans N, et al. Maintenance of remission in ulcerative colitis with 5-amino salicylic acid in high doses by mouth. *Br. Med. J.* 1983; 287: 23-24.

*Mesalazine is the British Approved Name for 5-amino salicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-amino salicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses.
There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney, mainly as its metabolite, N-acetyl-5-aminosalicylic acid. In rats, large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking Asacol, it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322387

Henlow Trading Estate
Henlow, Beds. SG16 6DS

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.**

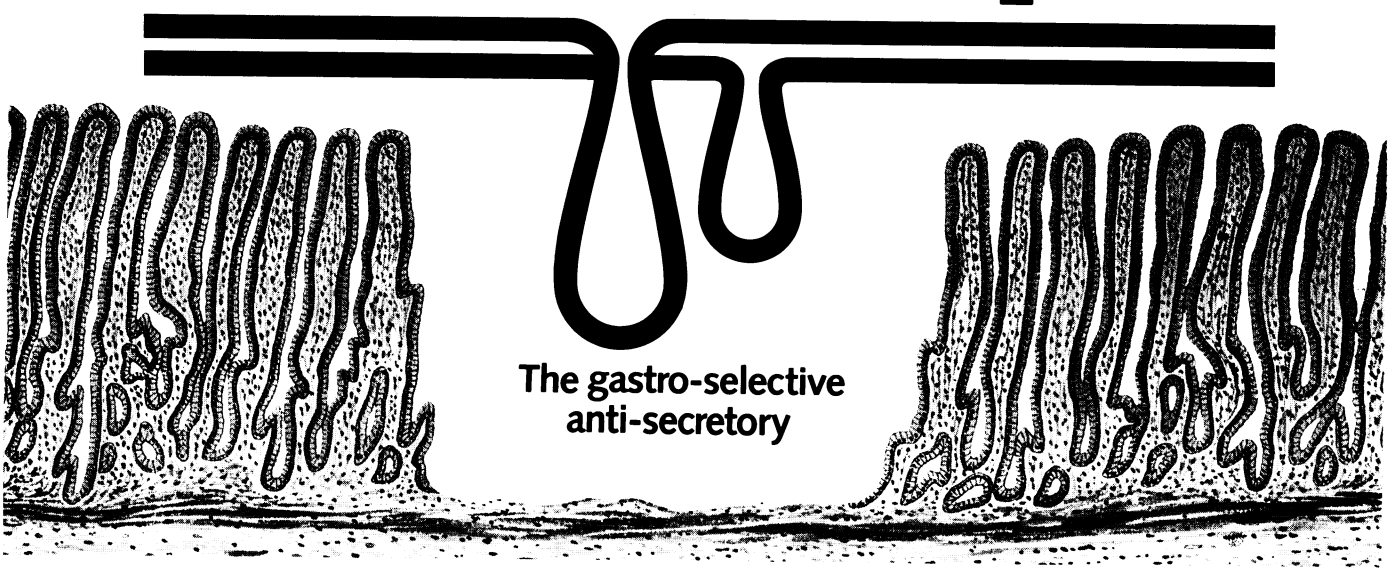
For the treatment of peptic ulcer

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

WE'VE GIVEN YOU PRECISELY WHAT YOU WANTED

DILUTE HYPNOVEL

When we asked how Hypnovel could be improved, many users asked for a more dilute presentation, so that finer control of dosage, and therefore sedation, could be achieved. So the 2ml presentation was joined by an ampoule containing the same 10mg of midazolam, but in 5ml of solution. The extra 3ml of diluent makes it simpler to obtain the full benefits of Hypnovel. Proven benefits of Hypnovel include fast onset and rate of recovery, excellent amnesia and minimal venous complications.[1]

