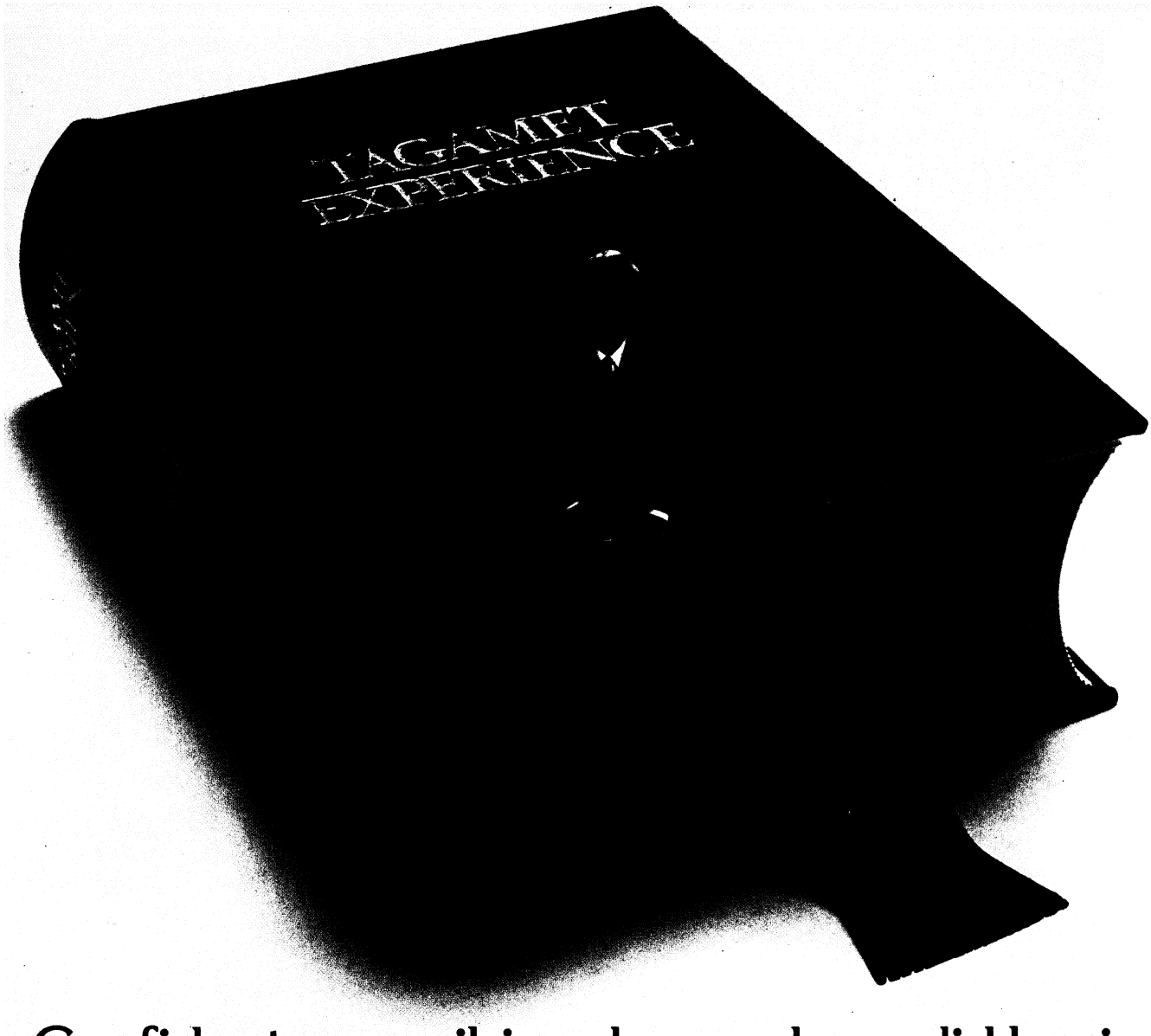


Confident prescribing demands a solid basis

Your decision to prescribe 'Tagamet' is supported by more than just highly effective therapy. Since its introduction in 1976 'Tagamet' has generated more experience than most other standard therapies.

Your patient is probably not concerned that he is just one of an estimated 15,000,000 who have now been treated with 'Tagamet' worldwide; that the use of 'Tagamet' is being systematically monitored on a scale probably larger than that of any other drug; nor that nearly 4,000 publications reflect the status of 'Tagamet' as one of the most widely studied drugs in medical history.

All of these facts determine your confidence when you decide to prescribe 'Tagamet'.

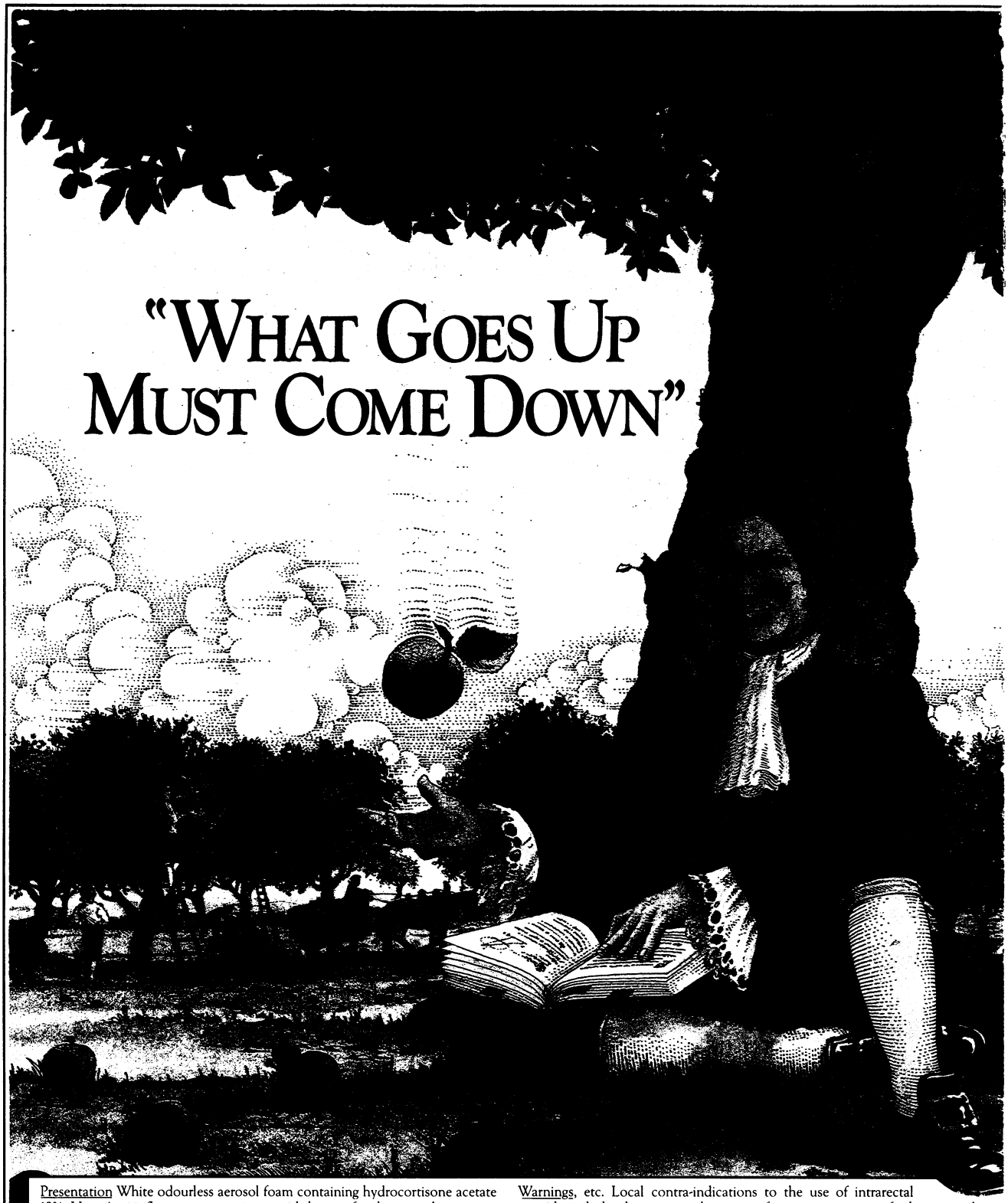
Your patient's concern is simply that it works.

