

DUOGASTRONE®

direct healing of duodenal ulcer

Trials suggest*

- radiological disappearance of ulcer crater
- relief of symptoms within a few days
- superiority over antacid or anticholinergic therapy

- patients can lead a normal life
- special diets are unnecessary
- even chronic cases, with a long history of symptoms, respond

Unique 'positioned release' capsules deliver the active ingredient (50 mg carbenoxolone sodium) into the duodenum.

* Further trials are in progress to study the effects of DUOGASTRONE in long-term therapy

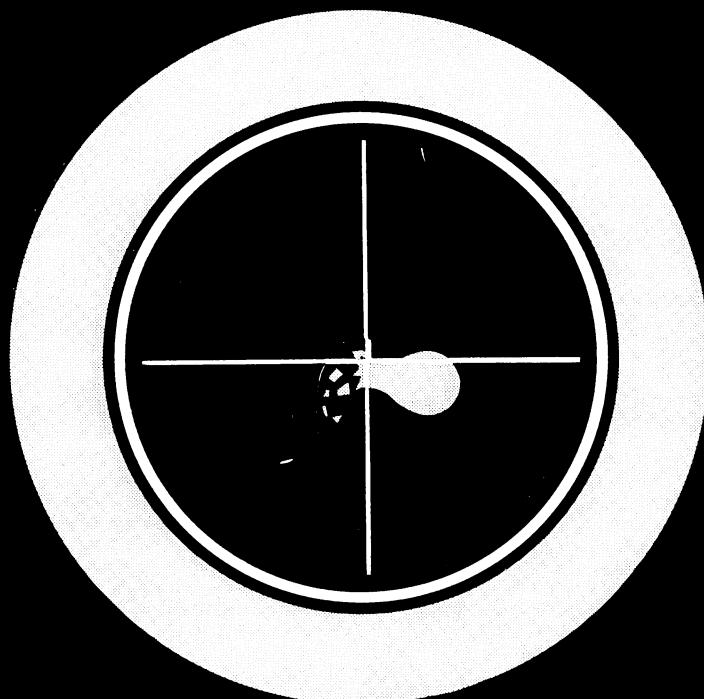


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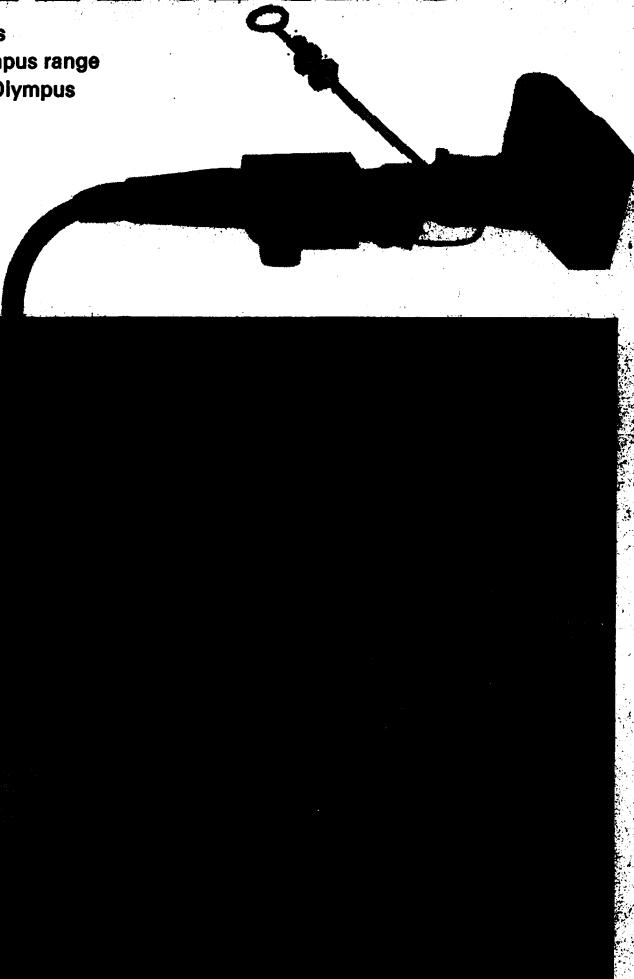
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for inside information

Accurate early diagnosis of gastric diseases is enormously simplified by the use of the Olympus range of gastrocameras and fiberscopes. With the Olympus gastrocameras all the main anatomical features of the stomach interior can be photographed, and also directly observed, and biopsies and cytological examinations can be carried out, too.



