

Ispaghula Husk B.P.

for the bulk of dietary constipation

Prescribing Information. Presentation Premeasured, single-dose sachet containing 6.4 g of beige rough ground powder. Active ingredient 56% (3.6 g) Ispaghula Husk B.P. Uses For the treatment of constipation and patients requiring a high fibre regimen. Dosage and Administration 1. Pour measured dosage into a glass. 2. Slowly add 150 ml line pt 0.000 water. 3 Drink entire contents immediately. An additional glass of liquid may be taken if needed. Adults and children over 12 years. The usual dosage is the entire contents of one sachet taken one to three times daily. Children A reduced dosage based upon the age and size of the child should be given. 6.12 years. 32-1 level 5 ml teaspoonful one to three times daily. Contraindications: Intestinal obstruction, faecal impaction, hypersensitivity to ispaghula. Warnings and Precautions: Intestinal atony or stenosis, diabetes. Should be taken as a liquid suspension and drunk immediately after mixing. Adverse effects: Allergy and gastrointestinal obstruction or impaction have been reported with hydrophilic mucilloid preparations. Product Licence. Holder and Number G.D. Searle & Co. Ltd. 0020/0087 Basic N.H.S. cost Box of 30 sachets £2.10. Full prescribing information is available on request. Regulan and Searle are trademarks.

RE JAI3 January 1983.

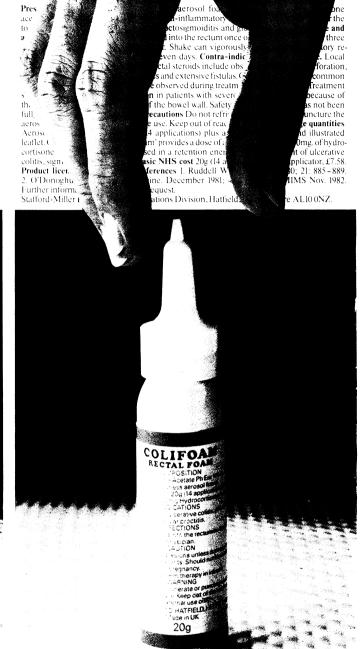
Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. Uses Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use. Satisfactory response usually occurs within five to seven days. Contra-indications, warnings, etc. Local contra-indications to the use of intrarectal steroids include obstruction, absects, 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical 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. Basic NHS cost 20g (14 applications) plus applicator, £7.58 Product licence no. (0036/0021, References 1, Ruddell WSJ et al. Gut 1980; 21: 885-889. 2. O'Donoghue D. Modern Medicine. December 1981; 45, 3, Source: MIMS Nov. 1982 Further information is available on request Stafford-Miller Ltd, Professional Relations Division, Hatfield, Hertfordshire AL10 0NZ

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IT WORKS

COLIFOAM is as effective as traditional steroid enemas.^{1,2}

It has also been shown to have inherently superior retentive properties!



PATIENTS PREFERIT

COLIFOAM is known to be far more comfortable, convenient and acceptable to the patient.

Ît causes less distress to administer and less interference in patients' lives!

IN DISTAL INFLAMMATORY BOWEL DISEASE



The fast, simple an promote peptic

d specific way to ulcer healing



80% ulcers healed in one month1

Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment

Specifically developed as b.d. treatment.

The benefits of highly specific H₂ blockade

Zantac treatment has not been shown to affect the central nervous system, 1,2 to exert anti-androgenic effects, 3,4 or to cause drug interaction.



A British advance from Glaxo

Prescribing Information



Does The 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 H₂-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
Adulis: 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 attentent 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 H₂-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of

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

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 unforeseable 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.

unazepam.

Pharmacoknetics: 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: I. 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.





Maxolon-controlling hear by tightening the sphincter.

Prescribing Information

Indications

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

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

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 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 windrawai 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).

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.

NEW FROM BOOTS

For the treatment of peptic ulcer
Twice daily

GASTRO SELECTIVE CONTROL SELECTIVE OF CONTROL SELEC



Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT...

- rely on acid reduction alone
- rely on pepsin reduction alone
- rely on mucosal protection alone
- profoundly affect intragastric pH

Gastrozepin DOES...