Tagamet
cimetidine

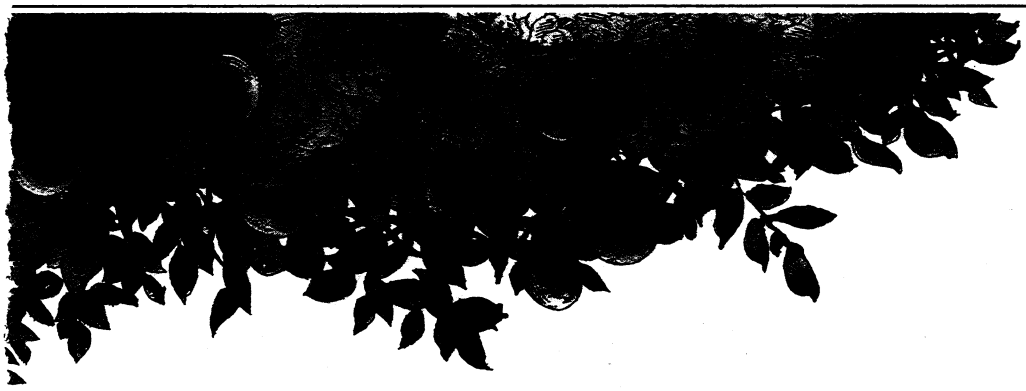
puts you in control of gastric acid

Prescribing Information
Presentations Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £72.75. Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.30. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £7.86.
Indications Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, reflux oesophagitis. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome.
Dosage Usual dosage: Adults. Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Reflux oesophagitis, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90–120 mins before induction of general anaesthesia or 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g; do not use Tagamet syrup. Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day.
N.B. For full dosage instructions see Data Sheet.
Cautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants and phenytoin (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.
Adverse reactions Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis.
Legal category POM 28 7 82

SK&F Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY © 1982 Smith Kline & French Laboratories Limited
'Tagamet' is a trade mark
TG AD1161/3



Presentation White odourless aerosol foam containing hydrocortisone acetate 10%. Uses Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). Satisfactory response usually occurs within five to seven days. Contra-indications and Warnings, etc. Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with 'Colifoam.' Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical



WRONG.

Isaac Newton got it wrong. At least as far as COLIFOAM is concerned.

In a comparative trial (Ruddell WSJ et al. Gut 1980; 21:885) involving 30 patients with distal colitis: "Eight patients in the enema group reported difficulty in retaining the treatment, whereas none of the 15 patients receiving the foam [COLIFOAM] experienced any difficulty,..."

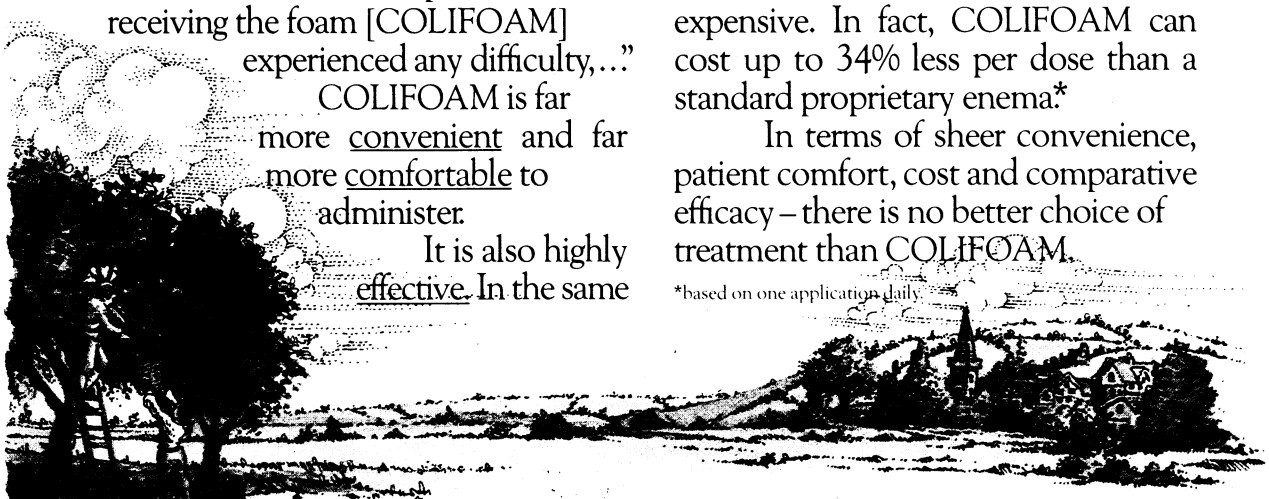
COLIFOAM is far more convenient and far more comfortable to administer.

It is also highly effective. In the same trial, COLIFOAM was shown to provide a slightly better objective improvement. The patients themselves reported an extremely significant preference ($p.<0.05$) for the modern COLIFOAM treatment.

Surprisingly, these superior benefits do not mean that it is more expensive. In fact, COLIFOAM can cost up to 34% less per dose than a standard proprietary enema.*

In terms of sheer convenience, patient comfort, cost and comparative efficacy – there is no better choice of treatment than COLIFOAM.

*based on one application daily.



Colifoam

hydrocortisone acetate foam.

A CHANGE FOR THE BETTER IN DISTAL INFLAMMATORY BOWEL DISEASE.

precautions Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children. Package quantities Aerosol canister containing 20g. (14 applications) plus a plastic applicator and illustrated leaflet. One applicatorful of 'Colifoam' provides a dose of approximately 90–110mg. of hydrocortisone acetate, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis.

Product licence no. 0036/0021.
Basic NHS Cost 20g (14 applications) plus applicator, £7.58.
Further information is available on request.
Stafford-Miller Ltd.,
Professional Relations Division,
Hatfield, Herts. AL10 0NZ.

Reflux controlled!

Heartburn and regurgitation: strengthening the lower oesophageal sphincter is the primary goal of medication.

Maxolon is clinically effective in increasing sphincter tone.[1] Maxolon reduces frequency of reflux.[2] Maxolon promotes oesophageal clearance.[3] Maxolon improves oesophageal pressure.[4]

Maxolon–controlling heartburn by tightening the sphincter.

Prescribing Information

Indications

Heartburn, dyspepsia and flatulence associated with the following conditions e.g. Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer. Nausea and vomiting associated with e.g. Gastro-intestinal disorders.

Adult dosage (Oral, IM or IV)

Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5 mg/kg body weight.

Adults: 10 mg three times daily

Young Adults (15-20 years): 5-10 mg three times daily, commencing at the lower dosage

For dosage in children, please consult Data Sheet.

Side effects and precautions

There are no absolute contra-indications to the use of Maxolon.

If vomiting persists the patient should be re-assessed to exclude the possibility of an underlying disorder, e.g. cerebral irritation.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5 mg/kg body weight are administered.

The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy: this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics.

Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days since vigorous muscular contractions may not help healing.

Availability and NHS prices

Tablets 10 mg (£9.78 for 100).
Syrup 5 mg/5 ml (£3.36 for 200 ml).
Ampoules for injection 10 mg (£2.69 for 10).
Paediatric Liquid 1 mg/1 ml (£1.52 for 15 ml).
Prices correct at August 1982.

Further information is available on request to the company

Beecham Research Laboratories
Brentford, England

PL 0038/0095 0098 5040 5041.

Maxolon and the BRL logo are trade marks

References: 1. Br Med J (1979) **1**: 3-4, **2.** Gut (1973) **14**: 275-279, **3.** Gut (1973) **14**: 380-382, **4.** Gastroenterology (1975) **68** (5): 1114-1118, **5.** Gastroenterology (1976) **70** (4): 484-487, **6.** Anaesth Intens Care (1978) **6** (1): 26-29, **7.** Gastroenterology (1980) **78** (5) pt 2: 1292, **8.** Tijdschr Gastro-Enterol (1977) **20** (3): 155-162, **9.** Dt Z Verdau-u-Stoffwechselkr (1981) **41**: 13-17, **10.** Postgrad Med J (July Suppl. 1973) 104-106, **11.** Z Gesund Inn Med. (1981): 122-124.

BRL 4033

A FRESH APPROACH TO GALLSTONE TREATMENT

* For the dissolution of cholesterol stones in a functioning gall bladder.
* Reported effective in up to 80% of appropriate patients.
* Diarrhoea is very uncommon.
* Simple dosage aids patient compliance.
* Virtually no adverse reports on liver function.