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Any programme
designed to reduce distress
or mortality in

ULCERATIVE COLITIS

would need to

1. Secure Early Detection.
2. Provide Specific Treatment.
3. Provide Flexible Treatment.
4. Prevent Relapse.

See overleaf for details of
the SALAZOPYRIN campaign
to secure these aims —————→



Early Detection



It is now commonly recognized that the most dangerous period for a patient with ulcerative colitis is the year of his first attack. Early detection is important for another reason as well. With proper management such cases can usually avoid surgery. **1.** In order to obtain early hospital referrals an extensive campaign detailing the condition is being brought to the attention of general practitioners by the originators and manufacturers of Salazopyrin, the drug of proven efficacy and documented safety in the treatment of ulcerative colitis.



Specific Treatment

"Whereas . . . many drugs have been administered with diverse successes, the one accepted drug is (Salazopyrin) . . . most patients tolerate the drug well, and improvement such as reduction of bowel movements and recession of bleeding generally occurs within a week or 10 days." **2.**

The mode of action of Salazopyrin remains unknown. Its success is undoubtedly due to its specific affinity for connective tissues, particularly the colonic submucosa.

Within two or three days treatment with Salazopyrin, the number of stools decreases, abdominal pains disappear, the fever subsides and the appetite improves. **3.**

In fulminating ulcerative colitis successful results are reported with the use of Salazopyrin and steroids in combination. However, as steroids are essentially suppressive rather than curative, mild and moderate acute attacks are best treated with Salazopyrin alone.

Dosage for the Acute Attack.

2 to 4 tablets (1 g. to 2 g.) four to six times daily. The dosage should be adjusted according to the patient's needs. This is decreased to the maintenance dose (2 g. daily) as the patient improves. At any indication of a relapse, however, the dosage should be increased to the maximum tolerated level.

- 1.** Postgrad. Med. 1960, 28, 157.
- 2.** "Chronic Ulcerative Colitis" Charles C. Thomas (Publisher), Springfield, Illinois, 1969, p 45.
- 3.** "Gastroenterology" Vol. ii. W. B. Saunders Co. Philadelphia 1964, p 863.



Flexible Treatment

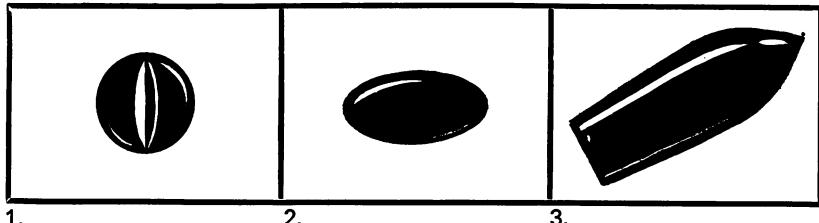
Salazopyrin (sulphasalazine) is available as plain 0.5 g. tablets, as the 0.5 g. EN-tabs and as 0.5 g. suppositories. The EN-tab is enteric coated, and of an ovoid shape for easy swallowing. It has been specifically designed for the patient who may exhibit gastrointestinal intolerance to the plain tablet and who is on long term therapy.

"(Salazopyrin) incorporated into a suppository . . . has recently been shown by controlled trial to exert a beneficial topical action if inserted nightly in patients with distal proctocolitis. 15 of 18 patients receiving potent suppositories going into clinical remission as compared with 5 of 18 treated by inert suppositories. No side effects were observed."¹

Illustration 1—
plain 0.5g. tablet.

