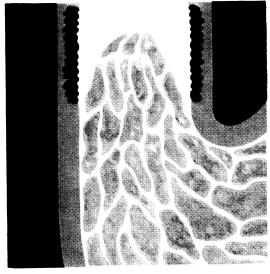
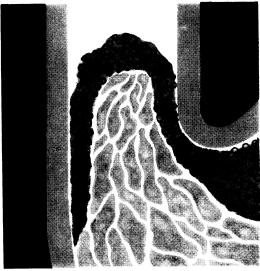
I Gut February 1973

## GASTRIC REFLUX GAVISCON REFLUX





## causes heartburn

Reflux of gastric acid, which inflames and eventually erodes the delicate oesophageal mucosa, frequently gives rise to burning chest pain—described by the patient as 'heartburn'—a symptom which heralds more serious trouble unless it is dealt with promptly and thoroughly.

## prevents heartbu

1 By forming a viscous demulcent gel which floats as a 'raft' over the stomach contents Gaviscon physically suppresses gastric reflux.

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3 By thus soothing and protecting the delicate mucosa Gaviscon prevents pain, permits regression of inflammation and allows the irritated cardiac 'sphincter' to resume its normal competence.

4 A double-blind trial in patients with sliding hiatus hernia showed that Gaviscon produced almost total relief of regurgitation and heartburn in 79% and 67% of the patients respectively.\*





## **Heartburn in:**

Gastric reflux Reflux oesophagitis Hiatus hernia Pregnancy



## GAVISCON GASTRIC REFLUX SUPPRESSANT

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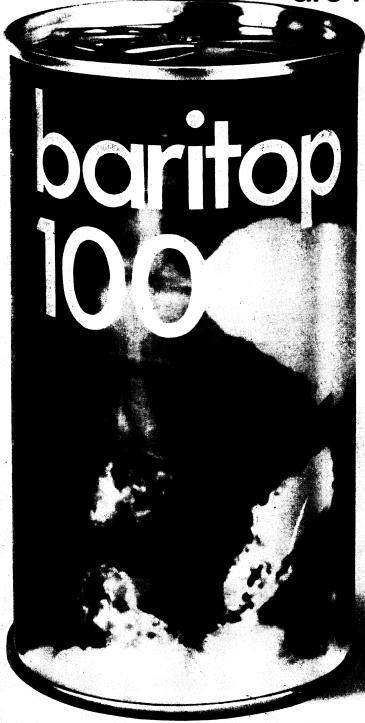
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## The single solution

for parenteral nutrition



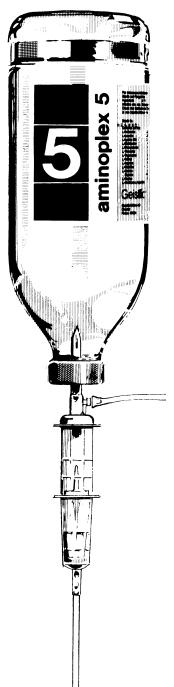
1 litre three times per day provides 15g. of utilisable nitrogen and 3000K calories; the nutrient content being derived from synthetic L-Form amino acids, sorbitol and alcohol.

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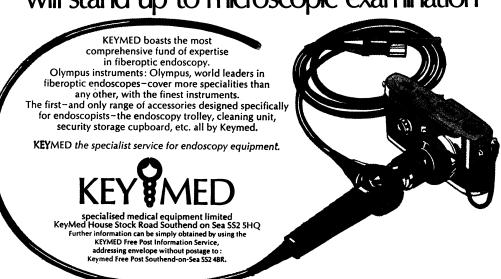


Gut February 1973

Endoscopic Divisions of Human Body and Applicable Olympus Endoscopic Instruments Retinal Camera Model PRC Naso-Pharyngeal Model NPF Vocal Chords Fiberscope Model VF Gastrocamera with Angulation Mechanism Model GT type PA Gastrocamera with Double Angulation Mechanism Model GT type W Bronchofiberscopes Models BF type 5B, BF type 4B & BF type 3A Gastrocamera with Integral Fiberscope for Cytology Model GTF type C Rigid Bronchoscopes Model BS 6D-S Bronchofiberscope for **Biopsy Model BF type 5B2** Gastrocamera with Integral Fiberscope Model GTF type S Esophagofiberscope Model EF type B Gastrofiberscope for Biopsy Model GFB Duodenofiberscope Pyeloureteroscope Model JF type B Model KF Gastrofiberscope for Biopsy Models GF type B & GF type BK (Also Paediatric) Choledochofiberscopes Model CHF type B Gastrointestinal Fiberscope Model GIF type D (Also Paediatric) Colonofiberscopes Models CF type MB & CF type LB

