

Nature Plays a Dual Role in the Management of Irritable Bowel Syndrome

1.

With the natural goodness of high-fibre foods

The irritable colon is affected by the amount of fibre in the diet. It is known that diets rich in high-fibre foods tend to normalize the function of the colon, which can result in softer, bulkier stools and a decrease in patient discomfort. Thus, a high-fibre diet is often considered basic therapy in the management of IBS.



2.

With the natural efficacy of COLPERMIN

Colpermin provides natural relief to help the irritable bowel regain normal function. It has a powerful antispasmodic effect that relieves abdominal pain.

It is a naturally occurring carminative that relieves flatulence and gaseous distension. Enteric-coated capsules deliver relief direct to the site of action in the distal small bowel.

COLPERMIN™

(enteric-coated peppermint oil) CAPSULES



Henlow Trading Estate, Henlow, Beds. SG16 6DS

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 colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms

resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 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 broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity

reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £1058 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

European Patent No. 0015334. UK Patent No. 2006011

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.

For the treatment of peptic ulcer

Twice daily


GASTRO SELECTIVE

Gastrozepin[®]

pirenzepine



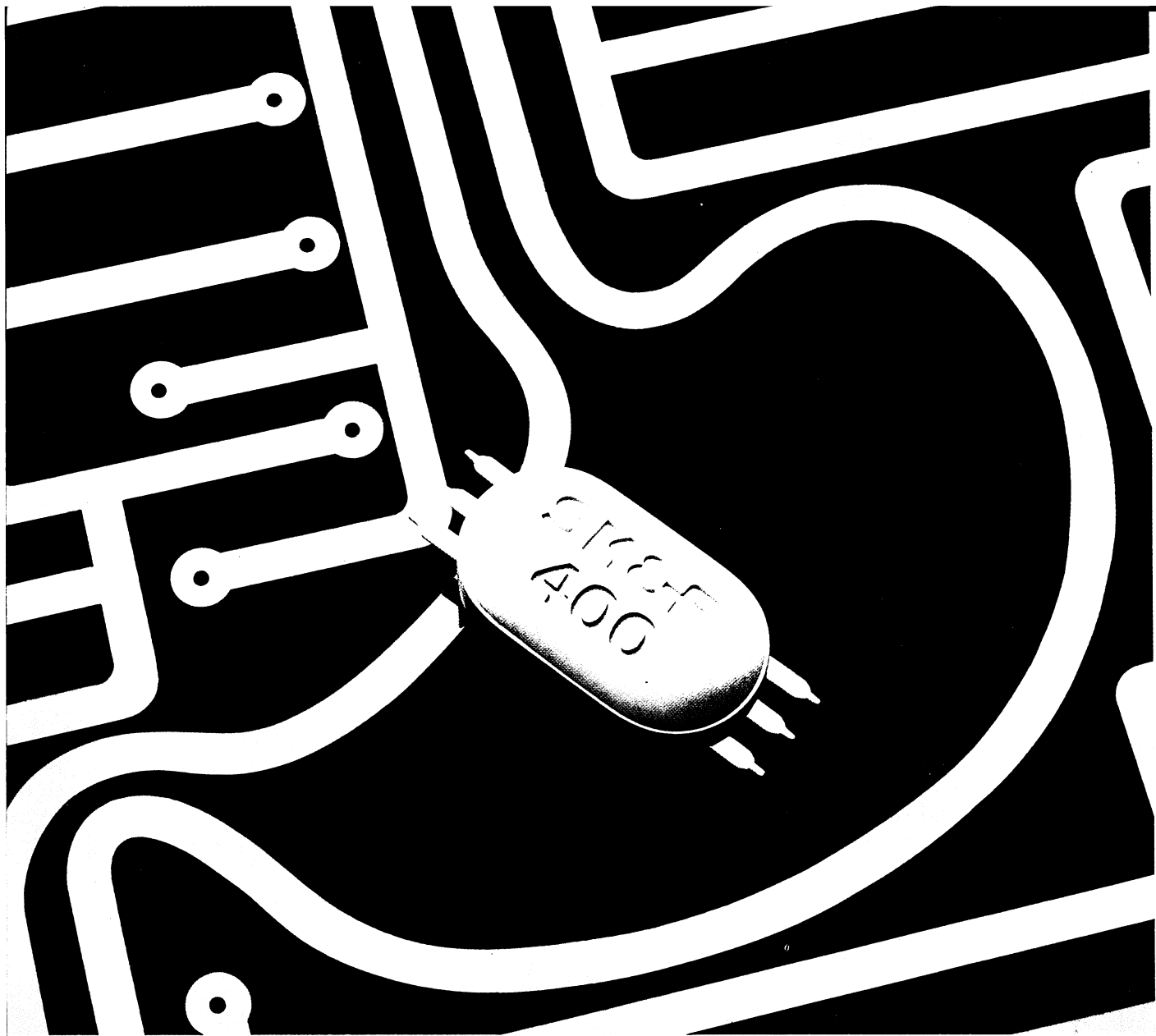
The gastro-selective
anti-secretory

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. **Dosage:** 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 is available on request
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark



Gastro-technology

Tagamet

cimetidine
acid controlled

Prescribing Information. Presentations 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. 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. with meals 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. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. *Oesophageal reflux disease*, 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. 400 mg at start of labour then 200 mg 2-hourly as necessary, suggested maximum 1.6 g. Do not use 'Tagamet' syrup. *Zollinger-Ellison syndrome*, up to 2 g a day, divided. *Recurrent and stomal ulceration and short bowel syndrome*, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). *N.B. For full dosage instructions see Data Sheet.* **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (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. 9.12.83.

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SK&F 