- relieve daytime pain
- relieve night-time pain
- 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 ■

Uses

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.:

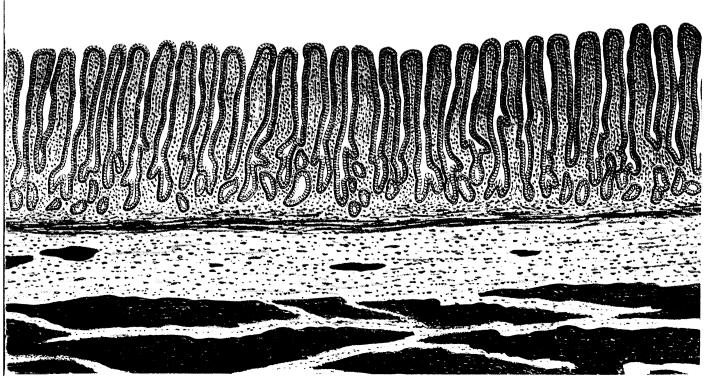
Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. Side effects: occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific

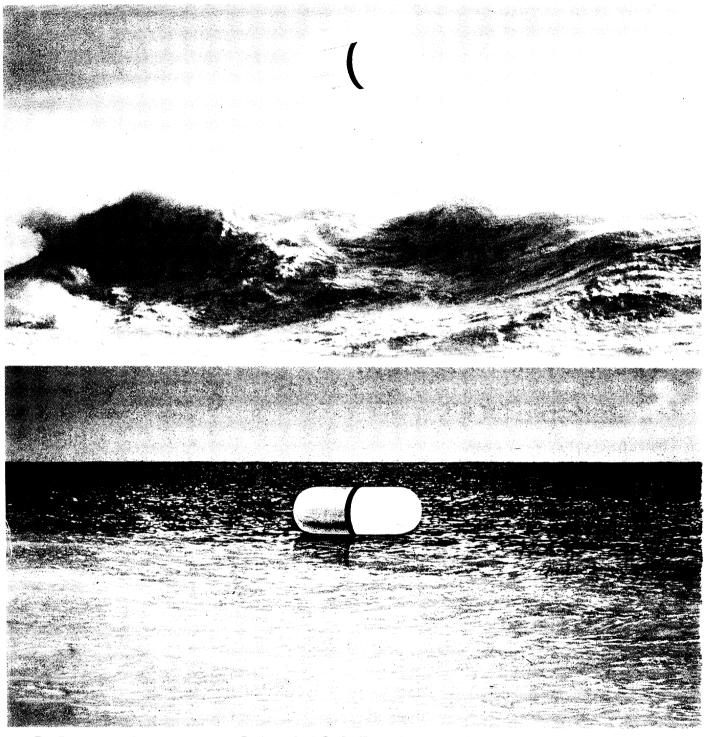
antidote. Basic NHS price:

50 mg tablets, 60 £20.50 **Product Licence No:** 50 mg tablets, PL0014/0260

Further information available on request

The Boots Company PLC, Nottingham, England Gastrozepin® Trade Mark





COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed entericcoated capsule, delivers the oil precisely where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. Uses. For the treatment of symptoms of discomfort and of abdominal colici and distension experienced by patients with initiable bowel syndrome. Dosage and Administration. One capsule three times a day perferably before meals and laken with a small quantity of water. The capsules should not be taken immediately after food. He dose may be increased to two capsules, three times a day when disconfloit is more severe.

The capsules should be taken until symptoms resolve, usually within one or two ways. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 21 o3 months. There is no experience in the use of these capsules in children under the age of 15 years. Contraindications, Warnings, etc. Precautions the capsule should not be contraindications. Warnings, etc. Precautions the capsule should not be contrained to the capsule should not be contrained to the capsule should not be contrained to the capsule should not be capsule with the capsule should not be capsule to the capsule should not be capsule should not be capsule to the capsule should not be capsule to the capsule should not be capsule to the capsule should not be capsule should not should not be capsule should not should not sh

Treatment should be discontinued in these patients. Adverse effects: Hearthum, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache bradycardia, music termor and ataxia. Product Lisens kin rash, headache bradycardia, music termor and ataxia. Product Lisens Pt. 0.622 0.009 Basic MS Cost. \$10.00 pt. 00.00 UK and Foreign Patients pending colpierms in set ande mark of Tollots Laborationes. Further information is available from Tillots Laborationes. Hendino Badiate, Penliow Beds. European Patients and Cost. 2008 0.11 UK Patient No. 2008 0.11





PAX TAGAMETICA

'Tagamet' 400mg nocte can keep your duodenal ulcer patients free of relapse

Prescribing Information
Presentations Tagamet Tablets, PL 0002/0063, each containing 200 mg
cimetidine. 500, 572.75. Tagamet Tablets, PL 0002/0092, each containing
400 mg cimetidine. 56.516.30. Tagamet Syrup, PL 0002/0073, containing
200 mg cimetidine per 5 ml. 200 ml. 57.86.
Indication Duodenal ulcer

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 ks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at

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

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.

.TG:AD1152

Tagamet 🚾

puts you in control of gastric acid

SKSF Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1982 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark







Era of Richard III

Bodily defence still relies on shields

NOW! A natural mucosal shield helps heal peptic ulcers!