Destolit*

URSODEOXYCHOLIC ACID

DISSOLVES GALLSTONE PROBLEMS

Merrell

Presentation: Plain white tablet containing 150mg ursodeoxycholic acid. **Uses:** DESTOLIT is indicated for the dissolution of radiolucent (ie non-radio opaque) cholesterol gallstones in patients with a functioning gallbladder. **Dosage:** The daily dose for most patients is 3 or 4 tablets of 150mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal. A daily dose of about 8 to 10mg/kg will produce cholesterol desaturation of bile in the majority of cases. The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones. Any temporary discontinuation of treatment, if prolonged for 3-4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. **Contra-indications, Warnings etc.:** In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of DESTOLIT tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones, oral contraceptive agents and certain blood cholesterol lowering agents should not be prescribed concomitantly. **Side effects:** DESTOLIT is normally well tolerated. Diarrhoea has been found to occur only occasionally. No significant alterations have so far been observed in liver function. **Overdosage:** It is unlikely that overdosage will cause serious adverse effects. **Legal category:** POM. **Package quantities:** Blister packs of 60 tablets. **Basic N.H.S. cost:** £19.40 per 60 tablets (Nov. 1981). **Product licence number:** 0341/0022. **Merrell Pharmaceuticals Limited,** Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY. A subsidiary of The Dow Chemical Company. DESTOLIT* is a trade mark of The Dow Chemical Company. Further information on request.

Indications
Intravenous sedative cover before and during unpleasant surgical and medical procedures. Status epilepticus, convulsions due to poisoning, acute muscle spasm, acute anxiety or agitation, delirium tremens, tetanus.

Dosage
Usually 10-20mg (approximately 0.2mg/kg body-weight) but more may be needed on occasions. In elderly patients half the usual adult dose.

Administration
With the patient in the supine position, the injection should be given *slowly* (0.5ml Valium Roche ampoule solution per half-minute) into a large vein of the antecubital fossa until the patient becomes drowsy, his speech becomes slurred and there is ptosis. He should still be able to respond to requests. Provided these conditions for administration are adhered to the rare possibility of hypotension or apnoea occurring will be greatly diminished. A second person should be present and resuscitation facilities should be available.

Precautions and side-effects
Patients should not be allowed to leave the surgery until one hour at least has elapsed from the time of injection and should always be accompanied by a responsible adult, with a warning not to drive or operate machinery for the rest of the day and to avoid alcohol. In patients with organic cerebral changes or with cardiorespiratory insufficiency IV injections of Valium Roche should not be employed unless in an emergency or in hospital if indicated and then should be given slowly and in reduced dosage. The possibility of intensified sedative effects and severe respiratory and cardiovascular depression should be considered if central depressant drugs are given, particularly by parenteral route, in conjunction with Valium Roche for Injection. Valium Roche should not be given in early pregnancy unless absolutely indicated. Intravenous injection may be associated with local reactions, including thrombophlebitis.

Presentation
Ampoules containing 10mg diazepam in 2ml and 20mg in 4ml, in packings of 10.

Product Licence Numbers
0031/0068 (ampoules 10mg)
0031/5128 (ampoules 20mg)

Basic NHS Cost
Ampoules 10mg x 10 £2.64, 20mg x 10 £3.90.

For further information on how intravenous Valium Roche can assist in Accident and Emergency, Cardiology, Gastroenterology, Geriatrics, Gynaecology, Ophthalmology, Dental Surgery, Orthopaedics, Paediatrics, Radiology, and other fields please contact:

ROCHE

Professional Services Department
Roche Products Limited
PO Box 8, Welwyn Garden City
Hertfordshire AL7 3AY

Valium is a trade mark

J954245/982

Nothing else does so much, so well, for so little.

The convenience and versatility of Valium Roche for Injection, combined with the outstanding economy afforded by this particular preparation of diazepam, make this product a standard agent in hospital practice. Valium Roche for Injection is the least expensive form of injectable diazepam.

A range of minor procedures can be accomplished with excellent patient acceptability. Since general anaesthesia is often avoided, there is also a minimum of delay. The shortness of the amnesic effect of intravenous Valium Roche is a particular advantage when dealing with out-patients.

Where major problems arise, intravenous Valium Roche is more than time-saving, it may well be life-saving. In status epilepticus, convulsions due to poisoning, delirium tremens, and tetanus, experience has shown that intravenous Valium Roche deserves its reputation as first-line treatment.

These indications for intravenous Valium Roche—and many others—are extensively documented.

Valium Roche

diazepam

for Injection

a multi-purpose intravenous agent with years of experience behind it.

Nature is her first choice and on reflection could be yours.

She's a woman...
She's young...
She's been told she has gallstones which need treating.
But she doesn't want to be scarred for life.

Quite understandably a young woman with gallstones may not want surgery. After all, her friends are hardly likely to admire a scar. So before surgery is considered, maybe medical dissolution of the gallstones is possible, especially with a tried and tested product... CHENDOL.

CHENDOL contains chenodeoxycholic acid, a major component of human bile, so it works as nature intended... naturally.

Furthermore, unlike treatment with ursodeoxycholic acid calcification is not a problem. (1) (2) (3)

And while CHENDOL is working the symptoms of gallstones are often reduced. (4) (5)

So for radiolucent gallstones in an opacifying gallbladder, medical dissolution with CHENDOL is the natural choice.

Chendol

(chenodeoxycholic acid)

Nature's Drug of Choice

Prescribing Information
Indications. For the dissolution of radiolucent cholesterol-rich gallstones in functioning gallbladders. Cholesterol stones coated with calcium or stones composed of bile pigments are not dissolved by chenodeoxycholic acid. **Dosage.** The present clinical evidence suggests that optimum results will be obtained on a dose level of 10–15 mgs per kg body weight daily, either as a single night-time dose or in divided doses. **Contra-indications, Warnings, etc.** CHENDOL should not be administered to patients with radio-opaque calcified gallstones nor to patients with non-functioning gallbladders. CHENDOL should not be administered to women who may become pregnant, nor to patients with chronic liver disease, nor with inflammatory disease of the small intestine and colon. CHENDOL is generally well tolerated, the only side effects reported to date are diarrhoea and pruritus. It has been found that after a slight reduction in dose for a few days, diarrhoea ceases and the dose can then gradually be increased to the former level. The clinician's discretion should be applied to the necessity, in individual cases, for laboratory monitoring. Each CHENDOL capsule contains 125 mg chenodeoxycholic acid. POM. Available in securitainers of 100 capsules. N.H.S. cost £18.00 per pack. PL 0495/0003.
Weddel Pharmaceuticals Limited, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd. LL13 9PX. Tel: Wrexham (0978) 61261

References 1) R. Raedsch et al (letter) 1981, *Lancet*, **2**, 1296 2) M. C. Bateson et al, 1981, *Brit. med. J.*, **283**, 645
3) F. di Mario et al, 1982, *Brit. med. J.*, **284**, 1047 4) T. J. Meredith et al, 1982, *Gut*, **23**, 382 5) H. J. Weis et al, 1980, *Klin. Wochenschr.*, **58**, 313

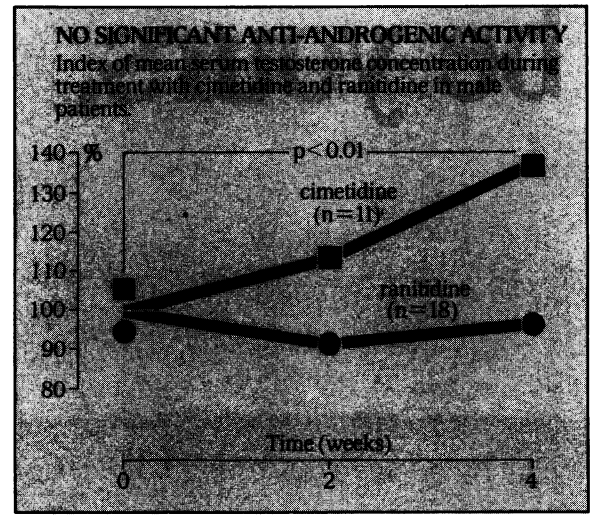
What's so different

No drug-induced gynaecomastia or sexual dysfunction

Zantac and cimetidine have completely different molecular structures. Although they happen to share the property of histamine H_2 blockade, they have nothing else in common. This radical structural difference from cimetidine is reflected in Zantac's distinct pharmacological profile.

"... ranitidine [Zantac] does not have antiandrogenic effects ...."

