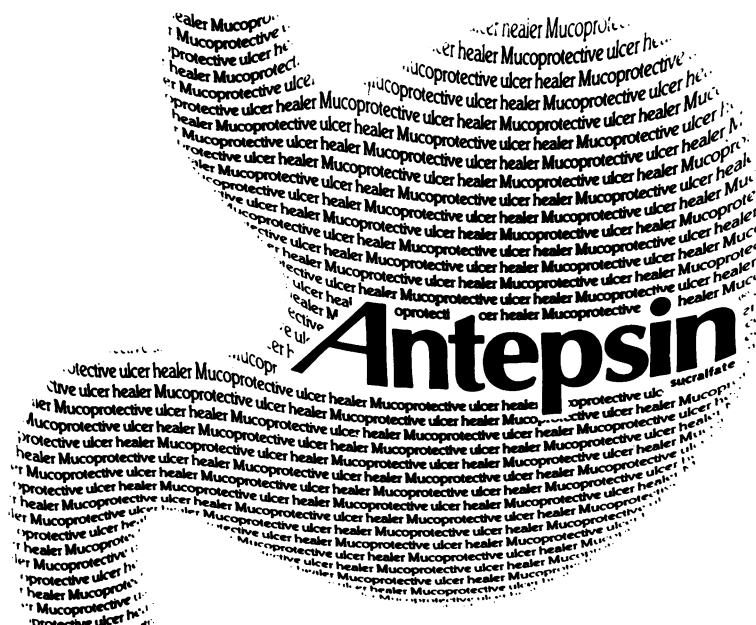


# Antepsin<sup>®</sup>

Sucralfate

## Mucoprotective ulcer healer



## Non-systemic action

Fast pain relief  
Excellent healing rates

Prolonged remission  
Low incidence of side effects

### 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.B.S. Price** Average daily cost 50p.



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.

© ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

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<sup>®</sup>


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<sup>®</sup> Trade Mark

# INTRODUCING Binary Cholelitholytic Therapy

For more effective dissolution and relief of symptoms of common bile duct gallstones,  
use ROWACHOL in combination with chenodeoxycholic acid.<sup>1</sup>

As the only adjuvant cholelitholytic agent containing monoterpenes derived from plant essential oils,  
ROWACHOL not only accelerates the dissolution of gallstones, but also permits reduction of the dose of  
chenodeoxycholic acid, thus reducing the potential for side effects.<sup>2</sup>

"...we reduced the chenodeoxycholic acid dose requirement by almost two-thirds;  
this resulted in a great improvement in patient tolerance and reduced by half the total cost of treatment."<sup>2</sup>

## ROWACHOL

(MENTHOL, PINENE, MENTHONE, CAMPHENE, BORNEOL,  
CINEOLE - COMPOUND OF CYCLIC MONOTERPENES) CAPSULES

### ROWACHOL CAPSULES

#### PRESENTATION

Green enteric coated soft gelatin capsules, each containing:  
Pinene 17mg, camphene 5mg, cineole 2mg, menthone 6mg, menthol 32mg,  
borneol 5mg.

#### USES

Adjunct therapy for the dispersal (by dissolution and/or expulsion) of stones in  
the common bile duct. To be used in combination with chenodeoxycholic acid.

#### DOSAGE AND ADMINISTRATION

For oral administration.  
Adult dose: 1-2 capsules three times a day before meals. There is no dose  
recommendation for children.

#### CONTRAINDICATIONS, WARNINGS, ETC.

Caution should be used in patients receiving oral anti-coagulants or other agents  
metabolised by the liver, where the dose is critical.

Reduced cholesterol intake in the diet is advisable. Although no teratogenic  
effects have been reported, Rowachol should not be given in the first trimester of  
pregnancy.

**BASIC NHS PRICE**  
50 - £5.95

#### LICENCE HOLDER

Rowa Ltd, Bantry Co. Cork, Ireland  
PL 0907 0902

### ABBREVIATED PRESCRIBING INFORMATION

#### ROWACHOL LIQUID

##### PRESENTATION

Pale yellow liquid containing (in olive oil) w/v: menthol 32%, menthone 6%,  
pinene 17%, borneol 5%, cineole 2%, camphene 5%.