THE HYPNOVEL 10mg/5ml AMPOULE

midazolam

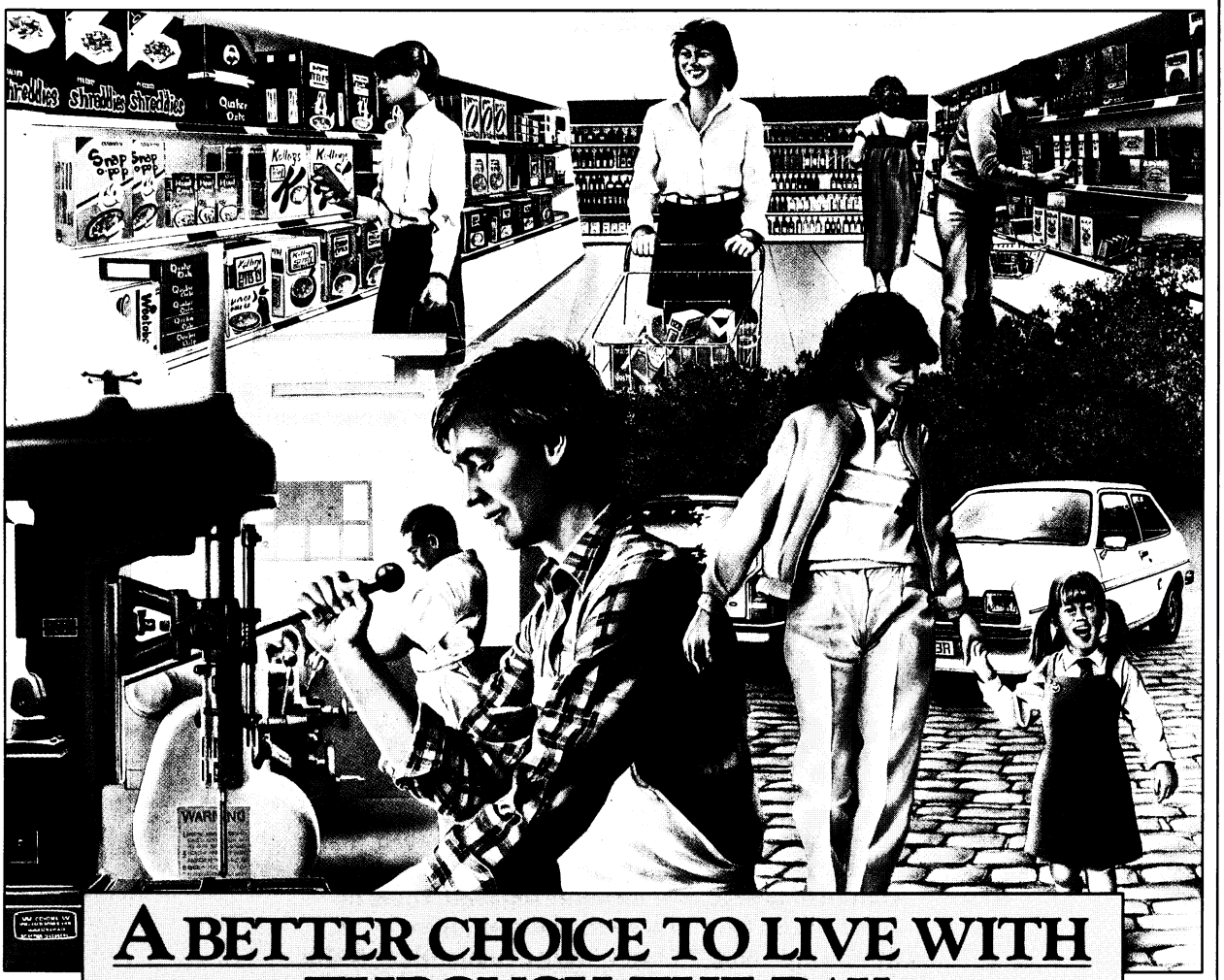
FOR MORE PRECISE CONTROL OF I.V. SEDATION