Illustration 2—
0.5g. EN-tab.

Illustration 3—
0.5g. suppository.



Side effects and Precautions :

Side effects may consist of gastrointestinal upset which usually resolves upon change to the enteric-coated tablets. Very rare instances of agranulocytosis have been reported.

It is contraindicated in patients with a history of marked sensitivity to sulphonamides.

Salazopyrin should be administered under constant medical supervision, including periodic blood examinations. The usual precautions for sulphonamide therapy should be exercised. If serious symptoms occur, including leukopenia or sensitization, the drug should be discontinued immediately. There is no specific antidote for Salazopyrin.



Prevention of relapse

"As long-term treatment for ulcerative colitis corticosteroids are disappointing."²

"Salazopyrin has been shown to reduce the relapse rate greatly when used in a maintenance dosage of 0.5 g. q.d.s. over the period of 1 year".² As it has been reported that "out of every five patients who respond to medical treatment of a first attack of ulcerative colitis, four have a second attack within 12 months"³, the efficacy of Salazopyrin in the long-term treatment of the ulcerative colitis patient, is clear.

"This is the first demonstration in a formal trial that any treatment reduces the relapse rate in ulcerative colitis . . . it therefore appears preferable to systemic corticosteroids, for this purpose. 24 (out of 34) patients remained in symptomatic remission for a year while taking 2 g. of Salazopyrin daily whereas only 8 (out of 33) remained symptom free in the placebo group.

22 out of the 24 patients on Salazopyrin who remained in remission at the end of the trial had a non-haemorrhagic mucosa which, in many cases, appeared normal.

... only 3 patients out of 34 had to discontinue treatment because of side-effects. In the patients treated with Salazopyrin, there was no difference in the haemoglobin level before and after treatment; but the mean white-cell count was lower after 6 months or a year than at the start of the treatment, though in no patient was it less than 4500 per c. mm."³

Proven Maintenance Therapy: 2 tablets twice a day.

1. Postgrad. Med. J. 1968, 44, 699.
2. Brit. med. J. 1968, 2, 539, 605.
3. Lancet, 1965, i/185.

SALAZOPYRIN®

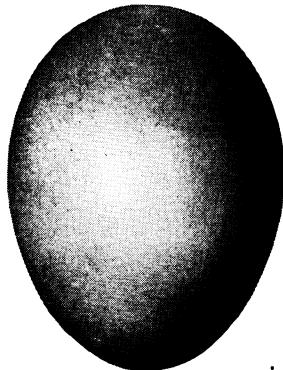
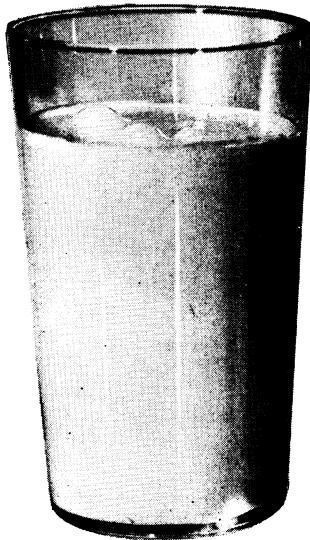
*Literature and detailed information on
Salazopyrin are available on request.*



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No nourishment here . . .

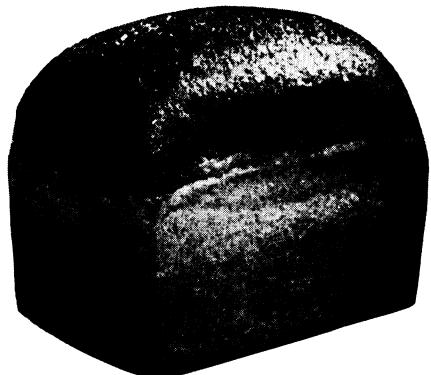
. . . unless an adequate supply of pancreatic enzymes is available to complete digestion.



