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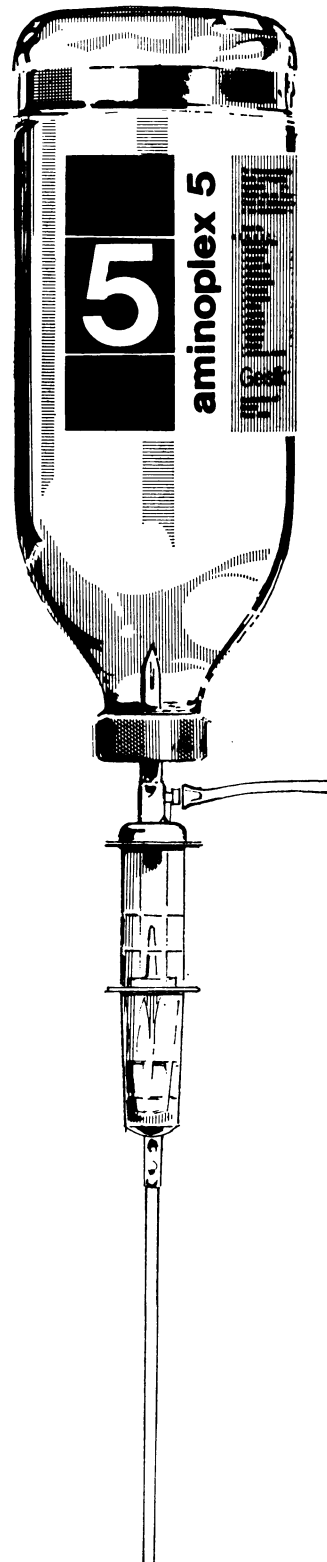
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Endoscopy confirms that De-Nol heals ulcers

Double-blind clinical trials, involving endoscopic diagnosis, follow-up and assessment, have shown De-Nol to heal up to 90% of gastric and duodenal ulcers, with safety; no serious side-effects being reported.

De-Nol * heals gastric and duodenal ulcers
* early relief of pain
* is free from serious side-effects

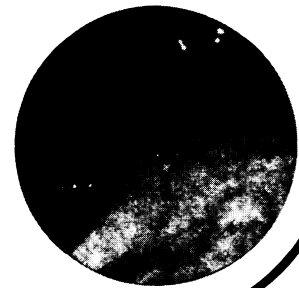
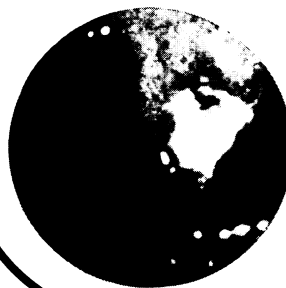
"The combination of lack of side-effects in addition to promotion of ulcer healing suggests that (De-Nol) has a clinical role in the management of the ambulant patient with duodenal ulcer." GUT 1974 15 189-193.

"The degree of healing with (De-Nol) is comparable to, or better than that achieved by the most extensively used ulcer-healing agent, carbenoxolone sodium." BSG, Birmingham, September 1974; GUT 1974 15 833.

De-Nol

tri-potassium di-citrate bismuthate

Unique ulcer therapy



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"I Bring Peace"¹-73

"It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects".¹

The results of the above controlled trial carried out at the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford are all the more welcome as earlier trials of cortisone² and prednisone³ at standard dosages have shown them to be ineffective in reducing the number of recurrences of ulcerative colitis.

"Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority of patients

with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped".⁴

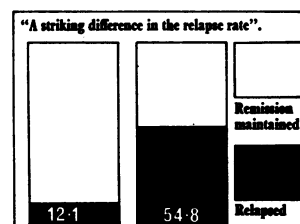
Salazopyrin (sulphasalazine) is available as the plain 0.5g. tablet, 0.5g. EN-tab and as an 0.5g. suppository. Literature and detailed information on Salazopyrin are available on request.

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Salazopyrin

- to be continued indefinitely

Further information on request from:-
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"The patients who received dummy tablets had more than four times the relapse rate of those receiving sulphasalazine".¹ (Salazopyrin). Both groups of patients had been satisfactorily maintained for 1-5 years on Salazopyrin prior to the study, in which they took Salazopyrin or placebo for 6 months.

