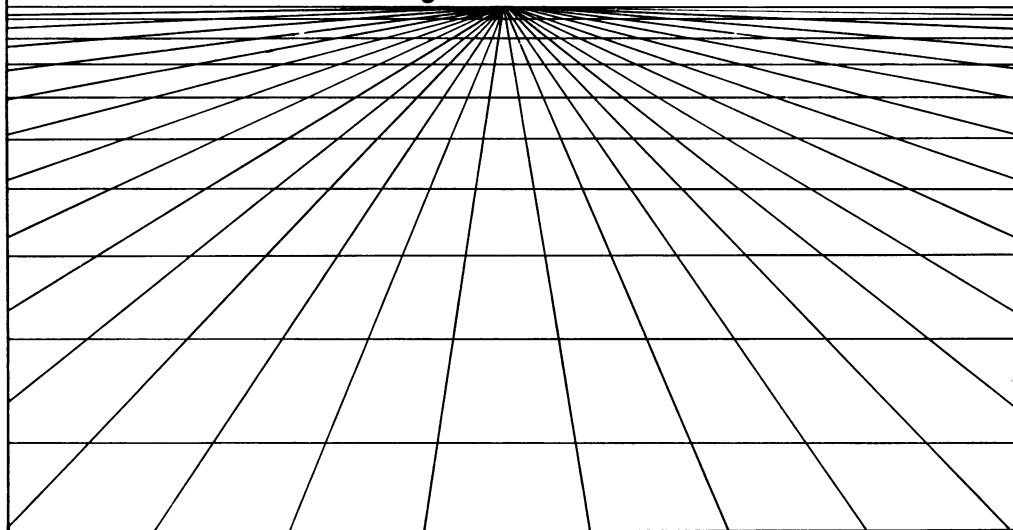


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**"It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects."<sup>1</sup>**

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 cortisone<sup>2</sup> and prednisone<sup>3</sup> at standard dosages have shown them to be ineffective in reducing the number of recurrences of ulcerative colitis.

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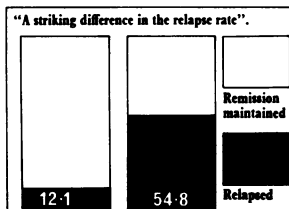
of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped".<sup>4</sup>

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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.

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 p11

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1. *J Am Med Assoc*, 230, 1166, 1973.
  2. *Ann NY Acad Sci*, 240, 1973.
  3. *Antonie van Leeuwenhoek*, 7, 61, 1973.
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  15. *Proc 1st Regional Conference on Antibiotic Chemotherapy*, 1975.
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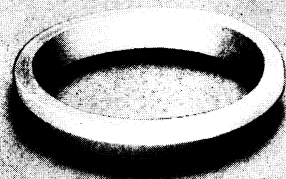


