

**Do you want  
to stop his pain...  
..or heal his ulcer?**

**Why not do both at once?**

**DUOGASTRONE<sup>®</sup>**



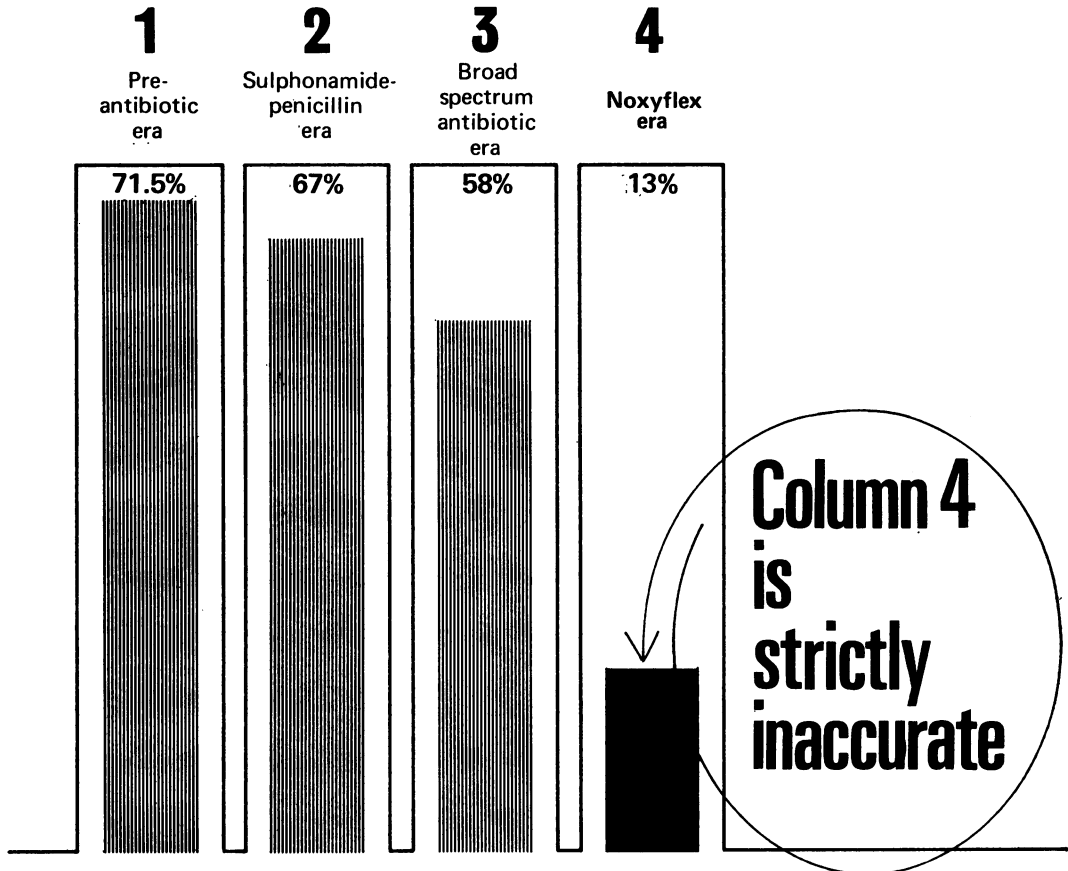
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J.3572

The graph below compares mortality rates due to faecal peritonitis, era by era. It is not pedantically accurate because its sources differ. But the point is fairly made.



Why inaccurate? Because column 4 refers to 23 cases of faecal peritonitis which were treated successfully with Noxyflex. But the \*3 deaths which occurred were due to causes other than peritonitis - as post-mortem revealed. **The mortality rate due to peritonitis can therefore be regarded as zero.**

\* The whole graph, and the causes of the deaths referred to are the subject of the new Noxyflex folder "Why three deaths?" You will receive at least one copy!

**When bacterial contamination of the peritoneum is diagnosed or suspected:**

**Noxyflex**  
Geistlich Chester

256. Noxytloin and 10 mgm. Amethocaine HCl

# ONLY COTAZYM

## has accurately assayed lipase activity

Pancreatic replacement therapy  
can be adjusted to cover the exact amount  
of fat in the patient's diet

**Cotazym** is the only pancreatic extract with known, measurable and constant lipase activity, in addition to adequate measured amounts of trypsin and amylase. It allows simple but accurate estimation of dosage ensuring greater control over dietary intake.

**Each capsule contains:**

lipase sufficient to digest 17g dietary fat  
trypsin sufficient to digest 34g dietary protein  
amylase sufficient to digest 40g dietary starch.

**Indications:**

pancreatic deficiency states including post-gastrectomy malabsorption, fibrocystic disease and gastro-intestinal disorders resulting in steatorrhoea.