Prescribing Information

Indications Intravenous sedative cover. Alternative intravenous agent for induction of anaesthesia in high-risk patients. Intramuscular premedication. **Dosage and Administration** *Intravenous sedation* Usual total dose 2.5mg to 7.5mg (approx. 0.07mg/kg body-weight). *Intravenous induction of anaesthesia* Unpremedicated patients: 0.3mg/kg body-weight or more. Premedicated patients: 0.2mg/kg body-weight may be adequate. *Intramuscular premedication* (10mg/2ml ampoule only) Usual dose about 5mg (approx. 0.07-0.1mg/kg body-weight). Elderly patients are more sensitive to the effects of Hypnovel and lower doses should be used. Children over the age of seven years may receive Hypnovel for induction of anaesthesia in a dose of 0.15mg/kg body-weight. **Contra-indications** Benzodiazepine sensitivity; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should not drive or operate machinery for eight hours after administration. Avoid alcohol. Sedative effects of other centrally-acting drugs may be intensified. For the administration of Hypnovel a second person should always be present and facilities for resuscitation should always be available. **Side-effects** Hypnovel is well tolerated and changes in arterial blood pressure, heart rate and respiration are usually slight. The rapid injection of a high dose can induce soft-tissue airway obstruction or apnoea of short duration. Local effects on veins are infrequent. However, pain on injection and thrombophlebitis may occur. **Presentation** Ampoules containing 10mg midazolam base as the hydrochloride in 5ml or 2ml aqueous solution, in packings of 10. **Basic NHS Cost** 76p per 10mg/5ml ampoule. 64p per 10mg/2ml ampoule. **Product Licence Numbers** 0031/0189 (10mg/5ml), 0031/0126 (10mg/2ml). **Product Licence Holder** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. **Reference** 1. Anaesthesia, 1982, **37**, 1002.
Hypnovel is a trade mark.

ROCHE

J391096/286



A BETTER CHOICE TO LIVE WITH THROUGH THE DAY

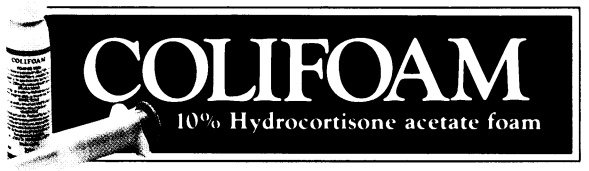
A new trial[1] has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas[1] and hydrocortisone enemas[2]. Retrograde spread increases with the extent of the disease[3] and COLIFOAM can reach well into the descending colon[4].

Acceptability. COLIFOAM causes less interference with your patients' daily lives[1,2,5]. COLIFOAM is far easier for your patients to retain[1,2,5].

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption[6], lower than prednisolone enemas[7].

Economy. COLIFOAM costs less per dose than standard proprietary enemas[8].