Pancrex V is the most effective preparation for replacing pancreatic secretion in the gut. It is indicated in cystic fibrosis of the pancreas, chronic pancreatitis, pancreatectomy, post-cholecystectomy and in all digestive disorders where a relative deficiency of pancreatic enzymes is a contributory factor. Pancrex V is activated, whole dried pancreas having a tryptic activity approximately equal to 5 times that of Pancreatin B.P.

Pancrex V

References: *Diseases of Children* (1964), Blackwell, Oxford. *Diseases of Infancy and Childhood*. 8th Edn. (1962), Churchill, London. *Lancet* (1960) 1, 365. *Brit. Med. J.* (1958), 2, 1039



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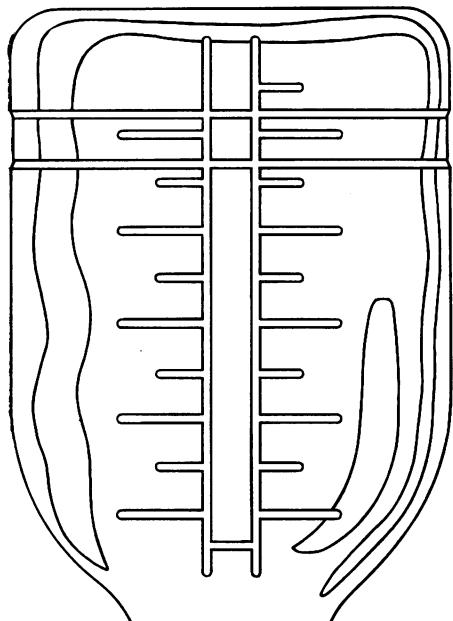


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and 600 sugar coated tablets each containing
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Supplied as crystal-clear solution, complete with sterile infusion set, containing

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- sorbitol, for carbohydrate provision.
- minerals.
- vitamins.

The advertisement features a black and white photograph of a medical infusion set. A bag labeled "N+" is connected to a Y-adapter, which then splits into two lines. One line goes up to a "N" port on a central venous catheter, and the other line goes down to an "N-" port. The background is black, and the text is in white and yellow. The brand name "TROPHYSAN" is prominently displayed in large, bold letters, with a registered trademark symbol (®) above the letter "S". Below it, the slogan "positively restores nitrogen balance and speeds recovery" is written in a smaller, italicized font.

TROPHYSAN[®]

*positively restores
nitrogen balance
and speeds recovery*

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The pharmacological actions of Maxolon are unique and unrelated to any other compound in medical use: it is neither an anti-histamine nor a phenothiazine. Unlike other anti-emetics and anti-nauseants, Maxolon controls nausea and vomiting by THREE specific routes, as illustrated.

Local irritation of the stomach and duodenum, often associated with gastro-intestinal disorders or intolerance to certain essential drugs, can induce nausea and vomiting. Maxolon decreases the sensitivity of the afferent nerves to the vomiting centre and thus effectively controls nausea and vomiting of local origin.



Maxolon alleviates vomiting of systemic origin by decreasing the sensitivity of the chemoreceptor trigger zone, the region of the brain sensitive to blood borne emetics.

Is Maxolon just another anti-emetic?

Maxolon has a unique and interesting action on the stomach and small intestine. Where gastric emptying is disturbed, spasm is relieved and normal motility restored. Maxolon therefore relieves nausea and vomiting in cases where spasm and stasis of the stomach contents contribute to local irritation.

Maxolon has proved its success in clinical practice. In the indications for which it is recommended the percentage reductions in symptom scores were 80% and 87% for nausea and vomiting respectively.

Brit. J. clin. Pract., (1967), 21, 457.

**Further information
is available on request.**

Maxolon is indicated in nausea and vomiting due to:

Gastro-intestinal disorders. Intolerance to essential drugs. Post-operative conditions. Congestive heart failure. Malignant disease. Uraemic conditions. Deep X-ray or Cobalt therapy.

Contra-Indications and Precautions

Safety in pregnancy is not yet established. As both Maxolon and the phenothiazines may cause benign transient dystonia, such as restlessness of the limbs, care should be exercised in the event of both drugs being prescribed concurrently.