CAVED-S® does what no other ulcer therapy can do: it increases the number of mucussecreting cells1 with virtually no side effects.2 This protects the gastric mucosal barrier against damaging agents 3, 4, 5 and reduces ulcer recurrence.6

An 88% healing rate in 12 weeks7 has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers7 and comparable efficacy to ranitidine in healing duodenal ulcers.6

REFERENCES:

1. Van Marie J, Aarsen PN, Lind A, et al: Degly-cyrrhizinised liquorice (DCL) and the renewal of rat stomach epithelium. Eur J Pharmacol 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. Digestion 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquorice on gastric mucosal damage by aspirin. Scand J Castroenterol 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RJ, et al: The effect of deglycyrrhizinzed liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. and aspirin absorption in rats, abstracted.



(deglycyrrhizinated liquorice, alum hydrox gel, mag carb, sod bic)

"The Mucosal Shield" for peptic ulcers



Henlow Trading Estate, Henlow, Bedfordshire. SG16 6DS. Telephone 0462 813933 Telex: 82313 Tillab G.

PRESCRIBING INFORMATION Presentation

Brown tablets embossed 'CAVED-S', each containing: Deglycyrrhizinated Liquorice Dried Aluminum hydroxide gel Magnesium carbonate 380 mg 100 mg 200 mg Sodium bicarbonate 100 mg

For the treatment of peptic ulcer and other allied conditions. Dosage and Administration: Adult dose for gastric ulcer: 2 tablets 3 times a day between meals.

Adult dose for duodenal ulcer:
Increase to 2 tablets 6 times a day between meals when necessary Prophylactic dose: Gastric ulcer: 1 tablet 3 times a day, between meals.

Duodenal ulcer: tablets 3 times a day, between meals Children's dosage 10-14 years: half adult dose. The tablets should be lightly chewed and swallowed with a drink of water, but in exceptional cases of objection to taste, the tablets should be broken into

a few pieces and then swallowed with a drink of water. No additional antacids are necessary Contra-indications, warnings, etc: Rare cases of mild diarrhoes can occur. No other side-effects have been reported. Caved-S should be used with caution

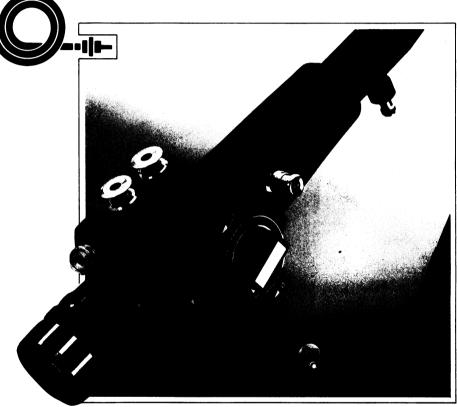
in pregnancy.

Basic NHS Price: 60's-£2.83 240's-£10.12 600's-£22.76 PL0424/5000.



Gastroenterology 82:1134, 1982. 5. Morris TJ,
Calcraft BJ, Rhodes J, et al: Effect of a
deglycyrrhizinised liquorice compound in the
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11:355-363, 1974. 6. McAdam WAP, Morgan AC,
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7. Morgan AG, McAdam WAF, Pacsoo C:
Comparison between cimetidine and Caved-5 in
the treatment of gastric ulceration, and
subsequent maintenance therapy. Gut
23:545-551, 1982.





THE OLYMPUS CF-LB3W COLONOSCOPE

two-stage flexibility for easy insertion.

There are seven other models in the Olympus colonoscope range, including the new PCF paediatric scope. Only with Olympus do you get this selection.

The instrument of choice for total colono- A demonstration of the CF-LB3W, or any scopy, with its wide field of view and of the other seven models, will show the superiority of this extensive range from Olympus.

> Backed by KeyMed's second-to-none after-sales service and the unique first year unconditional guarantee.

The ideal combination of quality and service



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Renaissance

Mediaeval Crusades



Era of Richard III



Bodily defence still relies on shields

NOW! A natural mucosal shield helps heal peptic ulcers!

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Gastric ulcer:

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Duodenal ulcer: tablets 3 times a day, between meals.

Children's dosage 10-14 years: half adult dose.

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in pregnancy. Basic NHS Price: 60's—£2.83 240's—£10.12 600's-£22.76 PL0424/5000.

