

# DUOGASTRONE<sup>®</sup>

## 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

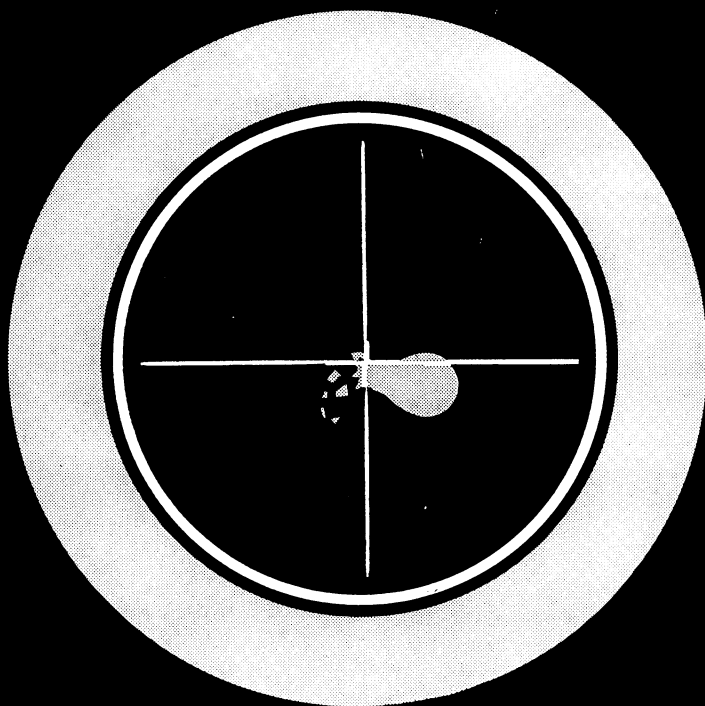


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® Regd. Trade Mark



## NEW PRODUCT ANNOUNCEMENT

# Duphalac ends the laxative era

**Most doctors are reluctant to prescribe laxatives for habitual constipation, because they not only fail to cure the condition, but are likely to perpetuate it by making the patient depend on them. In the words of a current authoritative text book "... it is impossible to re-establish the normal rhythm of defaecation as long as the use of laxatives and enemas is continued!"**

H. L. Gastroenterology W. B. Saunders Co., Philadelphia and London: 2nd Edition (reprinted 1966) Vol. II P.761

Now there is Duphalac – a non-laxative treatment for habitual constipation. Unlike many traditional laxatives, which goad the bowel musculature into fitful action, non-laxative Duphalac has no direct effect either on the smooth muscle or its innervation. Duphalac changes the environment within the colon to achieve normal bowel movement and a softening of the stool.

#### **How does it work?**

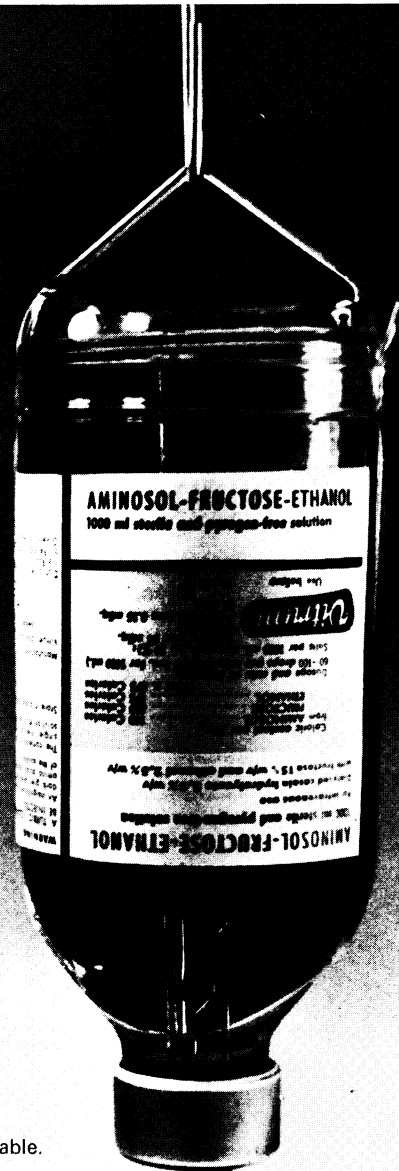
Duphalac is a synthetic disaccharide which is not appreciably absorbed after oral ingestion. It reaches the colon unchanged and serves as a nutrient for saccharolytic bacteria. Their increased activity causes a change of the colonic environment and a lowered pH in the colon. The clinical result is that normal defaecation is restored.

#### **The clinician's verdict**

One double-blind comparison of Duphalac with placebo involved 52 "truly constipated" patients. The success rate was 80% for Duphalac against 33% for placebo. "The difference in success rate is highly significant ( $P < 0.01$ )". The author described Duphalac as "a completely harmless substance" (Gut, 1968, 9:84)

Duphalac is presented as a syrup containing lactulose 50% w/w, lactose 5% w/w, galactose 8% w/w, in bottles of 200 ml. and 2 litres. Further information will be supplied on request.

## Duphalac® non-laxative treatment for habitual constipation



## Back on the bottle...

... but not for long, because *Aminosol* will rapidly restore body protein in conditions where normal feeding is impracticable. Used in conjunction with alcohol and carbohydrate or with Intralipid as a calorie source, *Aminosol* provides complete Parenteral Nutrition.