## Any section of our endoscopy service will stand up to microscopic examination

(Also Paediatric)



## CAVED ~ S TABLETS

## **SOME TRIAL SUMMARIES**

## GUT 1968-9 48-51

SUMMARY

In a double blind clinical trial in which 54 patients\* were included, the effect of deglycyrrhizinated liquorice was investigated. Duodenal ulcer cases showed marked symptomatic improvement, with radiological healing demonstrable in a few cases.

\*48 Duodenal ulcer patients: 6 gastric ulcer patients.

Further confirmation of the activity of the drug was obtained from the treatment of six cases of gastric ulcer all of which showed extensive healing. Radiology demonstrated that the effect of the drug was spasmolytic in all duodenal ulcer patients, and that the side-effects were minimal. The great advantage of the treatment is that patients can be treated as ambulant and with a minimum loss of work.

## **GUT 1971-72 449-451**

SUMMARY

In our study no significant differences were found between the placebo and the treated groups.

The differences between the reported results are not easy to explain. Crossover trials in patients with duodenal ulcer are not easy to evaluate. In particular, it is not clear how after one month of reportedly successful therapy with complete relief of symptoms another drug (placebo) can be evaluated using clinical criteria. Even if the placebo is used first, the attack may be expected to subside within a month in part of the group.

In view of the conflicting reports more studies will have to be performed before a therapeutic effect can be attributed to deglycyrrhizinated liquorice in patients with duodenal ulcer.

It is not clear whether our results reflect on the efficacy of liquorice extract after the removal of carbenoxolone or merely on its efficacy in duodenal as contrasted to gastric ulcer. In common with others we found no side effects attributable to treatment with deglycyrrhizinated liquorice.

## **GUT 10 299-302 1969**

SUMMARY

In a double-blind clinical trial of deglycyrrhizinized liquorice 16 patients with gastric ulcer received the active drug for four weeks in a dose of 760 mg thrice daily and 17 the placebo. All patients, except four from each group who remained ambulant, were treated as outpatients. The results of the trial were assessed by the change in the size of the ulcer crater on barium meal before and after treatment.

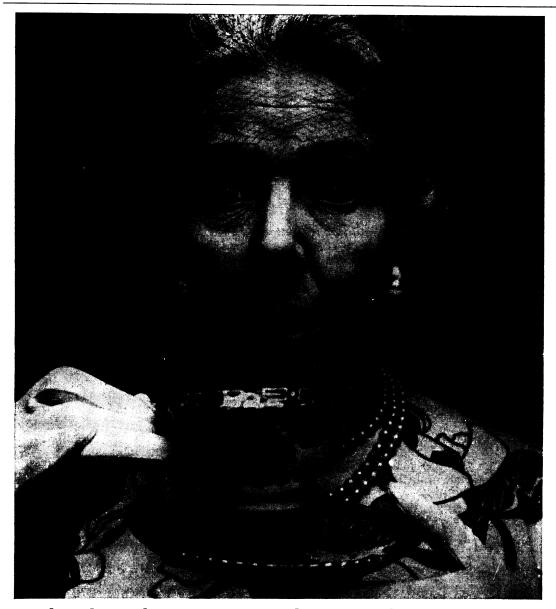
Of the patients given the active drug, on average the size of the ulcer niche was reduced by 78%; in six patients (44%) the crater disappeared radiologically. In contrast the average reduction in size of the ulcer niche of the placebo group was 34% and in only one (6%) did the ulcer disappear. The difference in the reduction in ulcer size in favour of the treated group compared with the control group is statistically significant (P<0.001). None of the patients developed oedema and there was no excessive weight gain.

A pilot trial using Caved-(S) in a dose containing 760 mg of deglycyrrhizinized liquorice thrice daily for one month showed no toxic effects on fluid and electrolyte balance in 10 patients.

Protective Action of Deglycyrrhizinized Liquorice on the Occurrence of Stomach Ulcers in Pylorus-Ligated Rats. Scand. J. Gastroent., 6, 683-686.