##### USES

Cholelithiasis, biliary and hepatic disorders.

##### DOSAGE AND ADMINISTRATION

For oral administration. Adult dose: 3-5 drops four or five times daily. No dose  
recommendation for children.

##### CONTRAINDICATIONS, WARNINGS, ETC.

Caution should be used in patients receiving oral anti-coagulants or other agents  
metabolised by the liver, where the dose is critical.

Reduced cholesterol intake in the diet is advisable. Although no teratogenic  
effects have been reported, Rowachol should not be given in the first trimester of  
pregnancy.

Adverse effects: Eructation and a taste of peppermint can occasionally occur.  
Very occasionally, soreness of the mouth, or even buccal ulceration have been  
reported; these effects disappear on withdrawal of the drug.

**BASIC NHS PRICE**  
10ml dropper bottle: \$5.70

#### LICENCE HOLDER

Rowa Ltd, Bantry Co. Cork, Ireland  
PLR 0531/6286

### REFERENCES:

1. Ellis WR, et al. 'Oral dissolution therapy: a valid option in management of biliary duct stones' Gastroenterology, in press.
2. Ellis WR, Bell GD, Middleton B, et al. 'Adjunct to bile acid treatment for gallstone dissolution: Low dose chenodeoxycholic acid combined with a terpene preparation' BMJ 1981; 282: 611-612.

Further information is available

on request from  
Tillotts Laboratories  
Henlow Trading Estate  
Henlow, Beds. SG16 6DS  
Telephone:  
0462 813933  
Telex: 82313

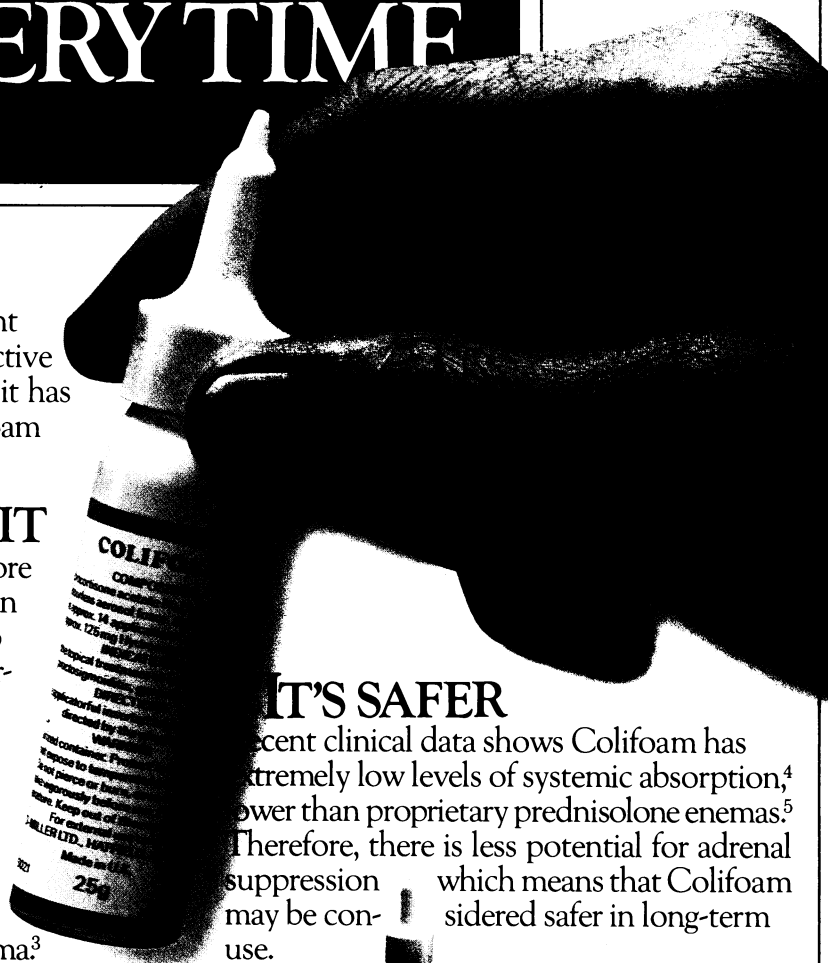
**Tillotts**  
LABORATORIES

# 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.<sup>1,2</sup>

**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.<sup>3</sup>



**IT'S SAFER** Recent clinical data shows Colifoam has extremely low levels of systemic absorption,<sup>4</sup> lower than proprietary prednisolone enemas.<sup>5</sup> 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 125 mg 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 W SJ, 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.