A BETTER CHOICE EVERY TIME

IT WORKS In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.^{1,2}

PATIENTS PREFER IT Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to 1/3 less per dose than a standard proprietary enema.³



IT'S SAFER Recent clinical data shows Colifoam has extremely low levels of systemic absorption,⁴ lower than proprietary prednisolone enemas.⁵ Therefore, there is less potential for adrenal suppression which means that Colifoam may be considered safer in long-term use.

COLIFOAM

hydrocortisone acetate foam

IN DISTAL INFLAMMATORY BOWEL DISEASE. A BETTER CHOICE EVERY TIME.

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 (illustrated instructions are enclosed with every pack). Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category** POM. **Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg 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. **References** 1. Ruddell WSJ, et al. Gut 1980; 21: 885-889. 2. O'Donoghue D. Modern Medicine, December 1981; 45. 3. Source: Mims. 4. Barr WH, Kline B, Beightol L, Zfass A. Medical College of Virginia/Virginia Commonwealth University, FDA bioavailability submission document October 1981. 5. Lee DAH, et al. Gut 1980; 21: 215-218. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

A new diagnostic promise in gastroenterology



SeHCAT is a γ -labelled taurine conjugate of homocholeic acid. It has been shown to mimic the reabsorption and enterohepatic circulation of the endogenous bile acid pool, and is particularly resistant to deconjugation by intestinal flora.

SeHCAT represents a significant breakthrough, enabling for the first time, accurate and convenient measurement of bile acid pool turnover and assessment of ileal reabsorptive function.

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- Research into the dynamics of the enterohepatic circulation.

Such enormous diagnostic promise has already produced some exciting results.

Information about the product, its applications and the results it has produced are available on request.

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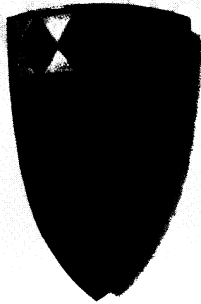
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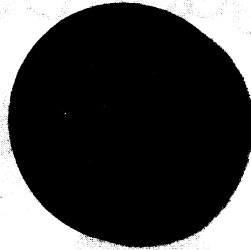
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Renaissance

Medieval Crusades



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 mucus-secreting 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 Marle J, Aarsen FN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinised liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinised liquorice on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhizinised liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted.