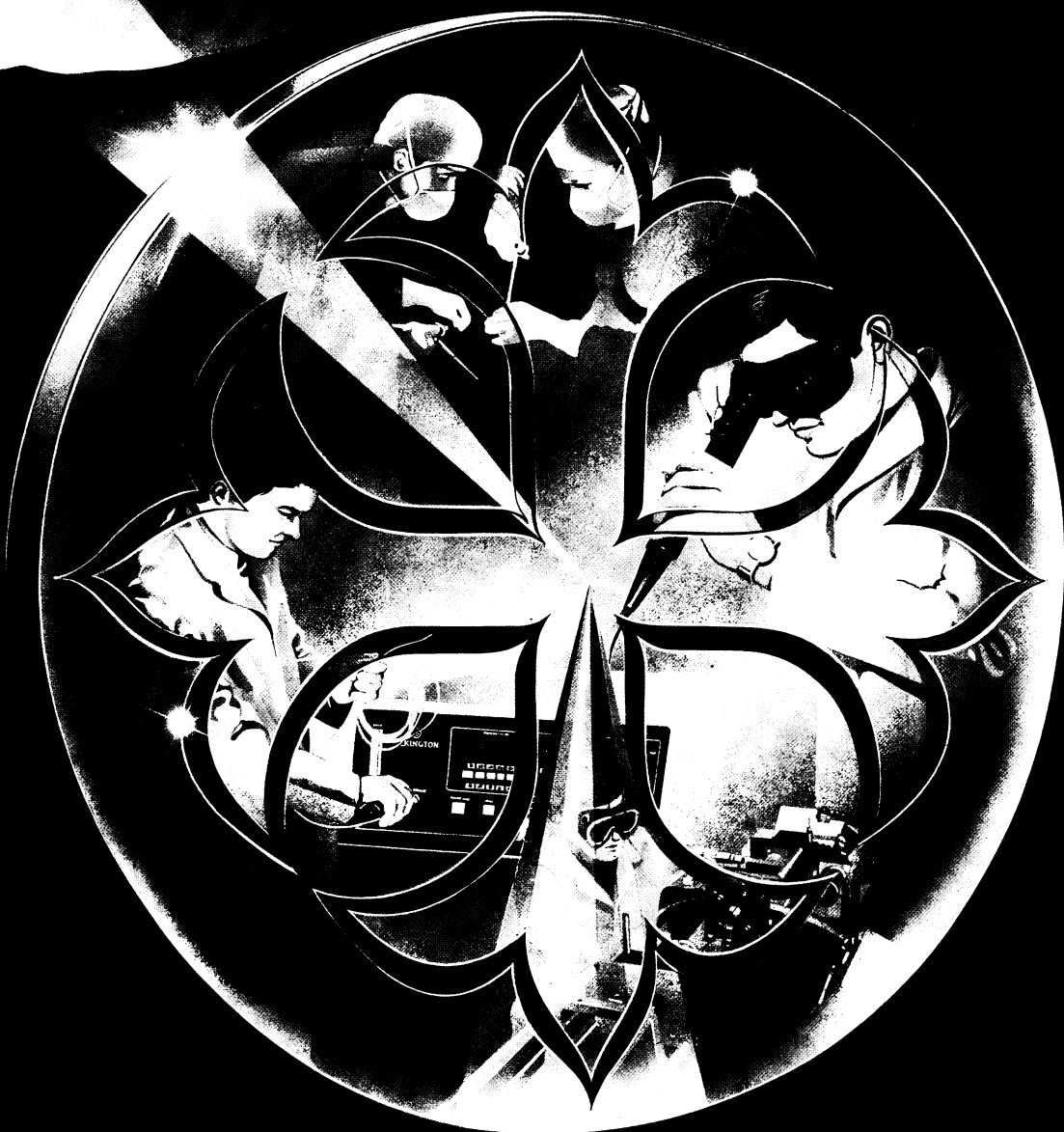


In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WSJ et al. Gut 1980;21:885-889. (3) Farthing MGJ et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champignuelle B. Revue Française de Gastroenterologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. 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) plus a plastic applicator and illustrated leaflet. Basic NHS cost 25g plus applicator, £7.25. 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. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

The Focus of Medical Technology.



As the medical profession searches tirelessly for the means to further the investigation and treatment of conditions which have so far eluded it, there is one company motivated towards helping achieve that end.

The company is Pilkington Medical Systems. Their expertise in electro-optical systems as manufacturers of **medical lasers** and **endoscopes** combined with the considerable **research** and **development** capability has positioned them as one of the world's foremost medically innovative companies.

So, as the world looks for the next healthcare breakthrough, the medical profession can look to Pilkington Medical Systems – the focus of medical technology.