# Ursofalk®

ursodeoxycholic acid

## The simple approach to gallstone dissolution

- \* effective<sup>1,2,3</sup>
- \* lack of side effects<sup>1,4,5</sup>
- \* cost-effective
- \* simple regimen

### References:

1. Roda, E *et al.* Hepatology 1982; 2; no6: 804-810.
2. Bachrach, WH, Hofmann, AF. Digestive Diseases and Sciences 1982; 27; no8: 737-761.
3. Leuschner U. Bilanz der medikamentösen Gallestein Auflösung. Med Klin 1981; 76: 232-234.
4. Volpi C *et al.* Current Therapeutic Research 1979; 26: 225-229.
5. Dowling RH. Hospital Update 1979; 12 (Dec): 1081-1103.



### Prescribing Information

**Presentation** White opaque hard gelatin capsules containing 250 mg ursodeoxycholic acid (UDCA).  
**Uses** Dissolution of radiolucent gallstones measuring up to 15 mm diameter, as assessed on X-ray films, in patients whose gall bladders opacify on oral cholecystography. Ursofalk lowers biliary cholesterol secretion, reduces cholesterol saturation in bile, and facilitates transfer of cholesterol from gallstones to bile. **Dosage and Administration** The following dosage regime is recommended to provide a daily dosage of 8-12 mg UDCA/kg:

Body Weight (kg)	Capsules daily (in 2 doses)	Dose of Ursofalk mg/kg/day
50-62	2	8.1-10
63-85	3	8.8-11.9
86-120	4	8.3-11.6

If doses are unequal the larger dose should be taken in late evening to counteract the rise in biliary cholesterol saturation which occurs in the early hours of the morning. The late evening dose may usefully be taken with food to help maintain bile flow overnight. The time required for dissolution of gallstones is likely to range from 6 to 24 months depending on stone size and composition. Follow up cholecystograms or ultrasound investigations may be useful at 6 month intervals until the gallstones have disappeared. Treatment should be continued until 2 successive cholecystograms and/or ultrasound investigations 4-12 weeks apart have failed to demonstrate gallstones. This is because these techniques do not permit reliable visualisation of stones less than 2 mm diameter. The likelihood of recurrence of gallstones after dissolution by bile acid treatment has been estimated as up to 50% at 5 years. The efficacy of Ursofalk in treating radio-opaque or partially radio-opaque gallstones has not yet been tested but these are generally thought to be less soluble than radiolucent

stones. Non-cholesterol stones may not be dissolved by bile acids. These account for 10-15% of radiolucent stones. Obese patients may require a higher dose of Ursofalk for gallstone dissolution, for example up to 15 mg/kg daily. **Contra-Indications, Warnings etc.** Like other bile acids, Ursofalk is absorbed from the intestine, passed to the liver, conjugated and excreted into the bile. Little information is available on the effects and tolerance of Ursofalk in the presence of hepatic damage or inflammatory bowel disease. The following drugs bind bile acids in vitro and may therefore interfere with absorption of Ursofalk - cholestyramine, charcoal, colestipol and certain antacids e.g. aluminium hydroxide. As with all but essential drugs the use of Ursofalk in early pregnancy is contraindicated. (In the rabbit, but not in the rat, embryotoxicity has been observed). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of UDCA has not been established. **Overdosage** Doses of up to 4 g UDCA/day have been used therapeutically. The compound is almost entirely excreted in the stool as UDCA or bacterial metabolites. Serious toxicity from a gross overdose is not to be expected although some looseness of the bowels may occur. **Pharmaceutical Precautions** Store in a cool dry place. **Legal Category** POM. **Package Quantity** Ursofalk 250 mg capsules in packs of 60. **Further Information** Many patients report a reduction in severity and frequency of biliary colic during bile acid treatment. **Product Licence Number** 4408/0001 **Basic NHS cost:** £28.00 for pack of 60 capsules.