Lancet 1982; i: 601-602

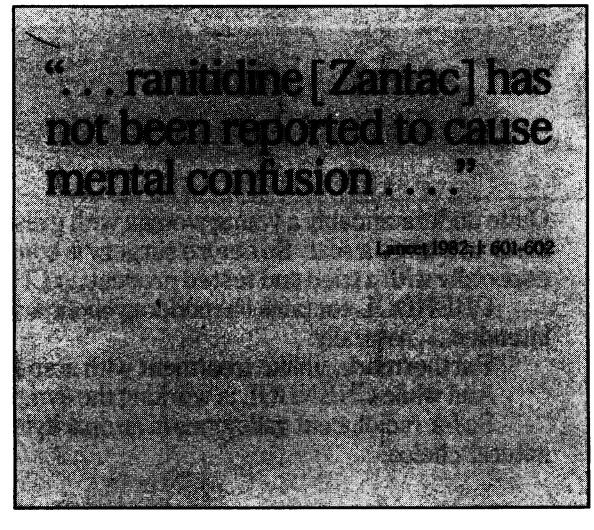


No CNS problems

Zantac has not been shown to produce any side effects attributable to specific action on the brain.

"Unlike cimetidine, which can cause mental confusion, especially in elderly patients, ranitidine [Zantac] has not been found to induce this condition in any of tens of thousands of patients treated ...."

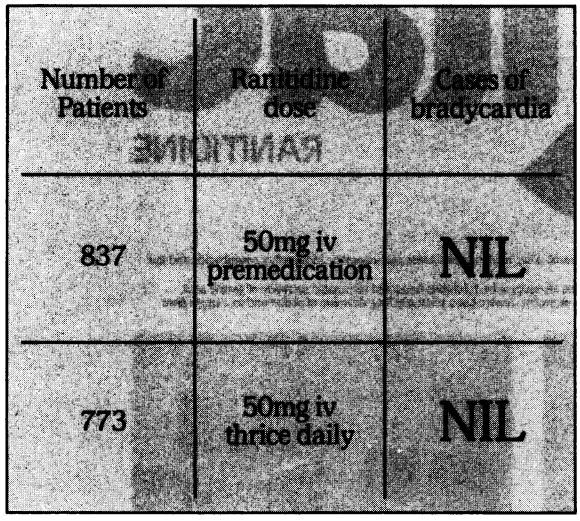
Lancet 1982; i: 914



The benefits of highly specific

For prescribing information see overleaf.

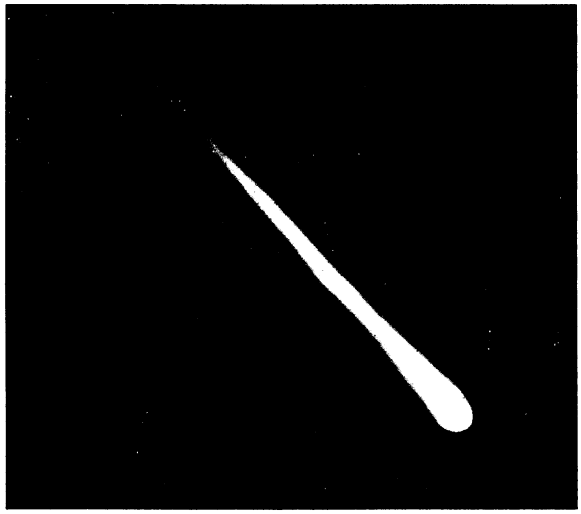
about Zantac?



No drug-induced bradycardia

In clinical trials involving 1,610 patients who received intravenous ranitidine, no case of ranitidine-induced bradycardia was reported.

Lancet 1982; ii: 264



The fast, simple and specific way to promote peptic ulcer healing

H_2 blockade

Zantac

RANITIDINE

For prescribing information see overleaf.

Prescribing Information

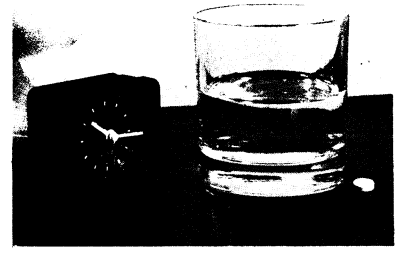
Zantac

RANITIDINE

Uses

Indications: Zantac Tablets are indicated for the treatment of duodenal ulcer, benign gastric ulcer, post-operative ulcer, reflux oesophagitis and the Zollinger-Ellison syndrome.

Mode of action: Zantac is a highly effective, rapidly acting histamine H_2-antagonist. It inhibits basal and stimulated secretion of gastric acid, reducing both the volume and the acid and pepsin content of the secretion. Zantac has a relatively long duration of action and so a single dose effectively suppresses gastric acid secretion for twelve hours.



Dosage and administration

Adults: The usual dosage is one 150 mg tablet twice daily, taken in the morning and before retiring. It is not necessary to time the dose in relation to meals. In most cases of duodenal ulcer, benign gastric ulcer and post-operative ulcer, healing occurs in four weeks. In the small number of patients whose ulcers have not fully healed, healing usually occurs after a further course of treatment. Maintenance treatment at a reduced dosage of one 150 mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer.

In the management of reflux oesophagitis, the recommended course of treatment is one 150 mg tablet twice daily for up to 8 weeks.

In patients with Zollinger-Ellison syndrome, the starting dose is 150 mg three times daily and this may be increased, as necessary, to 900 mg per day.

Children: Experience with Zantac Tablets in children is limited and such use has not been fully evaluated in clinical studies. It has, however, been used successfully in children aged 8-18 years in doses up to 150 mg twice daily without adverse effect.

Contra-indications

There are no known contra-indications to the use of Zantac Tablets.

Precautions

Treatment with a histamine H_2-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of the condition.

Accordingly, where gastric ulcer is suspected the possibility of malignancy should be excluded before therapy with Zantac Tablets is instituted.

Ranitidine is excreted via the kidney and so plasma levels of the drug are increased and prolonged in patients with severe renal failure. Accordingly, it is recommended that the therapeutic regimen for Zantac in such patients be 150 mg at night for 4 to 8 weeks. The same dose should be used for maintenance treatment should this be deemed necessary. If an ulcer has not healed after treatment for 4 to 8 weeks and the condition of the patient requires it, the standard dosage regimen of 150 mg twice daily should be instituted, followed, if need be, by maintenance treatment at 150 mg. at night.

Although the incidence of adverse reactions in clinical trials of one year's duration and longer has been very low and no serious side effects have been reported with Zantac treatment, care should be taken to carry out periodic examinations of patients on prolonged maintenance treatment with the drug as a safeguard against the occurrence of unforeseeable consequences of drug treatment.

Like other drugs, Zantac should be used during pregnancy and nursing only if strictly necessary. Zantac is secreted in breast milk in lactating mothers but the clinical significance of this has not been fully evaluated.

Side effects

No serious adverse effects have been reported to date in patients treated with Zantac Tablets. There has been no clinically significant interference with endocrine, gonadal or liver function, nor has the drug adversely affected the central nervous system even in elderly patients.

Further information

Drug interactions: Ranitidine does not inhibit the cytochrome P450-linked mixed function oxygenase enzyme system in the liver and therefore does not interfere with the effects of the many drugs which are metabolised by this enzyme system. For example, there is no interaction with warfarin or diazepam.

Pharmacokinetics: Absorption of ranitidine after oral administration is rapid and peak plasma concentrations are usually achieved within two hours of administration. Absorption is not impaired by food or antacids. The elimination half-life of ranitidine is approximately two hours. Ranitidine is excreted via the kidneys mainly as the free drug and in minor amounts as metabolites. Its major metabolite is an N-oxide and there are smaller quantities of S-oxide and desmethyl ranitidine. The 24-hour urinary recovery of free ranitidine and its metabolites is about 40% with orally administered drug.

Use in renal transplants: Zantac has been used without adverse effect in patients with renal transplants.

Product licence number 0004/0279

Basic NHS cost (exclusive of VAT) 60 tablets £27.43.

