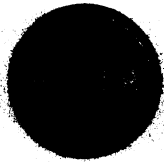


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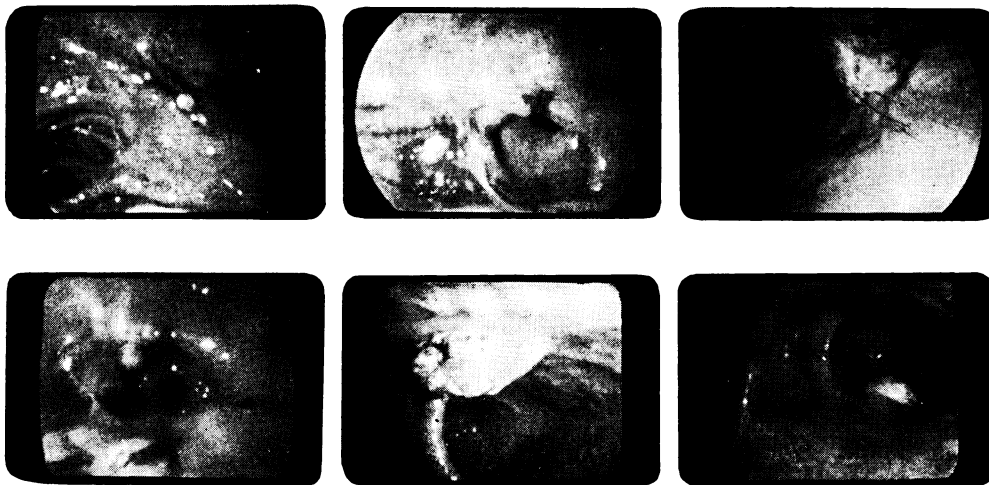
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No service problems. All models are serviced in U.K. quickly, and by fully trained Air-Shields personnel. The Gastro Camera is one of the most important diagnostic developments in the field of gastro-enterology. You should find out about the range of models available. 'Phone us now for a demonstration or detailed technical literature.

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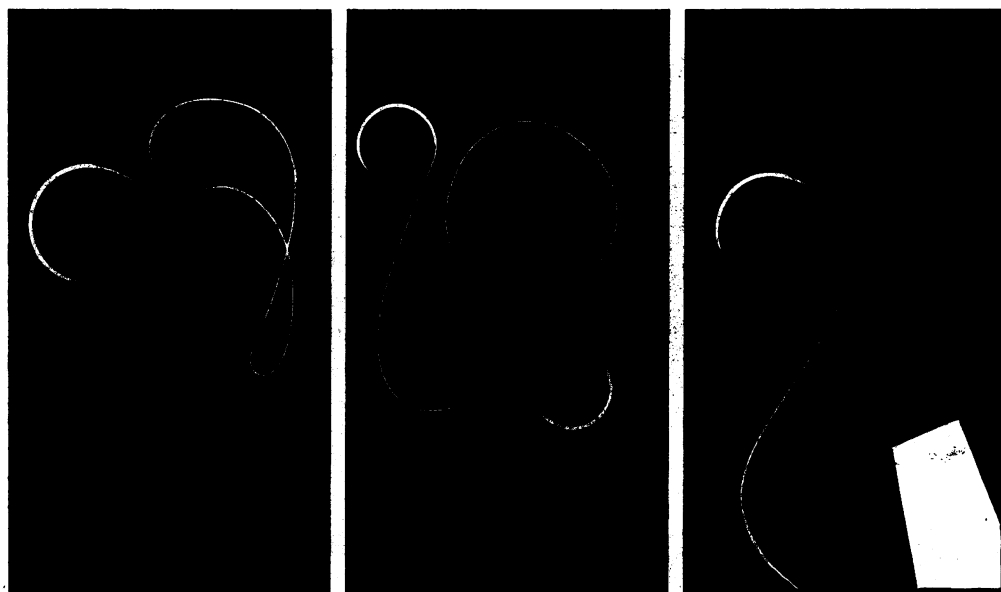
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Hyperacidic and ulcer-prone—one of the many dyspeptic patients who are always coming back to your surgery for an antacid. His is a long-term problem, which calls for a long-term antacid. Not only an antacid with prolonged action but one he can live with. Handy and unobtrusive, easy to take and with a texture and flavour he doesn't easily tire of. Gastrils, in fact.

Gastrils are slow-dissolving acacia gum base pastilles each containing 500 mg. co-dried gel of aluminium hydroxide and magnesium carbonate. Sucking produces an even flow of antacid and demulcent that continues regardless of stomach emptying.

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Early warning campaign page vii

"Ulcerative colitis is one of the greatly misunderstood diseases of today. It is mistakenly thought to be rare only because it is not recognised often in its early stages. This is unfortunate, as many patients respond well to medical treatment if the disease is recognised in time. With proper management, most of them can avoid surgery."¹

"It is also felt that the incidence is increasing."²

As with any disease, early diagnosis and immediate initiation of definitive therapy is essential. Prompt action will reduce the number of fulminating cases and benefit both the patient and the physician. To secure earlier hospital referrals general practitioners are now being alerted by an extensive information campaign detailing the symptoms of the disease.