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Era of Richard III

Bodily defence still relies on shields

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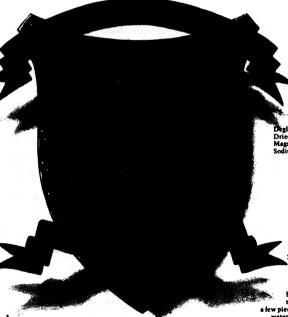
CAVED-S° does what no other ulcer therapy can do: it increases the number of mucussecreting cells¹ with virtually no side effects.² This protects the gastric mucosal barrier against damaging agents ³.4.5 and reduces ulcer recurrence.6

An 88% healing rate in 12 weeks⁷ has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers⁷ and comparable efficacy to ranitidine in healing duodenal ulcers.⁶

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CAVED-S°

(deglycyrrhizinated liquorice, alum hydrox gel, mag carb, sod bic)

"The Mucosal Shield" for peptic ulcers



Henlow Trading Estate, Henlow, Bedfordshire. SG16 6DS. Telephone 0462 813933 Telex: 82313 Tillab G.

PRESCRIBING INFORMATION

Presentation:
Brown tables embossed
(CAVED-S; each containing:
Deplycyrrhizinated Liquorice 380 mg
Dried Aluminum hydroxide gel 100 mg
Magnesium carbonate 200 mg
Sodium bicarbonate 100 mg

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Indications:
For the treatment of peptic ulcer
and other allied conditions.

Dosage and Administration:
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Adult dose for duodenal ulcer:
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between meals when necessary.
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Gastric ulcer: 1 tablet 3 times a day, between meals. Duodenal ulcer: 2 tablets 3 times a day, between meals.

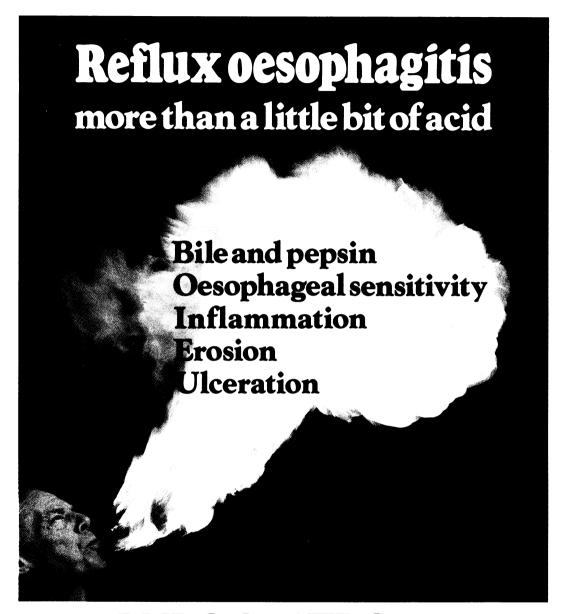
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carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

more than an antacid -a positive healing treatment

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A fresh approach to peptic ulcers



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 sucraliate Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastrics. Dosage and Administration For oral administration facults—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 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 reliet of pain Contra-Indications, Precautions, Warnings, etc. Contra-Indications There are no known contraindications 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 3.48 with
all inedicines. Antiepsis should not be used in early pregnancy
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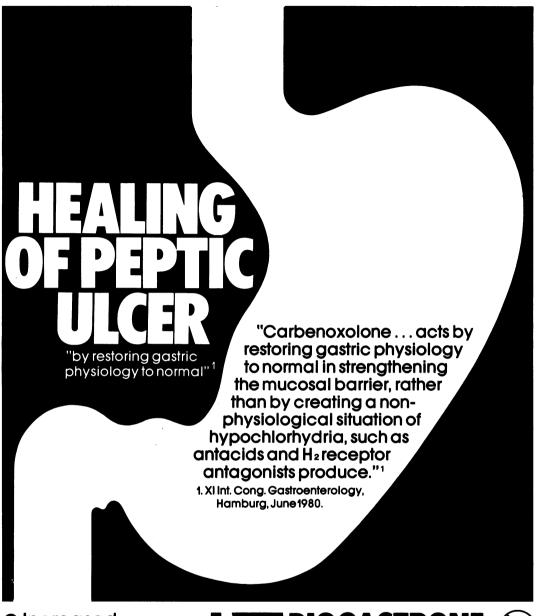
765 South Circular Road, Islandbridge, Dublin 8



Ayerst Laboratories Ltd., South Way, Andover, Hampshire SP10 5LT. Telephone: 0264 58711. Distributors in Ireland: Ayerst Laboratories Ltd.

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Further information is available on request to the Company



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



OGASTRONE carbenoxolone







BIOGASTRONE

carbenoxolone for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets. PL 0071/5902. Bottles of 100. Basic NHS cost: 1 week's treatment £2.63 (21 tablets) – £5.26 (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) £ 1.01.

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 or amiloride should not be used because they hinder 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 or Duogastrone for women who may become pregnant.

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