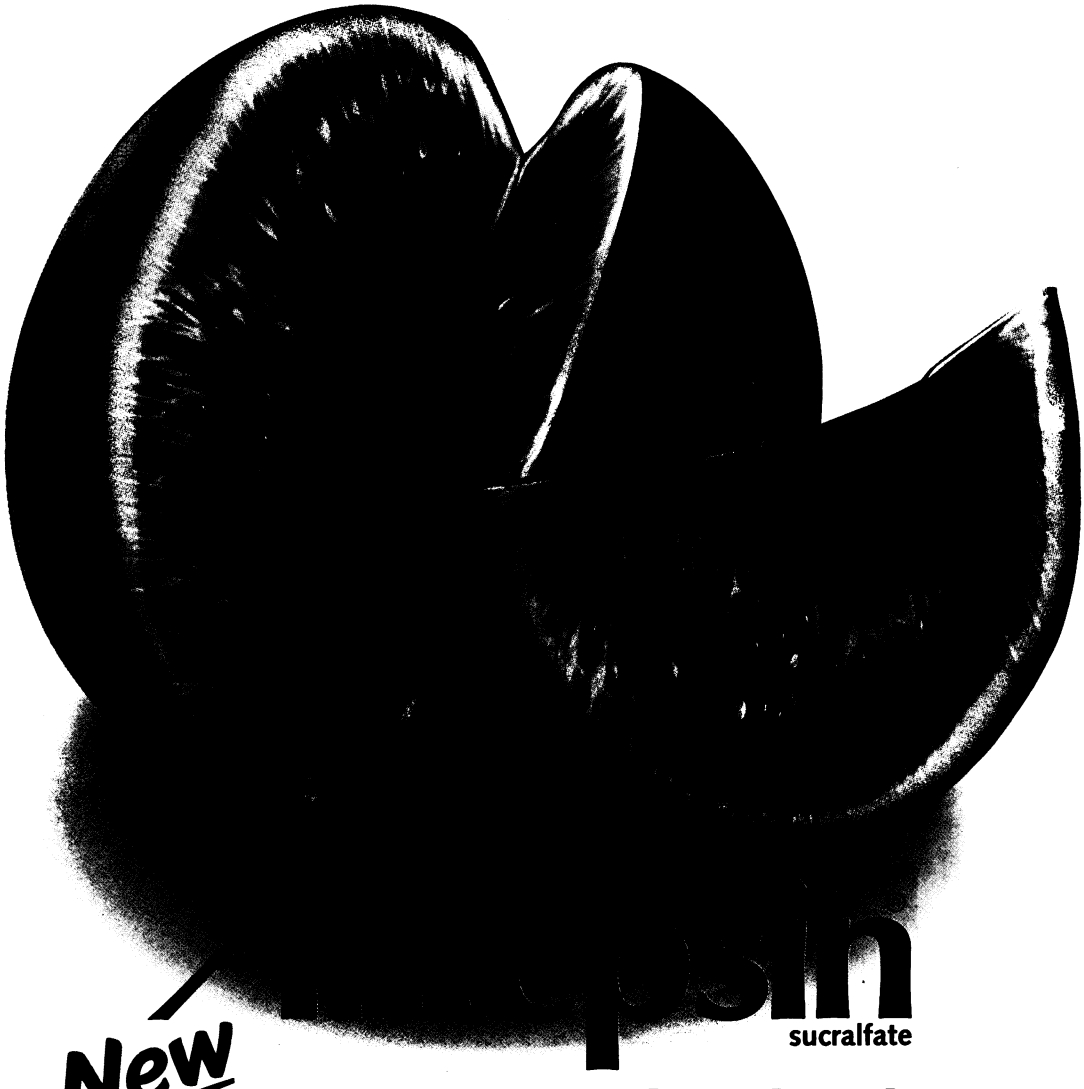
References: 1. Data on file, Glaxo Group Research. 2. Bories, P. *et al.*, Lancet 1980; 2 (8197):755. 3. Peden, N.R. *et al.*, Acta Endocrinologica 1981; 96:564-568. 4. Nelis, G.F. and Van de Meene, J.G.C., Postgrad. Med.J. 1980; 56:478-480. 5. Henry, D.A. *et al.*, Br.Med.J. 1980; 2:775-777.

Glaxo

Zantac is a Glaxo trade mark.

Glaxo Laboratories Ltd., Greenford, Middlesex UB6 0HE.

A fresh approach to peptic ulcers



New non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. *Adults* – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. **Contra-Indications, Precautions, Warnings, etc.** *Contra-Indications* There are no known contra-indications. *Precautions* 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported. **Legal Category** POM. **Package Quantities** Antepsin 1 gram – Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045. PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p

*ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company

Ayerst International

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

HEALING OF PEPTIC ULCER

"by restoring gastric physiology to normal"[1]

"Carbenoxolone . . . acts by restoring gastric physiology to normal in strengthening the mucosal barrier, rather than by creating a non-physiological situation of hypochlorhydria, such as antacids and H_2 receptor antagonists produce."[1]

1. XI Int. Cong. Gastroenterology, Hamburg, June 1980.

- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity

BIOGASTRONE
carbenoxolone
for gastric ulcer

DUOGASTRONE
carbenoxolone
for duodenal ulcer

Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP

BIOGASTRONE

carbenoxolone

for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets. PL 0071/5902. Bottles of 100. Basic NHS cost: 1 week's treatment £2.21 (21 tablets) – £4.42 (42 tablets).

Adult dose: 2 tablets t.i.d. after meals for the first week then 1 tablet t.i.d. until ulcer is healed (usually 4-6 weeks).

DUOGASTRONE

carbenoxolone

for duodenal ulcer

Carbenoxolone sodium BP. 50 mg position-release capsules. Bottles of 28. PL 0071/5903. Basic NHS cost: 1 day's treatment (4 capsules) 85p.

Adult dose: 1 capsule swallowed whole and unbroken with liquid q.i.d., 15-30 minutes before meals. Patients may continue to take antacids but anticholinergic drugs should be discontinued. Treatment should continue for 6-12 weeks.

Safety factors: Biogastrone and Duogastrone

Contra-indications. Severe cardiac, renal or hepatic failure. Patients on digitalis therapy, unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia.

Precautions. Special care should be exercised with patients pre-disposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since carbenoxolone can induce similar changes. Regular monitoring of weight and blood pressure, which should indicate such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Biogastrone, Duogastrone or Pyrogastrone for women who may become pregnant.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories, Brit. Pat. No. 1093286.

Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

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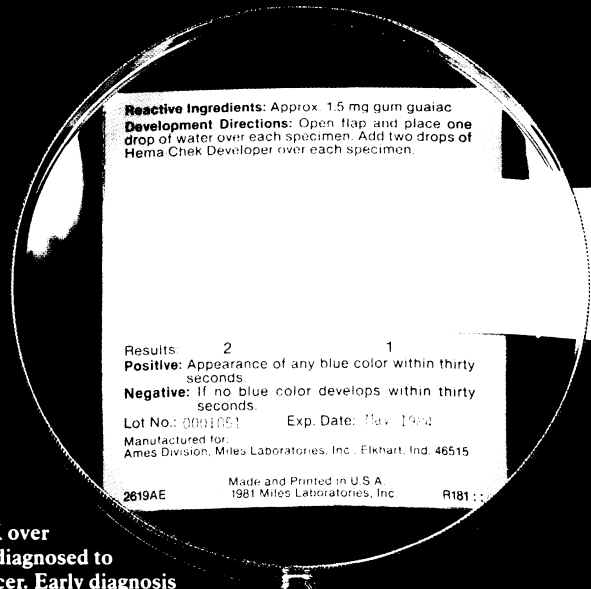
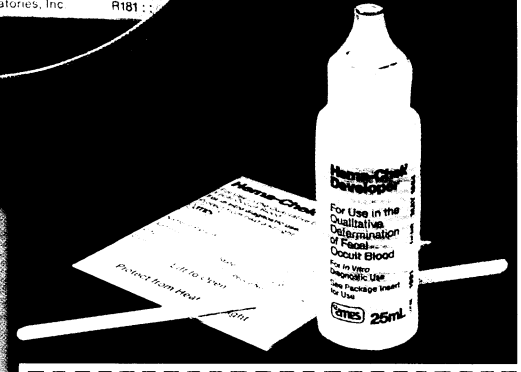
NEW

Hema-Chek*

could provide the first clue to colorectal cancer





Each year in the UK over 20,000 patients are diagnosed to have colorectal cancer. Early diagnosis has been shown to offer the best chance to increase the survival rate.[1]
Now Hema-Chek allows the detection of one of the most important early-warning signs of colorectal cancer, faecal occult blood. Based on the well accepted guaiac principle, the test takes only 30 seconds and can easily be performed in the clinic, laboratory or on the ward.
The wallet is designed to allow convenient sample collection without laborious preparation. Hema-Chek is available in packs of 100 tests containing sample collection wallets, liquid developer and applicator sticks.

Reference 1. Lancet (1981), 1, 1231 *Trademark

If you would like further information on Hema-Chek for the detection of faecal occult blood, please complete and return the coupon.