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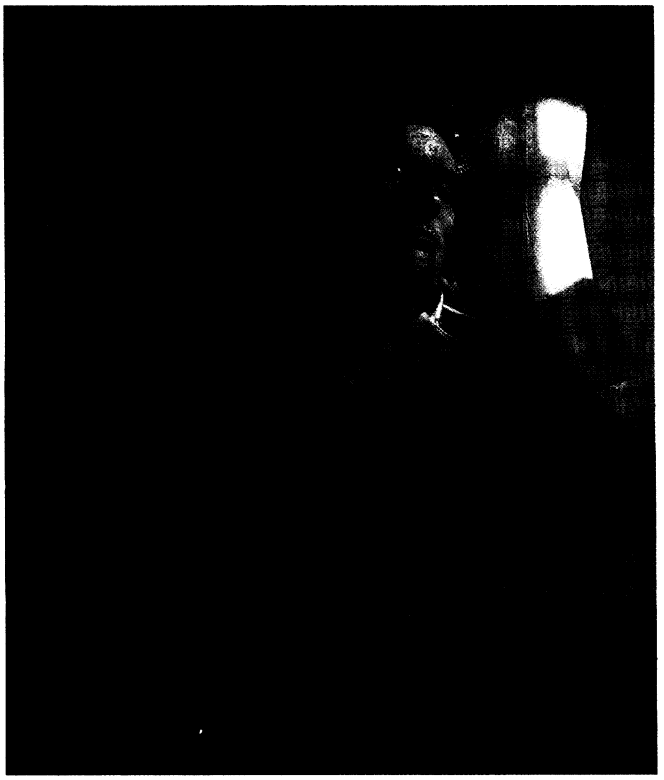
HEALING POWER WHEN IT'S NEEDED MOST IN DUODENAL ULCER



Acid attack at night is now known to be one of the most important factors in the formation of duodenal ulcers.

'Tagamet' 800 mg at bedtime effectively controls this damaging nocturnal acid without disturbing the patient's normal daytime gastric physiology.

One 'Tagamet' 800 mg tablet at bedtime for four weeks is the recommended healing regimen for all duodenal ulcer patients.

And the results are impressive... 'Tagamet' 800 mg completely healed 79 per cent of duodenal ulcers in four weeks and 96 per cent in eight weeks[1] whilst providing prompt and effective relief from both daytime and night-time pain.

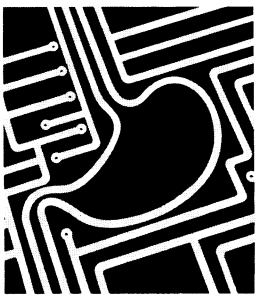
With 'Tagamet' 800 you can offer your patients healing power precisely when it's needed.

TAGAMET
CIMETIDINE **800**

One tablet at bedtime for four weeks

Reference 1. Lambert R. In: 'Tagamet.' New Dimensions. A Symposium Proceedings. XII Int Cong Gastroenterol, Lisbon, 1984;15-23.

Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £15.78) or 400 mg cimetidine (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £19.20). **Indication** Duodenal ulcer. **Dosage** *Usual dosage: Adults. Duodenal ulcer,* 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *Elderly:* As above unless markedly impaired renal function. *N.B. For full dosage instructions see Data Sheet.* **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet).



Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 4.3.85.
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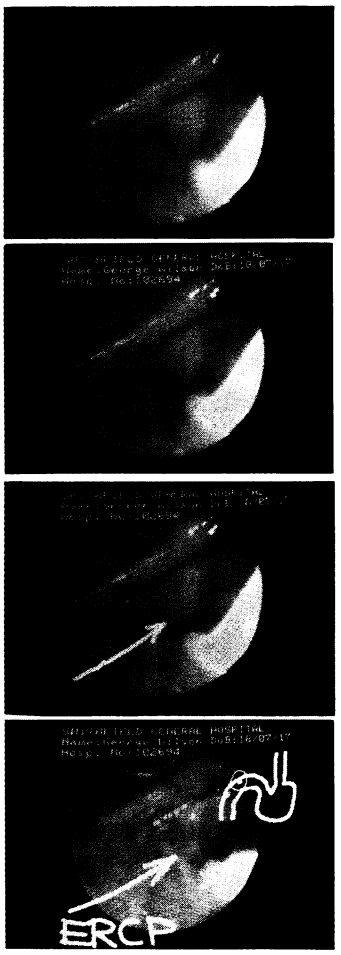
SK&F

TG:AD1265

SEE THE EVIDENCE FOR YOURSELF



instrument camera, recorder and monitor, and you have a compact mobile system suitable for any endoscopy room.