References

1. Gut (1973) 14 923-926
2. Brit. med. J. (1959) 1 387-394
3. Lancet (1965) 1 188-189
4. General Practitioner (1972) April 7 p 11



Fybogel

the new therapeutic solution for the treatment of pressure diseases of the large bowel

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IRRITABLE/SPASTIC COLON
HAEMORRHOIDS
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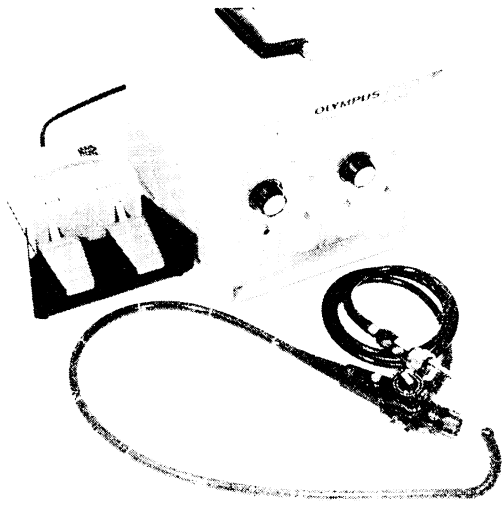
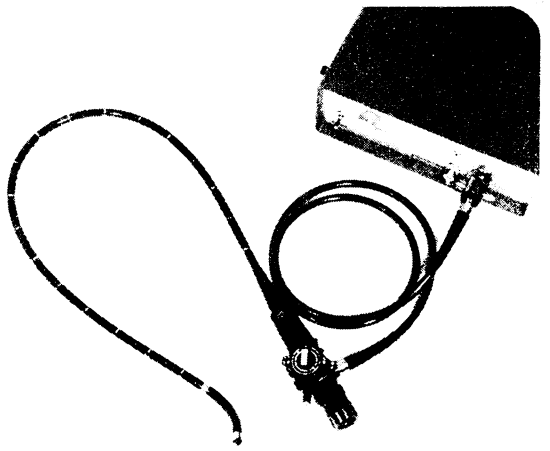
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Q

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A

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The Practitioner

June 1973 Vol. 210 pp. 820-823

* This dosage regimen was established in a recent trial of Caved-S on patients all with intractable duodenal ulcer and a history of more than six relapses in the year prior to the trial. Of twenty patients receiving 12 Caved-S tablets a day for 16 weeks, 12 had no relapse in a full year's follow-up, and the other 8 had two or one relapse in the follow-up year. All these patients had actually been referred for surgery, but surgery was avoided in all cases. Another similar group of 20 patients received 8 Caved-S tablets a day for 8 weeks - the condition of patients selected was too serious for controls with a placebo. Of this second group 3 had no relapse, 7 up to two relapses, and 10 up to 4 relapses in a year's follow-up.

No significant side effects occurred. Only one patient discontinued treatment, and he later resumed treatment successfully.