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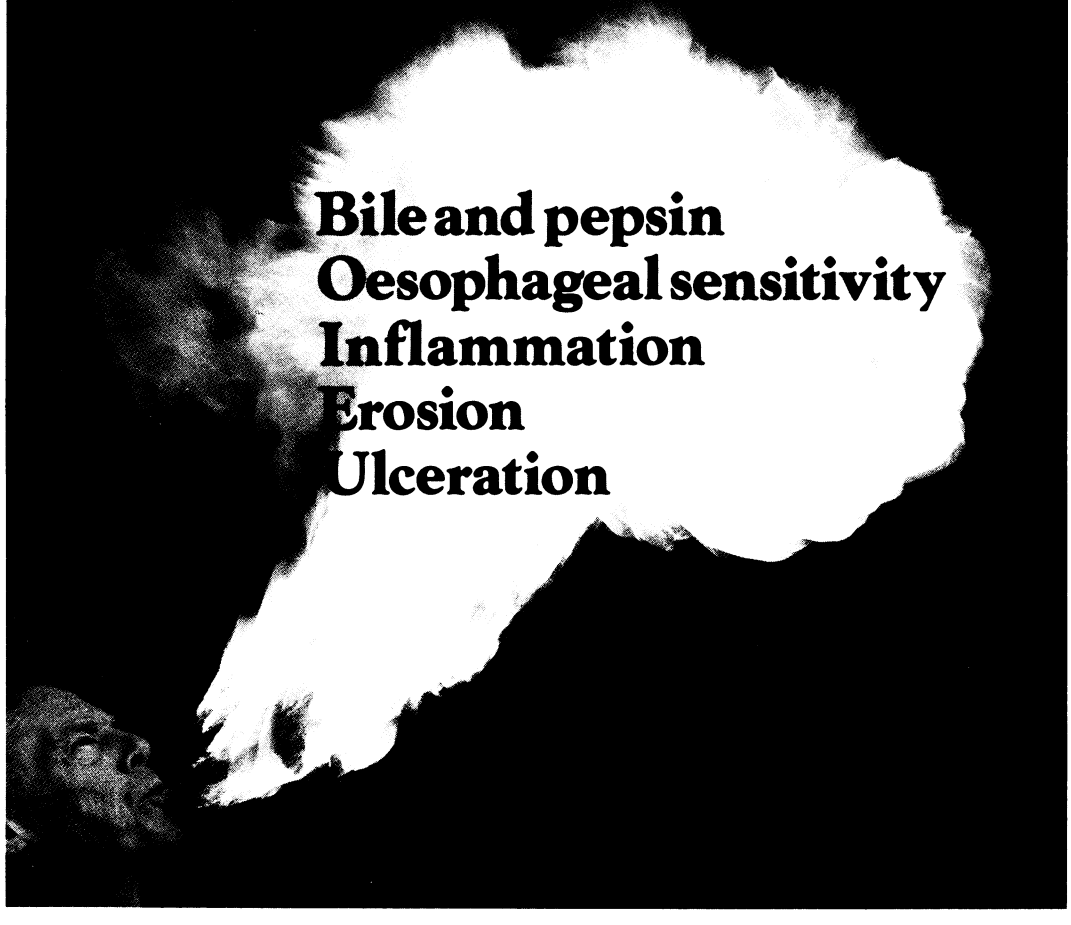

PYROGASTRONE

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Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683. Full information from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. WINTHROP

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- reduce antacid intake
- heal peptic ulcers with one 50 mg tablet b.d.

Prescribing Information
Presentation:
White tablets each containing 50 mg of pirenzepine dihydrochloride, scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol
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Gastrozepin is indicated in the treatment of gastric and duodenal ulcers.
50 mg at bedtime and in the morning before meals. In severe cases, the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months.
Contra-indications, Warnings etc.:
Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. Side effects: occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote.
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Further information available on request

The Boots Company PLC, Nottingham, England
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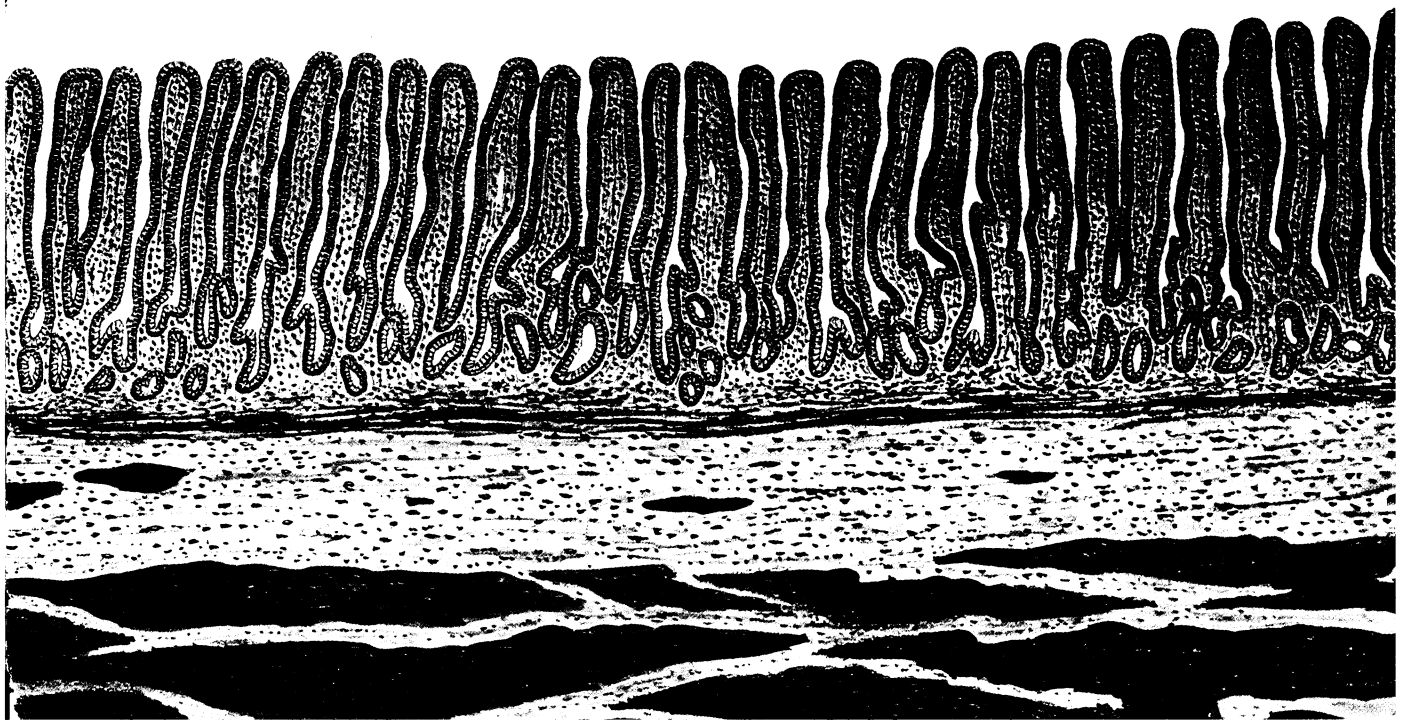