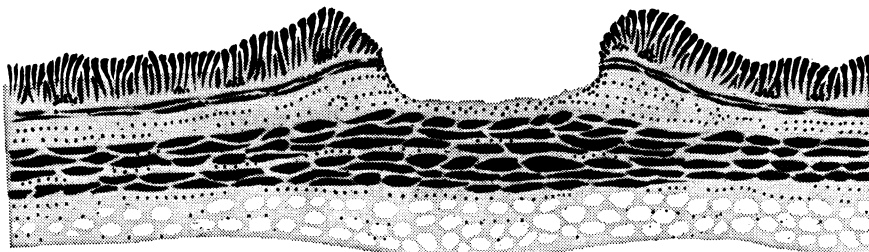
**Dosage:**

dosage is calculated on the fat digesting power of the lipase. 2 to 3 capsules taken with each main meal and one capsule with a snack is sufficient to cover normal daily fat intake. The contents of the capsule should be sprinkled over the food.

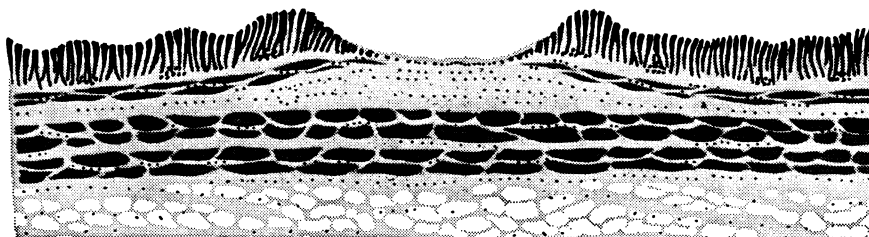


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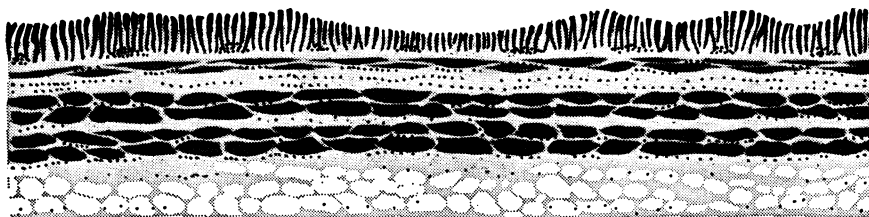
# Gefarnil and gastric ulcers



**0-15 days:** Remission of symptoms occurs.



**15-30 days:** Ulcers are no longer detectable radiographically, but may be evident endoscopically.



**30-60 days:** Ulcers are no longer detectable endoscopically.

## EVIDENCE

At the 4th International Congress of Gastroenterology a British multi-centre, double-blind clinical trial\* indicated that Gefarnil is a useful healing agent in gastric ulcers.

23 patients were studied, 12 receiving Gefarnil and 11 a placebo. All patients remained ambulant, but were instructed to avoid fried foods. They received antacids as necessary. All patients in the Gefarnil group showed a reduction in ulcer size.

# Gefarnil

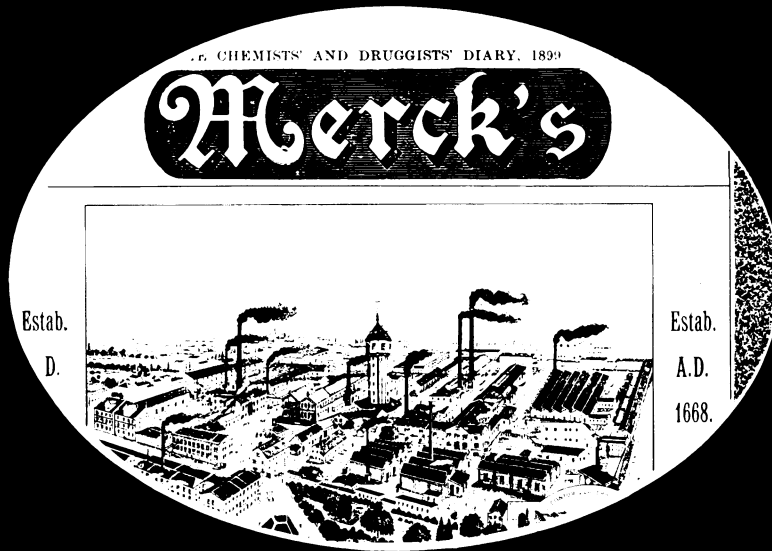
**60 DAYS' TREATMENT — THE RELIEF OF A LIFETIME**

*Full information available on request*

\*4th International Congress of Gastroenterology, Copenhagen, July, 1970.

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# Digestion

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