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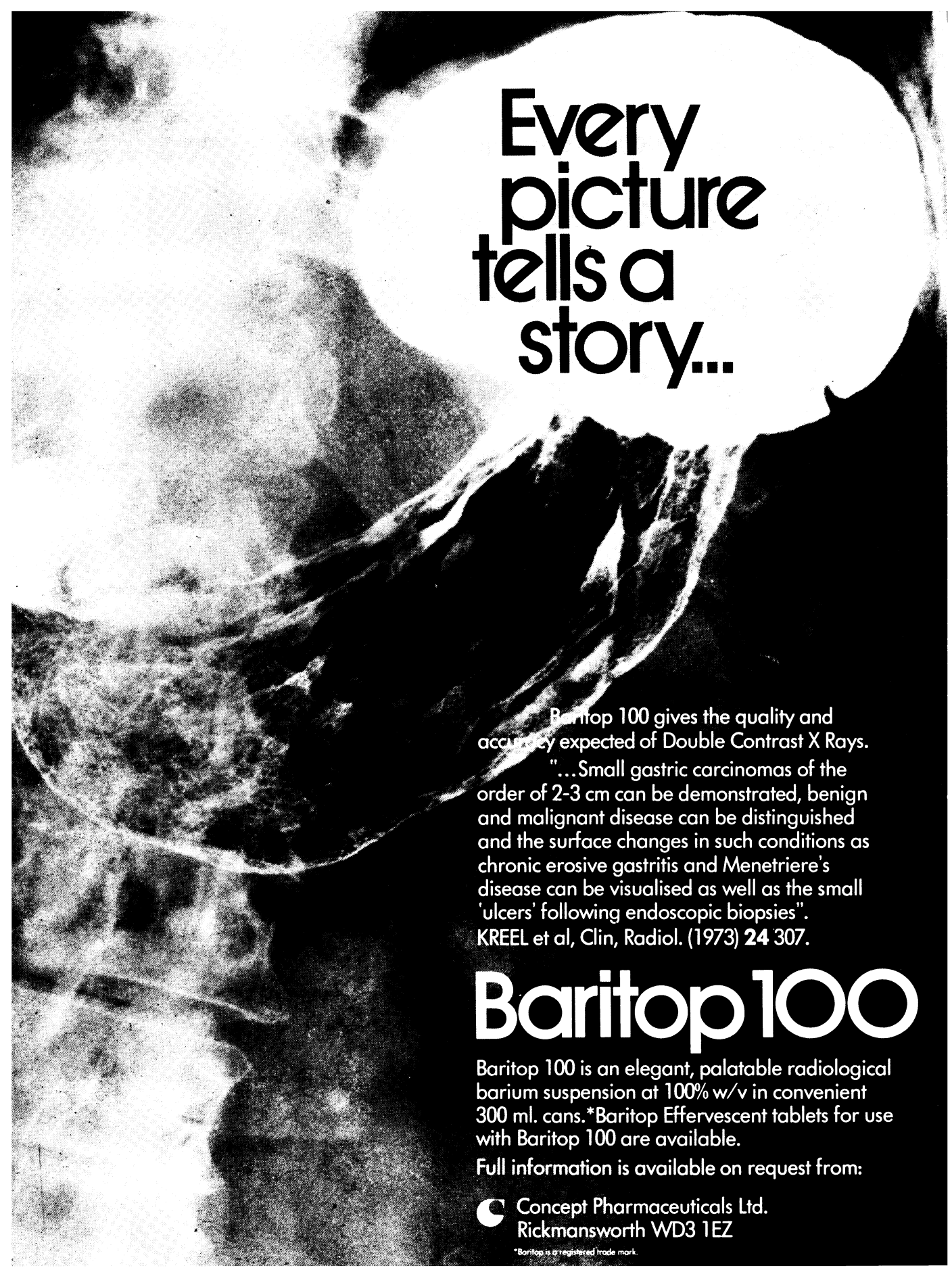
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KREEL et al, Clin, Radiol. (1973) **24** 307.

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*Lancet (1974), i, 109. Fig. continuous recording of lower oesophageal pH before and after treatment with Gaviscon.

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Histocompatibility and Rheumatic Disease

The Proceedings of a Symposium organized
by the Royal College of Physicians

Edited by Derrick A. Brewerton

Supplement 1. Vol. 34. 1975

Speakers and Additional Discussants

Ankylosing spondylitis and HL-A 27 *D. C. G. James*

Identification of HL-A antigens by serological criteria *J. R. Batchelor*

Mixed lymphocyte reaction stimulating antigens, their detection and relation to diseases, and other markers of the major histocompatibility system *H. Festenstein and J. Pena-Martinez*

The HL-A system and its association with immune response and disease *W. F. Bodmer*

Disease predisposition, immune responsiveness, and the fine structure of the HL-A supergene. A need for reappraisals *J. J. van Rood, J. P. van Hooff and J. J. Keuning*

Family studies indicating genetic factors in rheumatic disease *V. Wright*
Reiter's disease and HL-A 27 *A. Nicholls*

HL-A 27 in reactive arthritis following infection *K. Aho, P. Ahvonen, P. Alkio, A. Lassus, E. Sairanen, K. Sievers, and A. Tiilikainen*