The effect of graded doses of a deglycyrrhizinized liquorice extract (d.Li.) was studied on the frequency of stomach ulcers and the secretion of gastric juice in pylorus-ligated rats. 25-50 mg of d.Li. given intraperitoneally reduced considerably the number of ulcers in comparison with the control group of rats without any significant changes in gastric secretion. Higher doses—100-200 mg—gave complete protection against the development of gastric ulcers and also reduced the output of gastric juice. The results give strong support for the existence of an ulcer-protecting principle in the d.Li.

Key-words: Gastric secretion; gastric ulcers; liquorice; pylorus-ligated rats. Dept. of Pharmacology, Karolinska institutet, S-104 01 Stockholm 60, Sweden. Gut February 1973 VII



## Flatulent dyspepsia. And not for the first time.

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duodenal motility, and clinical experience confirms that 4 out of 5 patients with dyspeptic symptoms benefit from treatment with Maxolon.

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... lactulose is free from significant side effects, and therefore falls into place as a valuable alternative to antibiotics when prolonged therapy is required". · Gut,1970,11:1043-1048

## The following work on Duphalac in portal systemic encephalopathy has been published:

Treatment of chronic portal-systemic encephalopathy with lactulose Lancet, 1966, 1:890-892

Portal-systemic encephalopathy treated with lactulose (letter) Lancet, 1966, 2: 281

Treatment of hepatic system encephalopathy with lactulose Medical Journal of Australia, 1968, 2:160-163

Treatment of portacaval encephalopathy by lactulose Presse medicale, 1968, 76: 1675-1676

Cirrhosis, hyperammonaemia and lactulose Tijdschrift voor Gastro-Enterologie, 1968, 11: 123-139

Lactulose in the treatment of chronic portal-systemic encephalopathy: a double-blind clinical trial New England Journal of Medicine, 1969, 281: 408-412

Long-term treatment of portal-systemic encephalopathy with lactulose

Australasian Annals of Medicine, 1969, 18: 117-123

Die Behandlungen des chronischen Coma hepaticum mit Laktulose

Therapeutische Umschau und medizinische Bibliographie, 1969, 26: 275-277

Lactulose treatment of chronic hepatoportal encephalopathy: a clinical and electroencephalographic study

Acta medica Scandinavica, 1970, 187: 337-346

The value of EEG frequency analysis in hepatic encephalopathy

J. Ryl. Coll. Surg. Edinb., 1970, 15: 151-157

Some observations on the effects of treatment with lactulose on patients with chronic hepatic encephalopathy Quarterly Journal of Medicine, 1970, 39: 245-263

A controlled clinical trial of lactulose in hepatic encephalopathy

Gastroenterology, 1970, 59: 827-832

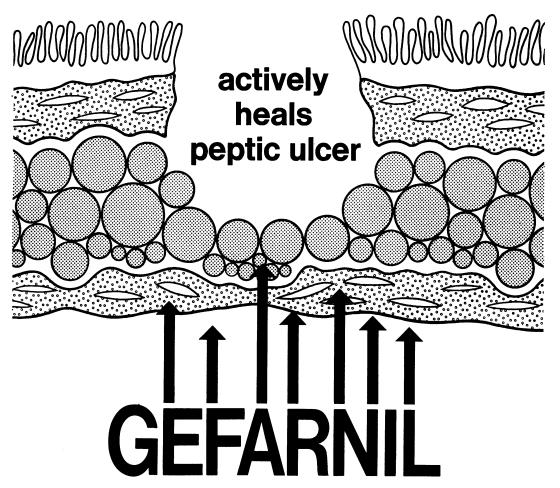
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Gut February 1973 XI



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Volume 7, No. 8, 1972

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## Issued 30 November 1972

THE SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY publishes original papers in gastroenterology and pertinent fields of nutrition. Each issue contains about 100 pages; eight issues form one annual volume. Supplements are supplied free of charge to subscribers. The subscription price, including postage, is N. kr. 220.-(U.S. \$36.-) payable in advance.

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Manuscripts should be addressed to the managing editor. The Scandinavian Journal of Gastroenterology has no objection to the reproduction of short passages and illustrations from this journal without further formality than acknowledgement of the source.

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Publishers
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