*Aminosol 10% I/V Casein Hydrolysate.*

*Aminosol Glucose.*

*Aminosol Fructose Ethanol.*

*Intralipid 10% & 20% I/V Fat Emulsion (Soya bean)*

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# GASTRIC ULCER PATIENTS STILL FILLING YOUR BEDS?

For practical purposes conventional inpatient care of a gastric ulcer carries no ultimate advantage over ambulant therapy with carbenoxolone.

The Practitioner, 1969, 202, 402.

## BIOGASTRONE®

carbenoxolone sodium.

### frees beds and liberates the patient

Full information available on request.



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# RIFOCIN<sup>®</sup>-M

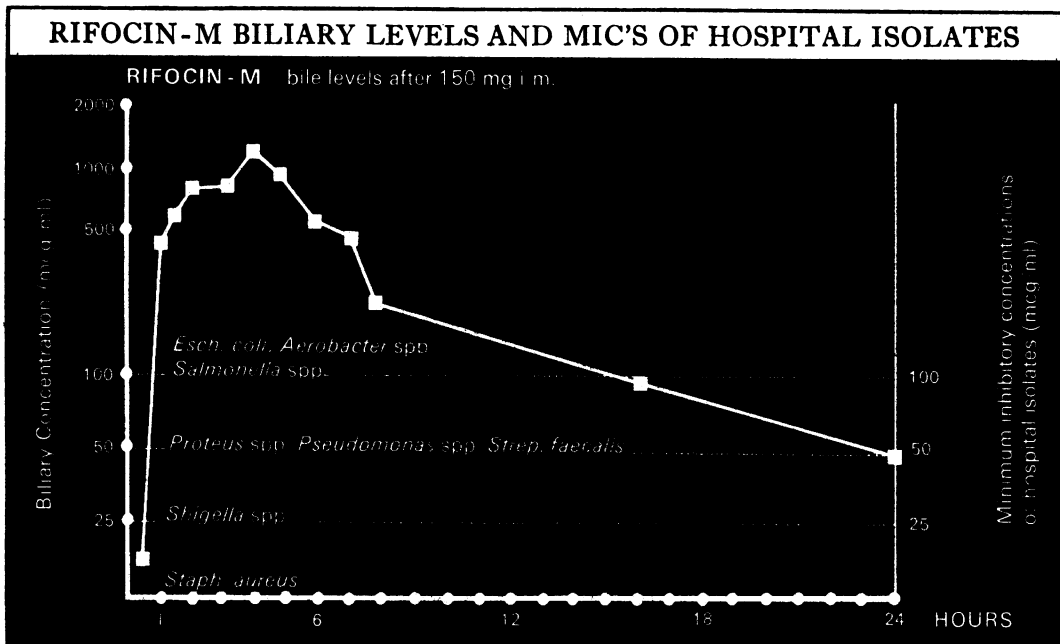
rifamide

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## in BILIARY TRACT INFECTIONS

"... it is unique in its action in acute cholecystitis and other bacterial diseases of the biliary tract, for which it is the only specific antibiotic."<sup>1</sup>

"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..."<sup>2</sup>



- \* 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.

RIFOCIN-M (rifamide) is a member of the RIFAMYCINS—a new group of antibiotics discovered and developed in the Research Laboratories of LEPETIT.

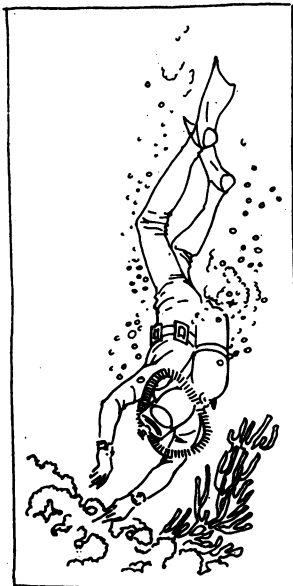
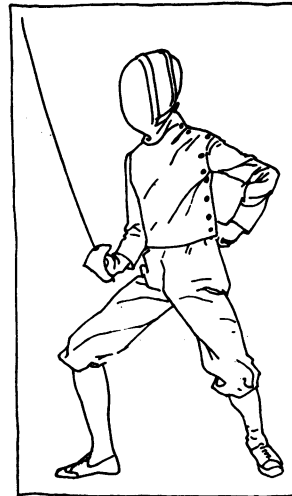
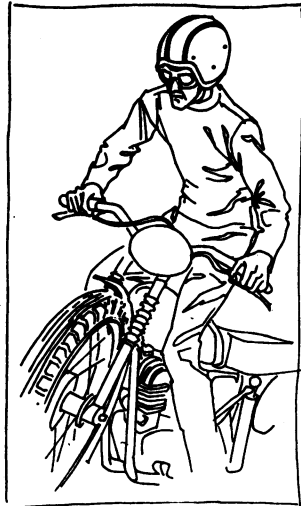
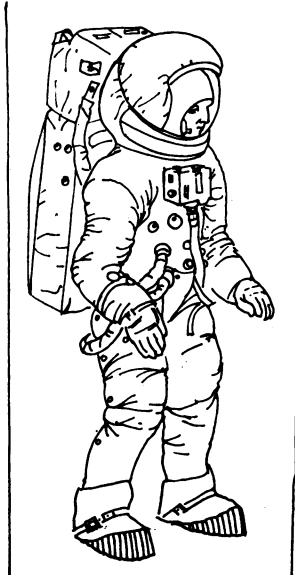
References: 1. *Med. J. Aust.*, 1966, 1, 1-7. 2. *Brit. J. Pharmacol.*, 1967, 31, 506-512.

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## SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY

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