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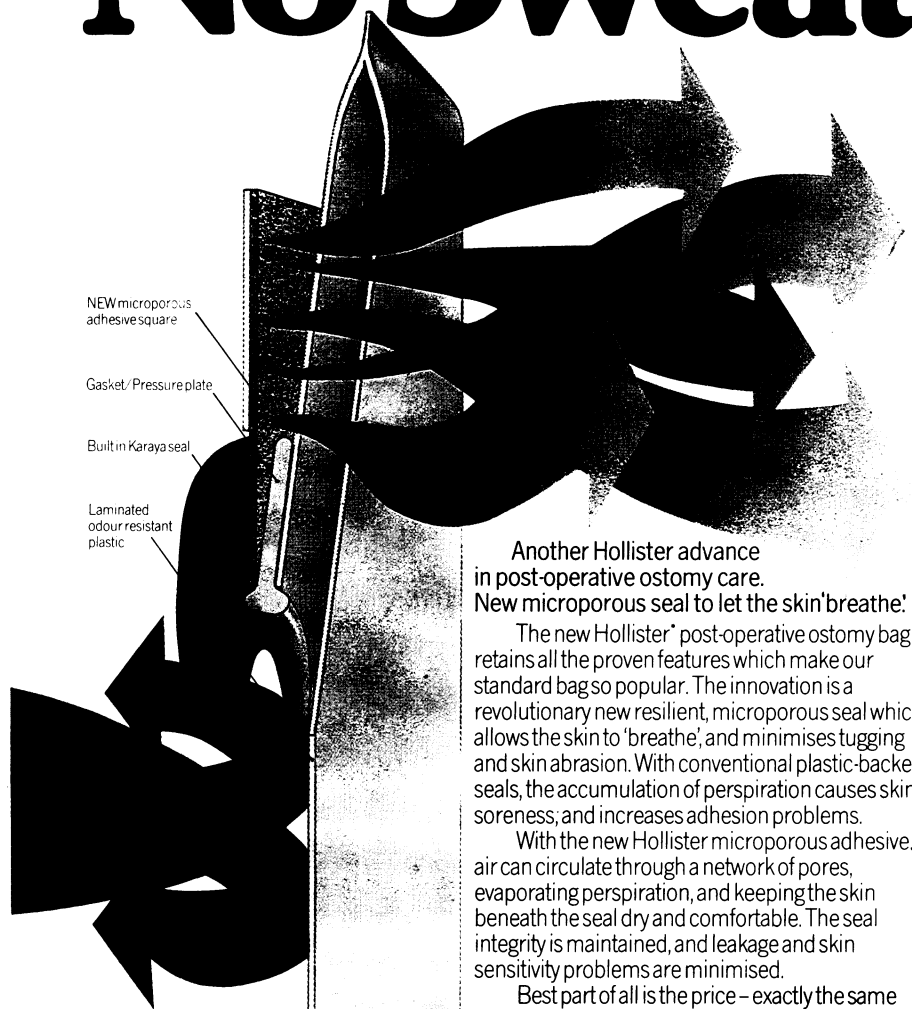
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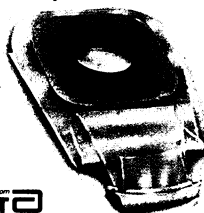
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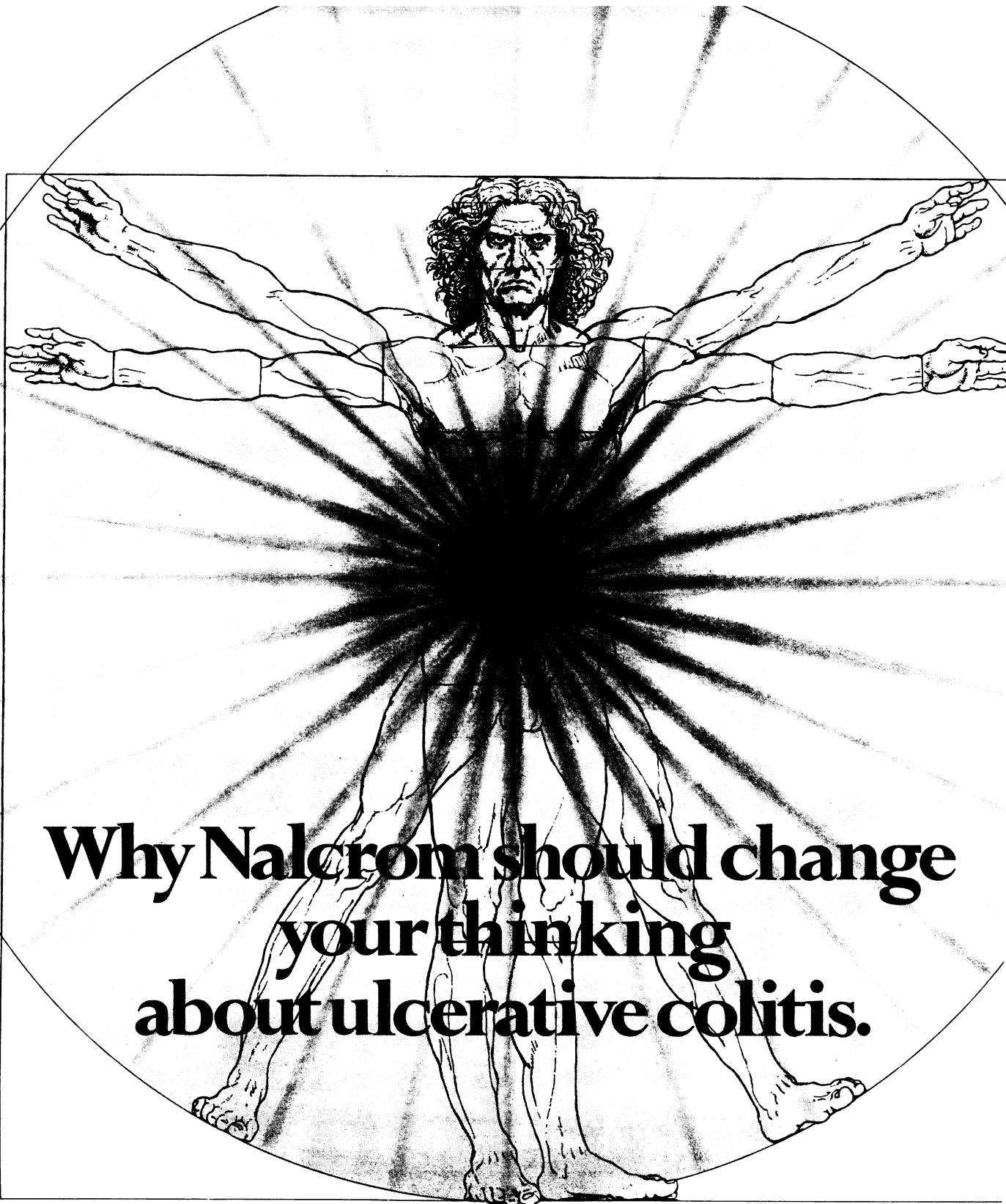