ADD a video typewriter to the system and you can then include patient details and notes on screen so that all your endoscopic recordings are identifiable.

ADD a video light pen and you can 'draw' arrows and diagrams and highlight areas of interest on the screen.

ADD a Polaroid camera unit and you can have high quality hard copy prints within seconds.

Once you've used a KeyMed CCTV system you'll wonder how you could ever have managed without it.

KeyMed endoscopic CCTV systems are compatible with all Olympus endoscopes. For further details or to see the evidence for yourself, phone Customer Liaison on

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KEYMED-see it our way

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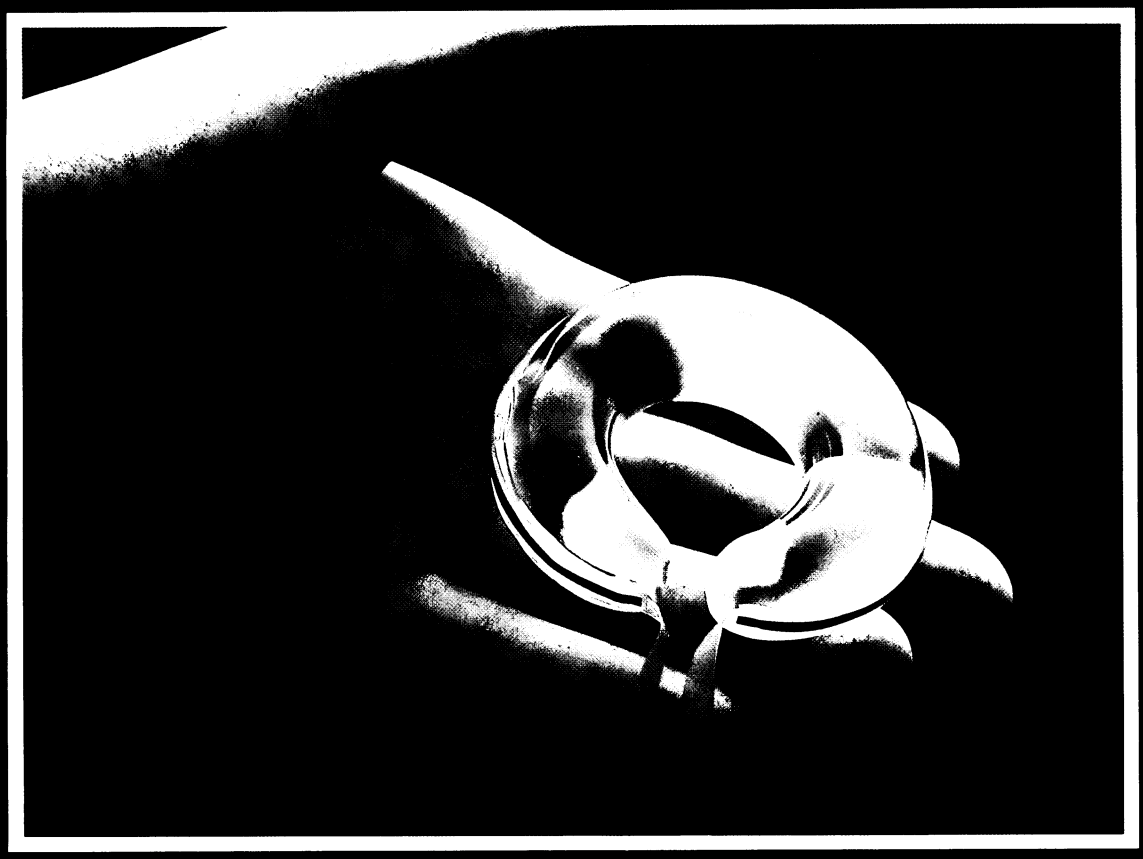
a viable alternative



Now, several randomised trials compare the Anti-Reflux Prosthesis to fundoplication. All studies show the prosthesis to have equal or greater effectiveness in controlling gastro-oesophageal reflux than fundoplication, with reduced intra-operative time, reduced anaesthesia time, and shorter hospital stay.