The acute attack page vi

"Ulcerative colitis is a formidable disease which carries a greatly increased risk of death throughout the whole period of follow up."³

The rational approach to therapy of ulcerative colitis is to use a drug with a specific affinity for connective tissue especially the colonic submucosa. Salazopyrin is such a drug. ⁴ Results of Salazopyrin treatment are often dramatically successful. ⁵

The relapse page viii

Details of "the first demonstration in a formal trial that any treatment reduces the relapse-rate in ulcerative colitis." ⁶

1. Postgrad. Med., 1960, 28, 157

2. Proc. roy. Soc. Med., 1966, 59, 369

3. Gut, 1963, 4, 299

4. Acta Med. scand., 1963, 173, 61 and 391

5. From Gastroenterology Vol II. W. B. Saunders Company Philadelphia 1964, p. 863

6. Lancet, 1965, i, 185



The acute attack

Achieving Remission

Salazopyrin has a marked affinity for connective tissues. Very high concentrations of Salazopyrin are found in the intestines and intestinal lumen, and unlike ordinary sulphonamides, Salazopyrin exhibits a prolonged retention in the colonic submucosa. ¹

The results of Salazopyrin treatment of ulcerative colitis are often dramatic. Within two or three days, the number of stools decreases, abdominal cramps disappear, the fever subsides and the appetite improves. ²

The auxiliary rôle of steroids in fulminating cases must not be overlooked, but their action is essentially suppressive rather than curative. ³ Successful results are reported with the combined use of Salazopyrin and steroids. ^{4, 5}

However, the mild and moderate acute attacks are best treated with Salazopyrin alone. ^{6, 7}

A high percentage of patients respond to medical treatment but more than 80% will have a relapse within one year unless treatment is continued beyond the acute attack. ⁸ (see following pages)

Dosage for the Acute Attack

Two to four tablets (1 g to 2 g) four to six times daily. The dosage should be adjusted according to the patient's needs. This is decreased to the maintenance dose (2 g daily) as the patient improves. At any indication of a relapse, however, the dosage should be increased to the maximum tolerated level.

1. Acta Med. scand., 1963, 173, 61 and 391
2. From Gastroenterology Vol II. W. B. Saunders Company Philadelphia 1964, p.863
3. New Engl. J. Med., 1964, 271, 891
4. Brit. med. J., 1962, ii, 1708
5. Dallas Med. J., 1964, 50, 240
6. Proc. roy. Soc. Med., 1960, 53, 647
7. Gut, 1960, 1, 217
8. Gut, 1963, 4, 299

The patient with ulcerative colitis is usually pale, tense, depressed and exceedingly disturbed emotionally.

He is weak and beset by many problems (some real and some imaginary).

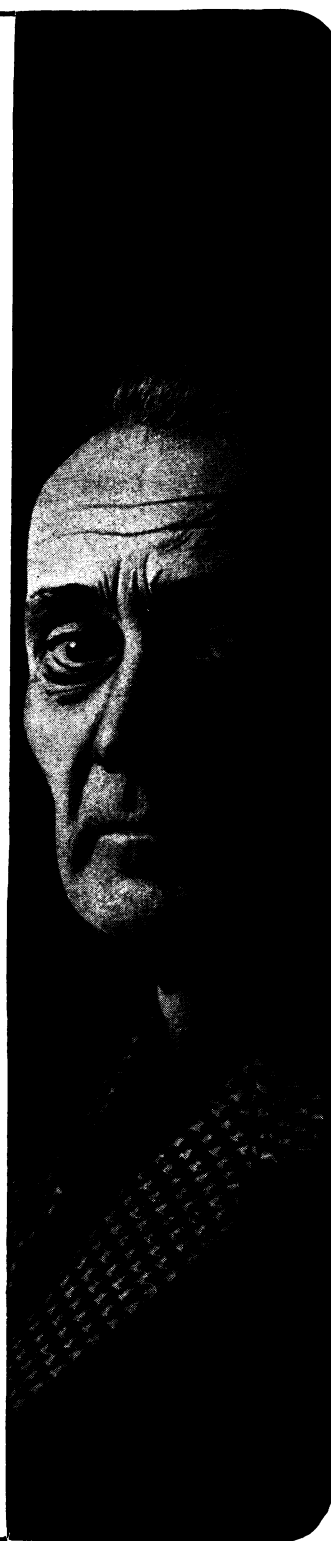
His intestines are inflamed and infected. He passes very frequent bloody and pus-ridden stools. One bowel action often precedes another. He may exhibit rectal tenesmus.

The condition will also manifest itself by loss of weight, anorexia, anaemia, abdominal cramps and fever.

Examination reveals malnutrition, dehydration, abdominal tenderness and increased bowel sounds. The rectal mucosa has a granular feel.

Mild and moderate cases may only have some of these symptoms.