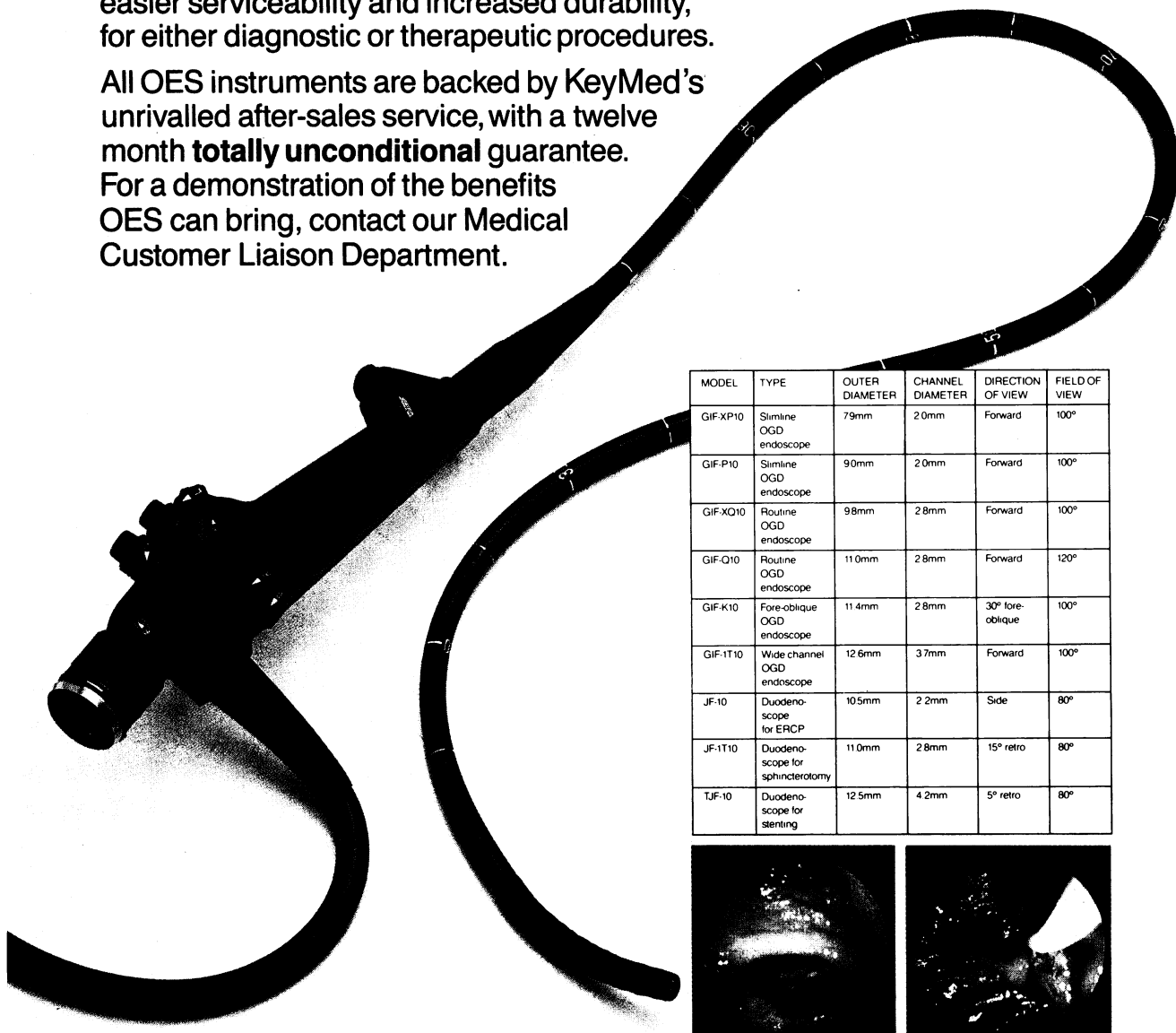
**Thames Laboratories Ltd**

The-Old Blue School, 5 Lower Square, Isleworth, Middlesex TW7 6RL.

# OES OGD Specifically.

OES, 'the ultimate fiberscopes,' with improved optics, complete cleanability, total immersibility, easier serviceability and increased durability, for either diagnostic or therapeutic procedures.