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**USES:** As an adjuvant in the treatment of ulcerative colitis, proctitis and proctocolitis. Sodium cromoglycate is considered to exert a stabilising effect upon mast cells capable of releasing mediators, thus preventing the local inflammatory reaction in the gastrointestinal tract.

**DOSAGE AND ADMINISTRATION:** **Dosage** Adults: Two capsules four times daily. Children: From 2-14 years: one capsule four times daily. Nalcrom should not be used for children under two years.

**Maintenance dosage** To prevent relapses dosage should be maintained indefinitely at two capsules four times daily in adults and one capsule four times daily in children.

**Administration** The capsules may be swallowed whole or alternatively the powder contents may be dissolved in 20-30ml of water and swallowed.

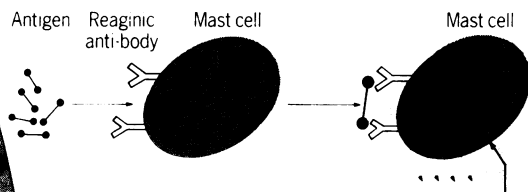


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And it could mean freedom from side effects often associated with the limited number of treatments now available.

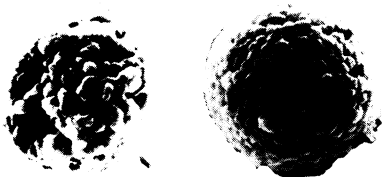
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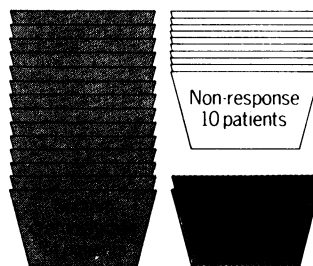
It is a potent inhibitor of mast cell degranulation. It prevents the release of inflammatory agents into sub-mucosal tissues in the lung, nose and other organs. So it stops symptoms before they start. And over ten years of clinical use it has proved it to be a very effective drug with remarkably few serious side-effects. Now it offers hope as a new treatment for ulcerative colitis.



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**References** 1. Heatley, R.V. et al, 1975, "Gut," **16**, 559 2. Mani, V. et al, 1976, "Lancet," **1**, 439 3. Mani, V. et al, 1977, "Gastro-enterology," **72**, 1093.

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**CONTRA-INDICATIONS, WARNINGS, ETC:** **Contra-indications** There are no specific contra-indications. The safety of Nalcrom during pregnancy has not yet been established.

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**Overdosage** As Nalcrom is absorbed only to a very limited extent, no action other than medical observation should be necessary.

**PHARMACEUTICAL PRECAUTIONS:** Store in a dry place. Reclose the container tightly after use.

**LEGAL CATEGORY:** P.O.M.

**PACKAGE QUANTITIES:** Containers of 100 capsules.

**FURTHER INFORMATION:** 1. Nalcrom may be used in conjunction with steroid therapy and sulphasalazine in the treatment of acute relapses of proctocolitis and in maintaining remissions.

2. If steroid therapy is to be reduced or withdrawn this should be done cautiously.

3. Nalcrom may be used in patients with a history of hypersensitivity to or intolerance of sulphasalazine.

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1. Gut, (1969), 10, 678-680    2. Postgrad. med. J., (1973), 49, (Suppl), 29.  
3. Gut, (1974), 15, 462-467    4. Brit. med. J., (1971), 2, 25



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### References

1. Oral cimetidine in severe duodenal ulceration, (1977) *Lancet*, i, 4.
2. Data on file (March 1977), Smith Kline & French.
3. The effect of cimetidine on duodenal ulceration. (1977). The Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists. *Excerpta Medica*, p.260.
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5. Cimetidine in the treatment of oesophagitis. (1977) *ibid.* p.297.
6. Healing of gastric ulcer during treatment with cimetidine. (1976) *Lancet*, i, 337.
7. Long-term treatment with cimetidine in duodenal ulceration (1977) *Lancet*, i, 900.