DOSAGES

Adults

Oral: One tablet (10 mg.) or two 5 ml. spoonfuls of syrup (5 mg./5 ml.) three times daily.
I.M.: One ampoule (10 mg.) one to three times daily, depending on the severity of the condition.
I.V.: One ampoule (10 mg.) when required.

Children 5-14 years

2½-5 mg. three times daily.
Reduce dosage if drowsiness occurs.



Maxolon

Maxolon* (metoclopramide) is a product of Beecham Research Laboratories, Brentford, England.

*regd



BIOGASTRONE®

carbenoxolone sodium

Specific healing effect

'Carbenoxolone has a specific effect, facilitating healing of gastric ulcer, and is not merely yet another symptomatic measure'. *Brit med J*, 1965, 2: 1274

Patients remain up and about

'It is the only drug therapy for gastric ulcer which has been demonstrated conclusively to accelerate healing, which can be achieved with patients remaining up and about, often at work, with minimum change in diet'. *Gut*, 1965, 5: 19

**conclusively shown to
heal gastric ulcers**

without bed rest or dietary restrictions

Tablets of 50 mg carbenoxolone sodium.
Please write for full prescribing information.



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rifamide

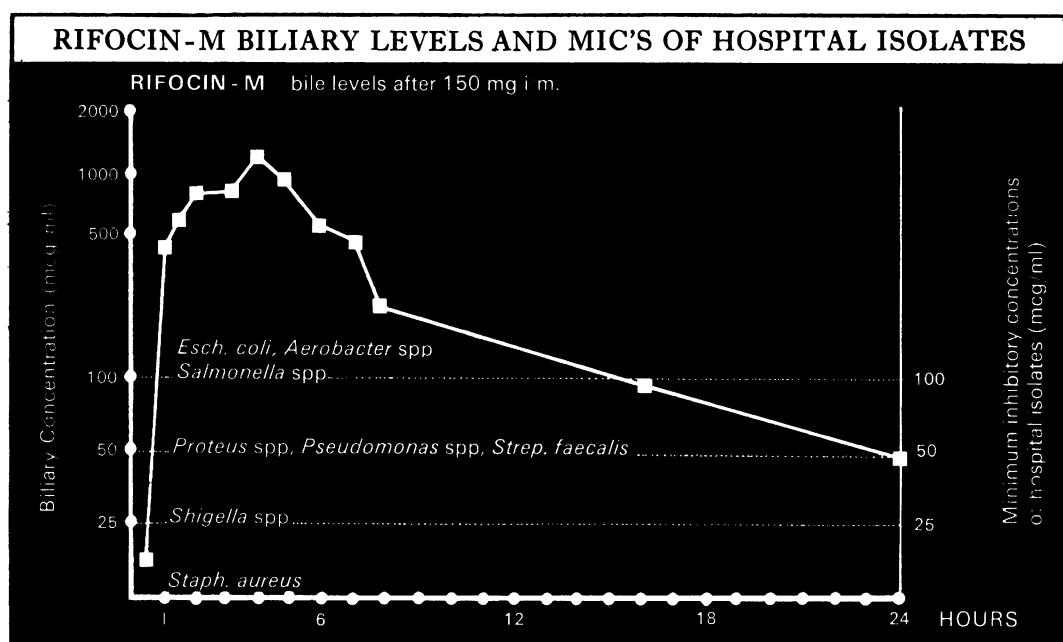
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"A much higher proportion of the organisms found in cholangitis would be expected to be inhibited by this drug than by other antibiotics that achieve effective bile levels . . ."²

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* Active against penicillinase-producing organisms.

* No cross-resistance or cross-allergenicity with other antibiotics has been demonstrated.

* Well tolerated. No toxic reactions have been reported.

* Dose: 150 mg intramuscularly every 8-12 hours.

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References: 1. *Med. J. Aust.*, 1966, 1, 1-7. 2. *Brit. J. Pharmacol.*, 1967, 31, 506-512.

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