HL-A 27 and the spondylitis of chronic inflammatory bowel disease and psoriasis *R. Bluestone, R. I. Morris, A. L. Metzger and P. I. Terasaki*

HL-A 27 and acute anterior uveitis *D. A. Brewerton*

HL-A antigens in juvenile chronic polyarthritis (Still's disease) *A. Hall, B. M. Ansell, D. C. O. James and P. Zyliński*

Family studies on ankylosing spondylitis *R. D. Sturrock, H. M. Dick, N. Henderson and W. C. Dick*

Family studies *J. C. Woodrow*

Aberrant immunity in W27-positive rheumatic disease *R. Bluestone, L. S. Goldberg, R. H. Weisbart, R. I. Morris and E. J. Holborow*

Lymphocyte function in ankylosing spondylitis *B. Nikbin, D. A. Brewerton, N. Byrom, D. C. O. James, S. Malka, L. McLeod,*

L. Slater, R. E. Warren and J. R. Hobbs

Brief Clinical Reports

HL-A 27 and ankylosing spondylitis. A family study *J. M. J. P. van der Linden, A. Cats, J. J. Keuning, J. J. van Rood, and J. H. C. Wuisman*

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Digestion

International Journal of Gastroenterology

Contents Vol. 11, No. 3-4, 1974

<i>Fölsch, U.R.; Winckler, K., and Wormsley, K.G.</i> (Göttingen/Dundee): Effect of a Soybean Diet on Enzyme Content and Ultrastructure of the Rat Exocrine Pancreas	161
<i>Tiscornia, O.; Palasciano, G., and Sarles, H.</i> (Marseille): Effects of Chronic Ethanol Administration on Canine Exocrine Pancreatic Secretion. Further Studies	172
<i>Jordö, L.; Olsson, R., and Scherstén, T.</i> (Göteborg): Effects of Long-Term Administration of Different Alcoholic Beverages to Rats on Liver Lipid Metabolism and Bile Acid Conjugation	183
<i>Rommel, K. and Böhmer, R.</i> (Ulm): Influence of Secretin and Cholecystokinin on Maltase, Sucrase and Lactase in the Jejunum of the Rat	194
<i>Robert, A.; Nezamis, J.E.; Lancaster, C., and Badalamenti, J.N.</i> (Kalamazoo, Mich.): Cysteamine-Induced Duodenal Ulcers: A New Model to Test Antiulcer Agents	199
<i>Vagne, M. and Perret, G.</i> (Lyon): Interaction of Secretin and Carbaminolcholine on Gastric Secretion in Cats	215
<i>Moore, J.G. and Wolfe, M.</i> (Salt Lake City, Utah): Circadian Plasma Gastrin Patterns in Feeding and Fasting Man	226
<i>Mazzacca, G.; Budillon, G.; De Marco, F., and De Ritis, F.</i> (Naples): Serum Gastrin in Patients with Cirrhosis of the Liver	232
<i>Morishita, R.; Fujii, M.; Yamamoto, T.; Wakisaka, G.; Matsumoto, Y., and Ono, H.</i> (Kyoto): Effect of Pancreatin on Vitamin B ₁₂ Malabsorption in Patients with Total Pancreatectomy	240
<i>Nagaratnam, N.; Silva, D.P.K.M. de, and Silva, S.P. de:</i> Active Chronic Hepatitis in Sri Lanka Patients	249
<i>Resnick, R.H.; Boitnott, J.; Iber, F.L.; Makopour, H., and Cerda, J.J.</i> (Boston, Mass./Baltimore, Md./Gainesville, Fla.): Preliminary Observations of <i>d</i> -Penicillamine Therapy in Acute Alcoholic Liver Disease	257
<i>Pansu, D.; Berard, A.; Dechelette, M.A., and Lambert, R.</i> (Lyon): Influence of Secretin and Pentagstrin on the Circadian Rhythm of Cell Proliferation in the Intestinal Mucosa in Rats	266
<i>Johnston, D.</i> (Leeds): Physiological and Clinical Significance of Highly Selective Vagotomy without a Drainage Procedure	275



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