All OES instruments are backed by KeyMed's unrivalled after-sales service, with a twelve month **totally unconditional** guarantee. For a demonstration of the benefits OES can bring, contact our Medical Customer Liaison Department.

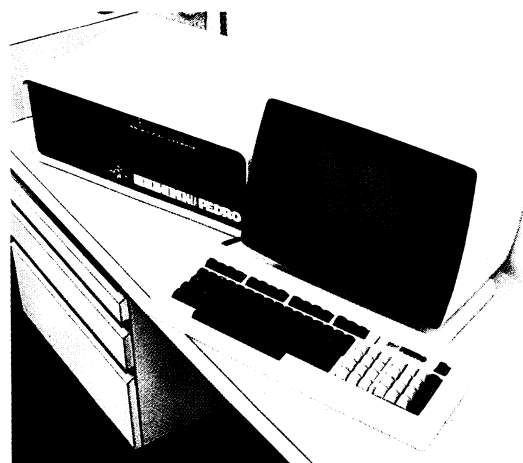
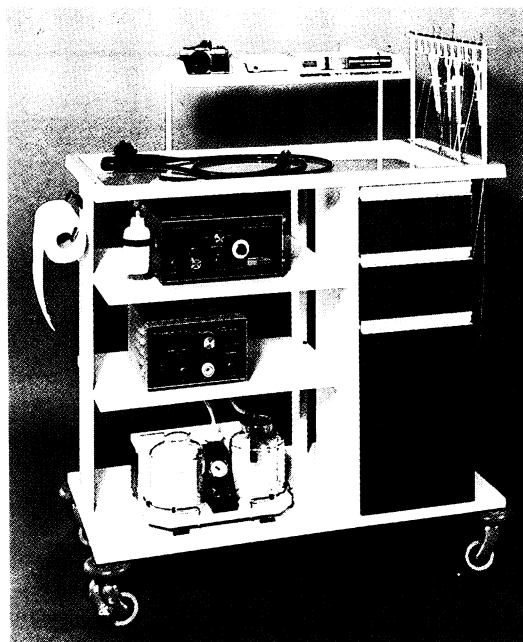


MODEL	TYPE	OUTER DIAMETER	CHANNEL DIAMETER	DIRECTION OF VIEW	FIELD OF VIEW
GIF-XP10	Simline OGD endoscope	79mm	2.0mm	Forward	100°
GIF-P10	Simline OGD endoscope	90mm	2.0mm	Forward	100°
GIF-XQ10	Routine OGD endoscope	98mm	2.8mm	Forward	100°
GIF-Q10	Routine OGD endoscope	110mm	2.8mm	Forward	120°
GIF-K10	Fore-oblique OGD endoscope	114mm	2.8mm	30° fore-oblique	100°
GIF-1T10	Wide channel OGD endoscope	126mm	3.7mm	Forward	100°
JF-10	Duodenoscope for ERCP	105mm	2.2mm	Side	80°
JF-1T10	Duodenoscope for sphincterotomy	110mm	2.8mm	15° retro	80°
TJF-10	Duodenoscope for stenting	125mm	4.2mm	5° retro	80°



**CAN YOU AFFORD TO IGNORE OES?**

# Gastroenterology Generally.



These are just a few of the items available from KeyMed for the gastroenterology department. For a demonstration or further information, contact our Medical Customer Liaison Department.

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Specialised Services to Medicine

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**KeyMed Inc.**

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# Created by Nature. Proven by Science.

---

*For relief of irritable bowel and abdominal pain*

---



The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.<sup>1</sup>

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.<sup>2</sup>

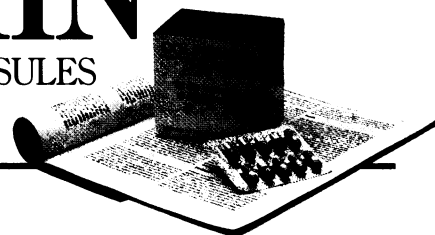
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.<sup>3</sup>

#### References:

1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.
2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

## COLPERMIN<sup>TM</sup>

(enteric-coated peppermint oil) CAPSULES



#### PRESCRIBING INFORMATION

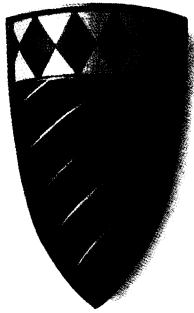
**Presentation:** Enteric-coated gelatin capsule. Each contains 0.2 ml standardised peppermint oil B.P., Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule 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:** £10.58 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.