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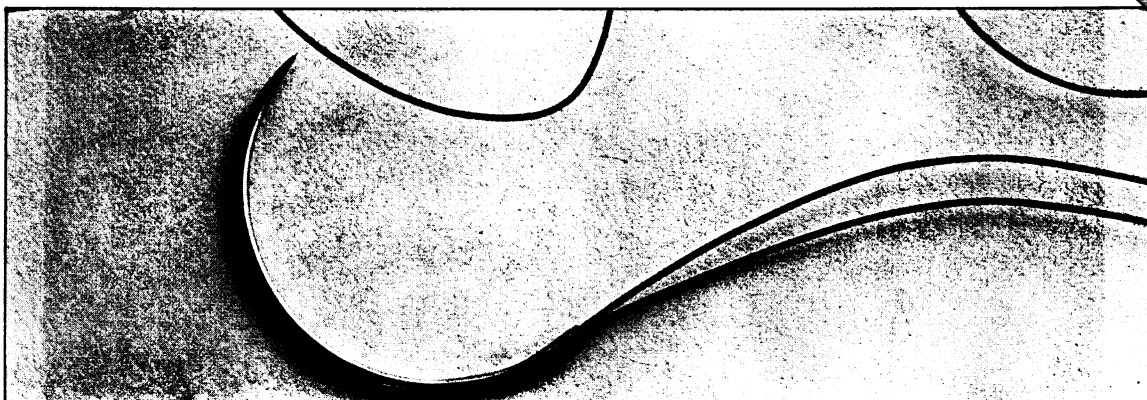
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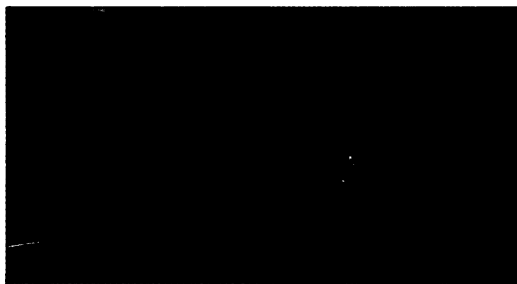


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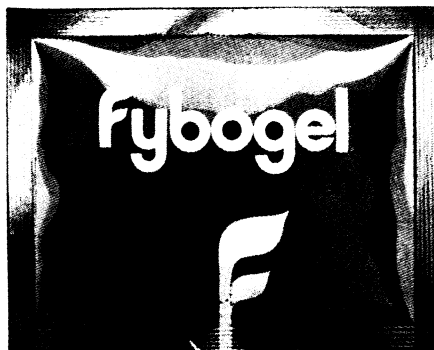
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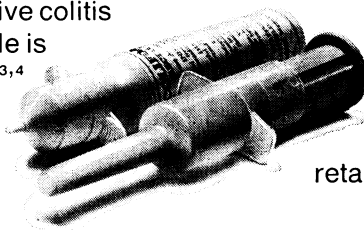


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1. Practitioner, Accepted for publication 2. Rosser, R.G. Treatment of Proctosigmoiditis Scientific Exhibit presented at 121st Annual Convention of the American Medical Association, June 1972 3. Kratzer, G.L. (1970) *Amer.J.clin.Res.* 1, 111 4. Scherl, N.D. and Scherl, B.A. (1973) *Dis.colon.Rectum.* Mar/Apr.

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**Edited by R. N. Maini and E. J. Holborow**

A supplement to the Annals of Rheumatic Diseases based on workshops to promote wider knowledge of laboratory methods available for measuring circulating immune complexes and anti-DNA antibodies has recently been published.

The supplement is in two parts. 15 methods for detecting soluble immune complexes are described in Section A, including the following: detection by electron microscopy, ultracentrifugation, anti-complementary activity, <sup>125</sup>I-Clq binding activity, binding to Clq-coated tubes, inhibition of complement dependent rosette formation, polyethylene glycol fractionation, rheumatoid factors and Clq precipitation, C3 activity associated with macromolecules, inhibition of agglutination of IgG-coated particles by rheumatoid factor or Clq, cryoprecipitation, radio-bioassay using macrophages, platelet aggregation and inhibition of antibody-mediated lymphocyte cytotoxicity. Authors include: Almeida, Stanworth, Mowbray, Lambert, Hayward, Hay, Zubler, Winchester, Williams, Masson, Cream, Holborow, Penttinen, Panayi and Soothill.

Section B is divided into three parts. The first contains the details and evaluation of a joint experiment for the detection of anti-DNA antibodies conducted by 12 laboratories in Europe and USA on a panel of 8 sera. The following laboratories were represented: Aarden (Amsterdam), Barnett (Los Angeles), Federlin (W. Germany), Hughes (London), Johnson (Taplow), Lambert (Geneva), Maini (London), Schur (Boston), Steward (London), Stollar (Boston), Tan (La Jolla), Talal (San Francisco). In the second part the methods used by the participants are described. In the third Dr. Barnett, who has a long association with this field, presents a personal view on the present state and future developments in the clinical application of tests for anti-DNA antibodies.

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