Over 50 publications exist discussing the Anti-Reflux Prosthesis.

For a complete bibliography, contact:

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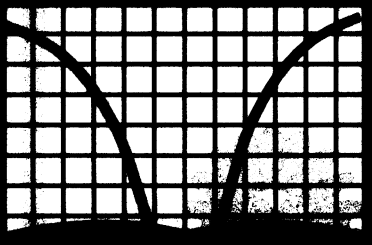
DE-NOL REBALANCES THE ULCER EQUATION



The inescapable equation of ulcer aetiology Acid Attack v. Mucosal Defence remains the basis for our understanding of peptic ulcer. With an ulcer the acid side of the equation gains the upper hand, although it is now clear that this is more often a result of poor mucosal resistance than excessive acid secretion. An agent which enhances the mucosal defence mechanism should be the treatment of choice. The approach to ulcer therapy should thus be based on the truism:

NO MUCOSAL BREAKDOWN, NO ULCER.

De-Nol

Prescribing Information De-Noltab and De-Nol

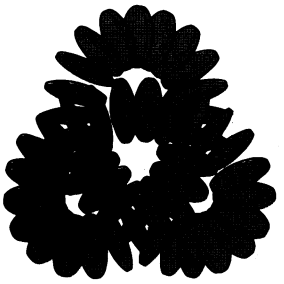
Presentation: De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3) in each 5ml. **Uses:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. ADULTS: One tablet or 5ml dose four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. CHILDREN: As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. SPECIAL PRECAUTIONS: De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. SIDE EFFECTS: Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. OVERDOSAGE: No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P. **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £15.84. De-Nol £10.31. **GMS Price (Eire):** De-Noltab IR£20.99. De-Nol IR£13.66. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De- Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab: 62/22/1. De-Nol: 62/23/1.

SALAZOPYRIN® EN

sulphasalazine

HAS TOLERABILITY ALL WRAPPED UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued."
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



Get them into the SALAZOPYRIN habit

DAY AFTER DAY AFTER YEAR

500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Plain or EN Tabs. In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day, given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: Sensitivity to parabens.

Adverse Reactions Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in porphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks initially and periodically.

Pregnancy and Lactation While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or ictenic hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

Packages and Prices Plain Tablets (0·5g) 100 & 500. £6·70 for 100. EN Tablets (0·5g): 100 & 500. £8·70 for 100. Suppositories (0·5g): 10 & 50 £2·80 for 10. Enemas (3·0g): 7. £12·10 for 7.
Product Licence Numbers Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.

Pharmacia

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Created by Nature. Proven by Science.

For relief of irritable bowel and abdominal pain

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.[1]

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.[2]

- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.[3]

The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

References:

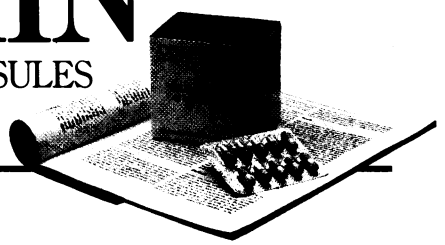
1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.

2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.

3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

COLPERMIN™

(enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin 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.

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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:** £10.58 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. 2006011.**

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SCANDINAVIAN JOURNAL OF Gastroenterology

VOLUME 21, NO. 2, MARCH 1986

CONTENTS

Abstracted in *Excerpta Medica*
Indexed in *Current Contents* and *Index Medicus*
Spanish edition distributed by Sanidad Ediciones, S.A.

ISSN 0036-5521

Annual subscription (ten issues per year) NOK 1,300,-/USD 216.00

Publisher: Norwegian University Press (Universitetsforlaget/AS), P.O. Box 2959 Tøyen, Oslo 6, Norway.

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