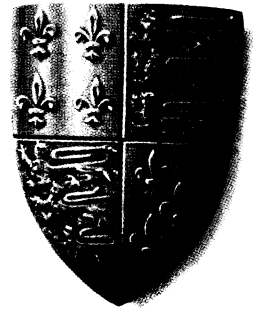
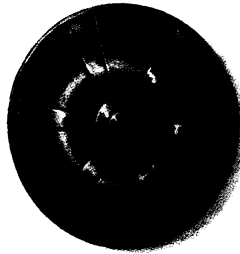
**UK Patent No.** 2006011.

Henlow Trading Estate, Henlow, Beds. SG16 6DS



Renaissance

Mediaeval 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 cells<sup>1</sup> with virtually no side effects.<sup>2</sup> This protects the gastric mucosal barrier against damaging agents<sup>3,4,5</sup> and reduces ulcer recurrence.<sup>6</sup>

An 88% healing rate in 12 weeks<sup>7</sup> has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers<sup>7</sup> and comparable efficacy to ranitidine in healing duodenal ulcers.<sup>6</sup>

### REFERENCES:

1. Van Marle J, Aarsen PN, 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, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAF, Morgan AC, Pascos C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AC, McAdam WAF, Pascos C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.

# 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: persistent dyspeptic symptoms, particularly meal-related; 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 Adults. Oral.** Usual dosage, 400 mg b.d. with breakfast and at bedtime, or, in duodenal ulcer, 800 mg once a day at bedtime. Alternatively 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) or, if inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer). To prevent relapse of peptic ulcer, 400 mg at bedtime or 400 mg morning and at bedtime. **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 2.4 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; up to this dose repeated (parenterally if appropriate) as required if operation is prolonged. 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,** 1.6 g or more a day, divided. **N.B.** Usual maximum 2.4 g/day. **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. Potential delay in diagnosis of gastric cancer (see Data Sheet). 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. 11.5.84.

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. ©1984 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

**SK&F** 



# The UGI-3 Gastroscope

The UGI-3 Gastroscope is an entirely British-designed and British-manufactured flexible endoscope. It is the end result of an extensive programme of close co-operation with the Department of Social Security and prominent UK medical personnel.

The views and advice of leading endoscopists and consultants, together with uncompromising field trials, have produced an instrument with outstanding characteristics - particularly in reliability and ergonomics.

This new endoscope, the first of a planned family, is brought to the market by a member of the Pilkington Group of companies, stressing an increasing commitment to the provision of high technology healthcare products.

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*For relief of irritable bowel and abdominal pain*



The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.<sup>1</sup>

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.<sup>2</sup>

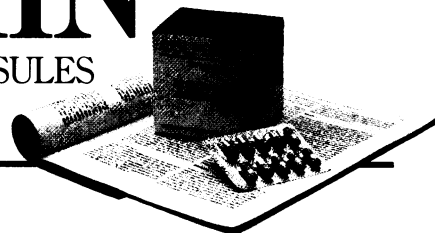
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.<sup>3</sup>

#### References:

1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.
2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

## COLPERMIN<sup>TM</sup>

(enteric-coated peppermint oil) CAPSULES



#### PRESCRIBING INFORMATION

**Presentation:** Enteric-coated gelatin 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:** £10.58 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.

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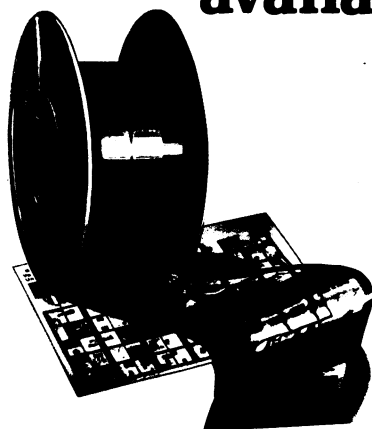
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