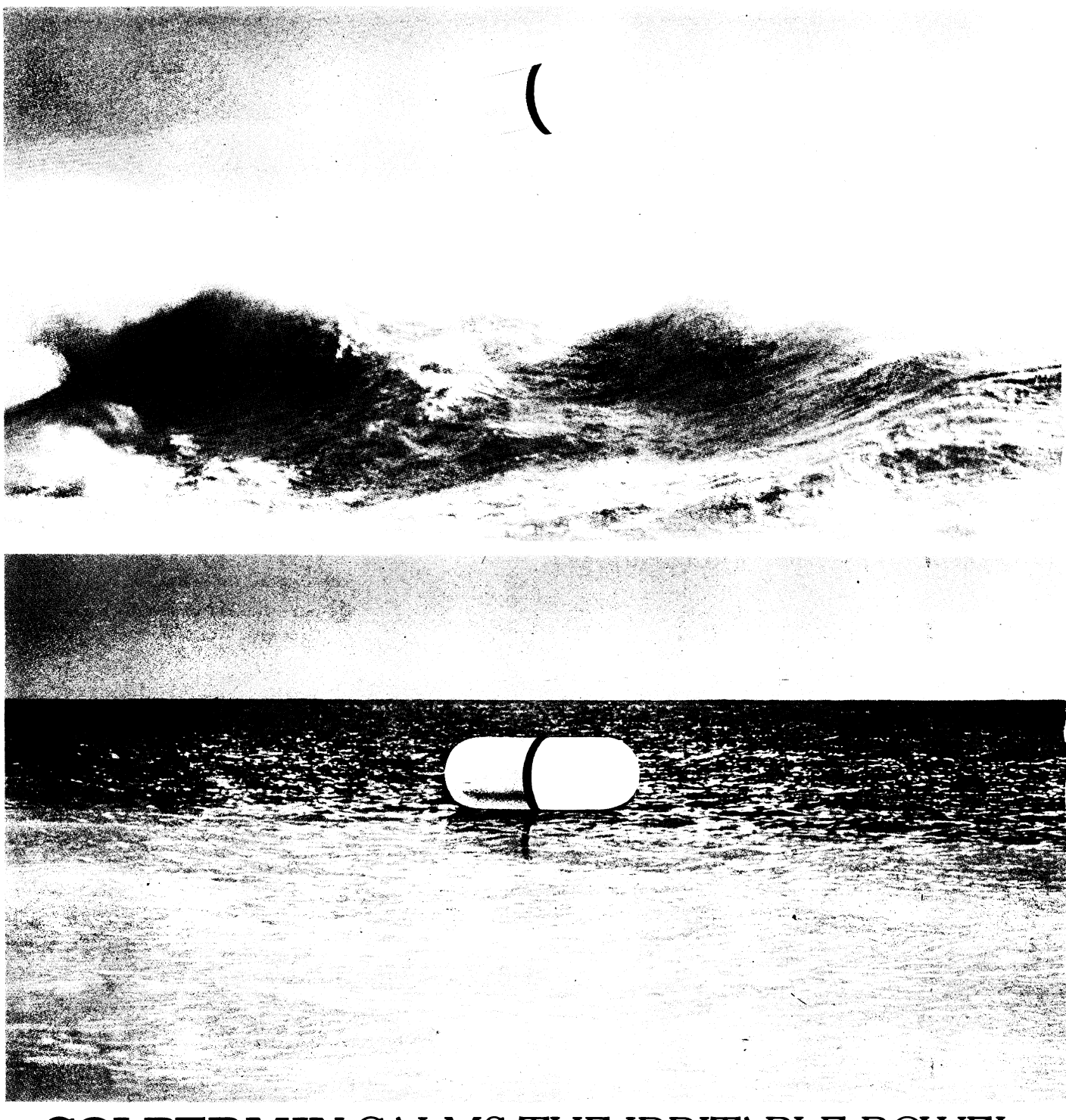

COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

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MAJOR NEW BOOK

The Biliary Tract
Edited by L.H. Blumgart

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The fifth volume in the *Clinical Surgery International* series presents an up-to-date review of the diagnosis, management and care of patients with biliary tract disorders, by an international team of distinguished authorities in the field.
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- gallstone dissolution–present and future
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- endoscopy and biliary disease
- interventional radiology and biliary tract disease
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- the post-cholecystectomy patient
- the obstructed biliary tract
- carcinoma of the gall bladder and biliary ducts
- biliary, pancreas and papilla of Vater interrelationships
- postoperative strictures of the bile duct
- infection and the biliary tree
- biliary disease in the tropics
- diseases of the bile ducts in the paediatric age-group
- economic aspects of gallstone disease and its management

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Diseases of the Gastrointestinal Tract and Liver
David J.C. Shearman and Niall D.C. Finlayson

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Regulatory Peptides of Gut and Brain
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To date, over 20 hormonal peptides have been discovered in the areas of the gut and brain. This volume provides a survey of the many areas of research. It also pinpoints the specific discoveries and increases in knowledge which have been made within the past few years.

Gut Hormones
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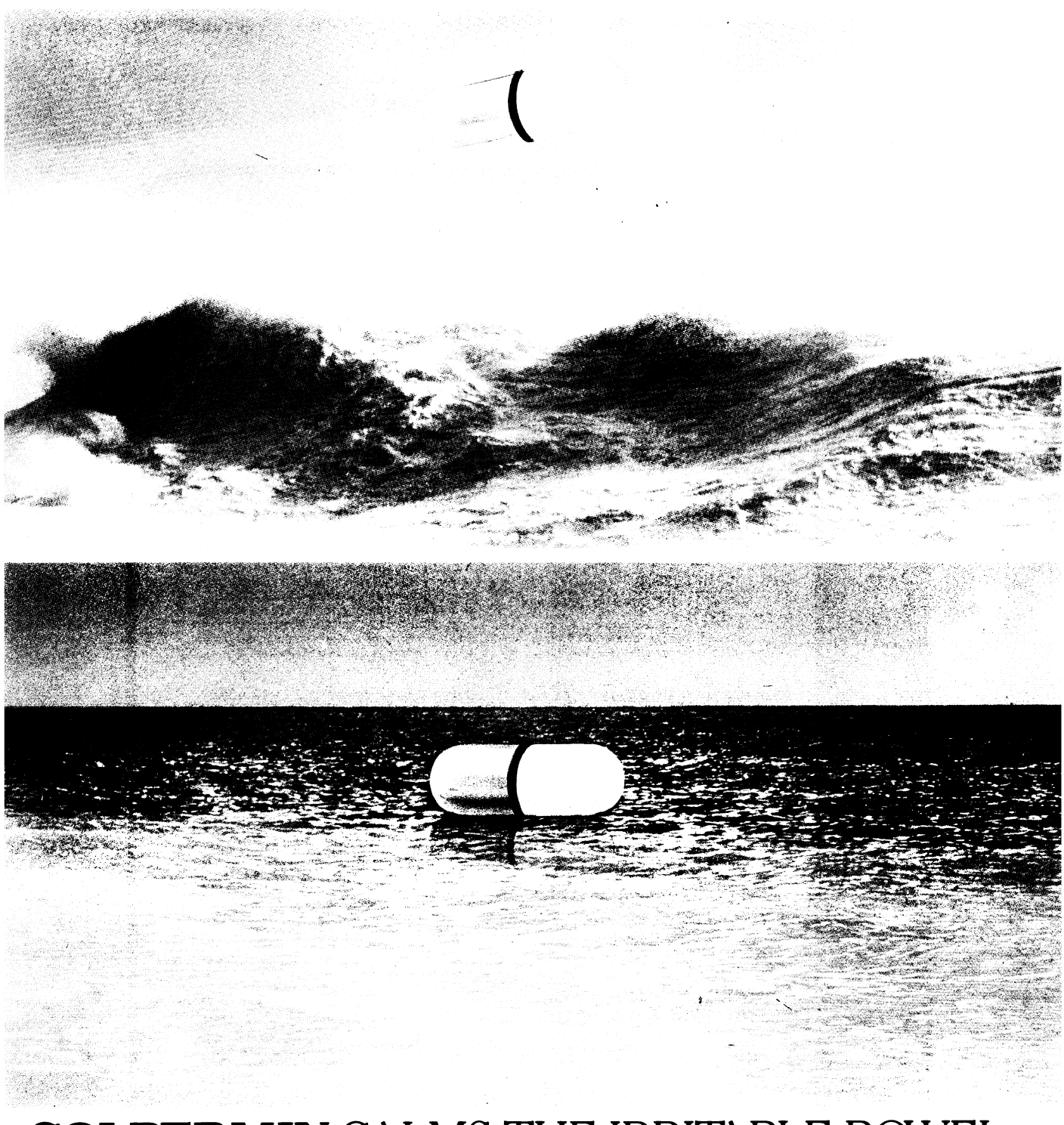

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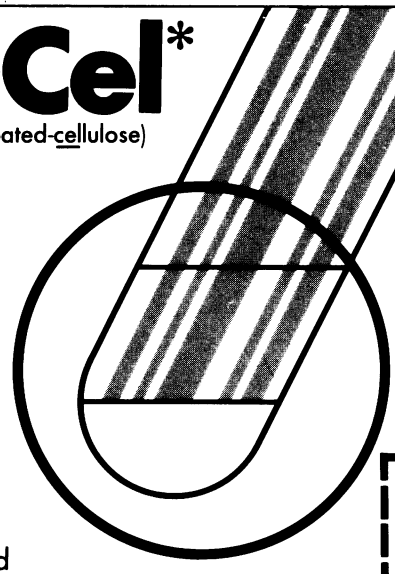