CAVED-S®

(deglycyrrhizinised 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:
Deglycyrrhizinised Liquorice 380 mg
Dried Aluminum hydroxide gel 100 mg
Magnesium carbonate 200 mg
Sodium bicarbonate 100 mg

Indications:

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:

2 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 diarrhoea 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,

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deglycyrrhizinised liquorice compound in the

gastric mucosal barrier of the dog. *Digestion*

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7. Morgan AC, McAdam WAF, Pacsoo C:

Comparison between cimetidine and Caved-S in

the treatment of gastric ulceration, and

subsequent maintenance therapy. *Gut*

23:545-551, 1982.

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sulphasalazine

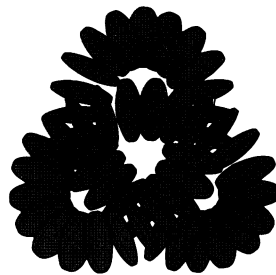
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UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued!"
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



Get them into the

SALAZOPYRIN

 habit
DAY AFTER DAY AFTER YEAR
 500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Plain or EN Tabs. In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day, given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: 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. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in porphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks 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 and Prices Plain Tablets (0.5g) 100 & 500; EG 70 for 100. EN Tablets (0.5g) 100 & 500; EG 70 for 100. Suppositories (0.5g) 10 & 50; £2.80 for 10. Enemas (3.0g) 7; £12.10 for 7.
Product Licence Numbers Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.



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for the surgical patient

Administration of Fortison feeding is most easily accomplished using the Fortison Feeding Set (gastric drip line) and the Fortison Tube.

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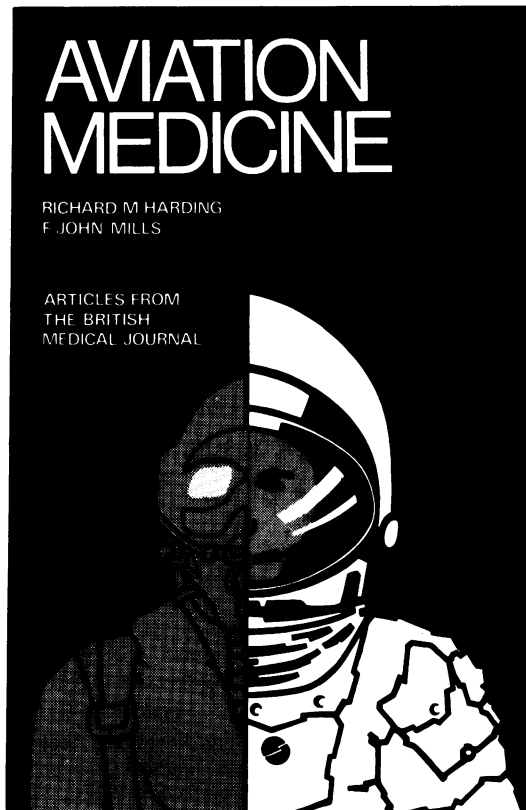
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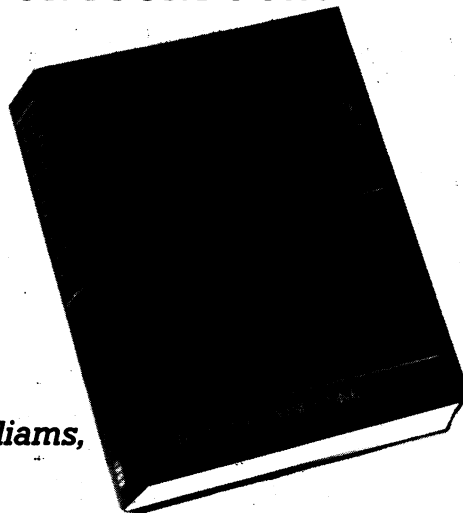
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Inflammatory Bowel Diseases

EDITED BY *R. N. Allan,*
M. R. B. Keighley, J. Alexander-Williams,
Clifford Hawkins

Foreword by Joseph B. Kirsner

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