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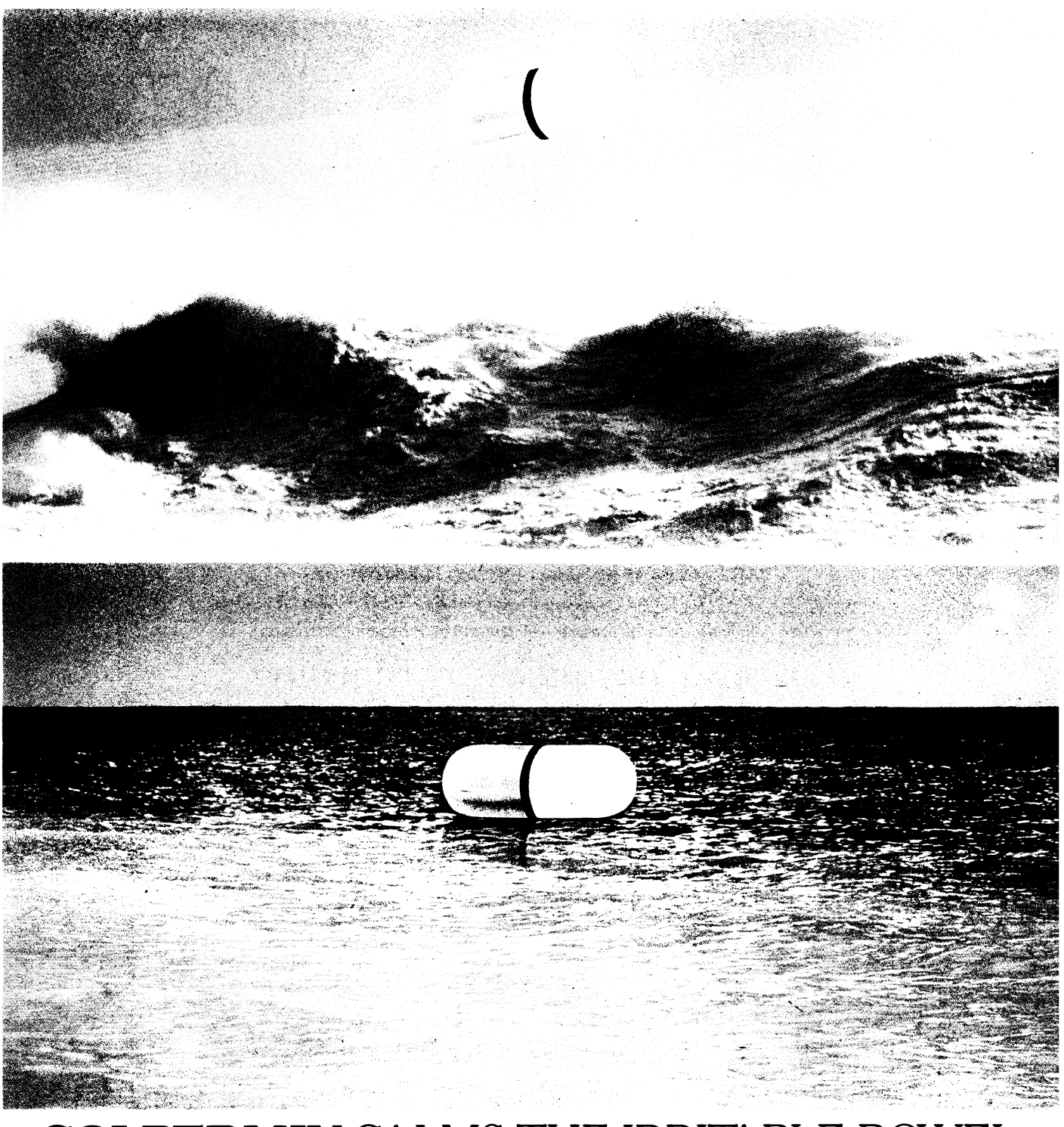

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In order to extend the region of the bowel accessible to such topical therapy, the Salazopyrin Enema has been introduced.

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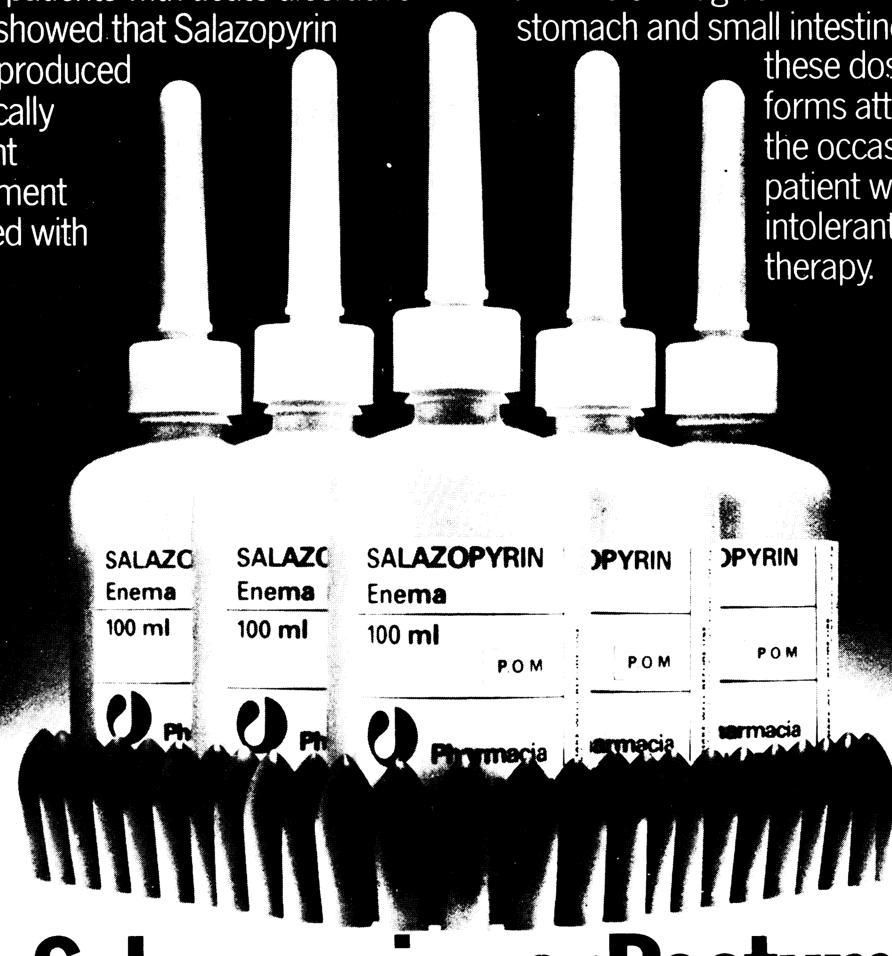
This fact, together with the avoidance of drug contact with the stomach and small intestine makes these dosage forms attractive to the occasional patient who is intolerant of oral therapy.



Salazopyrin per Rectum

Sulphasalazine

Prescribing Information
Dosage and Administration
Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely. *Suppositories:* Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.
Enema: One enema should be given daily preferably at bed time. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.
Children: Reduce the adult dose on the basis of body weight.

Contra-Indications, warnings etc.
Contra-Indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years. *Enema only:* Sensitivity to parabens.
Adverse Reactions: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued.
Rarely the following adverse reactions have been reported:
Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.
Hypersensitivity: e.g. Rash, fever.
Gastrointestinal: e.g. Impaired folate uptake, stomatitis.
C.N.S.: e.g. Headache, peripheral neuropathy.
Fertility: Reversible oligospermia.
Renal: e.g. Proteinuria, crystalluria.
Also: Stevens-Johnson syndrome and lung complications e.g. Fibrosing alveolitis.

Precautions:
Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

Pregnancy and Lactation:
While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

Packages & Prices:
Plain Tablets (0.5g): 100 & 500: £6.10 for 100.
EN Tablets (0.5g): 100 & 500: £7.90 for 100.
Suppositories (0.5g): 10 & 50: £2.55 for 10.
Enemas (3.0g): 7: £10.80 for 7.

Product Licence Numbers:
Plain Tablets 0009/5006 EN Tablets 0009/5007
Suppositories 0009/5008 Enema 0009/0023

References
1. Hanke, P. and Schultz, U. (1971) Z. Gesamte Inn. Med. Ihre Grenzgeb. **26** Supp. 292-293.
2. Watkinson, G. (1968) Postgrad. Med. J. **44** 696-[illegible]
3. Moller, C., Kiviluoto, O., Santavirta, S. and Holtz, A. (1978) Clin. Trials J. **15** [illegible]

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