**THIS NOTICE IS CURRENTLY
BEING BROUGHT TO THE ATTENTION
OF GENERAL PRACTITIONERS
WITH THE OBJECT OF CREATING
GREATER AWARENESS OF
ULCERATIVE COLITIS**





The relapse

Maintaining Remission

Most ulcerative colitis patients will respond to medical treatment but more than 80% will have a relapse within 1 year unless the treatment is continued beyond the acute attack.

Salazopyrin is the *only* preparation which is suitable for the long-term treatment of the ulcerative colitis patient.

"This is the first demonstration in a formal trial that any treatment reduces the relapse rate in ulcerative colitis . . . it therefore appears preferable to systemic corticosteroids, for this purpose.

24 (out of 34) patients remained in symptomatic remission for a year while taking 2 g of Salazopyrin daily whereas only 8 (out of 33) remained symptom free in the placebo group.

22 out of the 24 patients on Salazopyrin who remained in remission at the end of the trial had a non-haemorrhagic mucosa which, in many cases, appeared normal.

. . . only 3 patients out of 34 had to discontinue treatment because of side-effects.

In the patients treated with Salazopyrin, there was no difference in the haemoglobin level before and after treatment ; but the mean white-cell count was lower after 6 months or a year than at the start of the treatment, though in no patient was it less than 4500 per c. mm."

Lancet, 1965, i, 185

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Salazopyrin (sulphasalazine) is available as both the plain 0.5g tablet or as the 0.5g En-tablet. The latter is enteric coated and has been specifically designed for use in the patient who may exhibit gastro-intestinal intolerance to the plain tablet.
Literature and detailed information on Salazopyrin are available on request.



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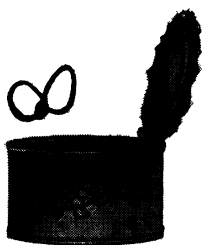
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eradicates infection in the wall of the intestine
kills organisms in the lumen
consolidates stools, adsorbs toxins and exerts a demulcent effect on inflamed mucosa.

Indications

Bacterial Diarrhoea
Bacterial Food Poisoning
Bacillary Dysentery
Intestinal infections due to sensitive organisms.



Wide Bacterial Cover

Penbritin KS is active against: Salmonellae, Shigellae, E.coli, Strep. faecalis (enterococci), Clostridia, Staphylococci (other than penicillinase-producing strains).

Accepted Antibacterial Agents

Penbritin and Sulphadimidine are well-established B.P. preparations. Both are well absorbed and provide antibacterial activity not only in the lumen but also in the gut wall, the most important site of infection.



Rapid Action

Clinical experience has shown that relief is given often within 24 hours.

Dosage: Adults 20 ml. 6-hourly;
Children 10 ml. 6-hourly.

Availability: Bottles of 60 ml.
(Basic N.H.S. cost 8/9 per bottle)



Side-Effects Unlikely

Penbritin KS combines ampicillin and sulphadimidine, two of the safest and most widely used antibacterials. Side effects are unlikely, due to the short duration of treatment. Contra-indications: Allergy to penicillin or intolerance to sulphonamides.



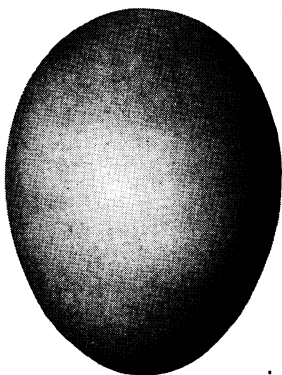
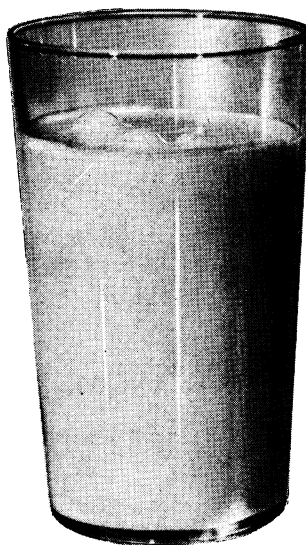
Penbritin KS (regd.) is a product of

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No nourishment here . . .

. . . unless an adequate supply of pancreatic enzymes is available to complete digestion.



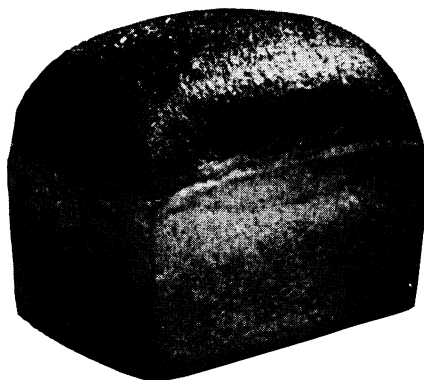
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References: *Diseases of Children* (1964), Blackwell, Oxford. *Diseases of Infancy and Childhood*. 8th Edn. (1962), Churchill, London. *Lancet* (1960), 1, 365. *Brit. Med. J.* (1958), 2, 1039



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consacré aux relations entre diabète et tube digestif

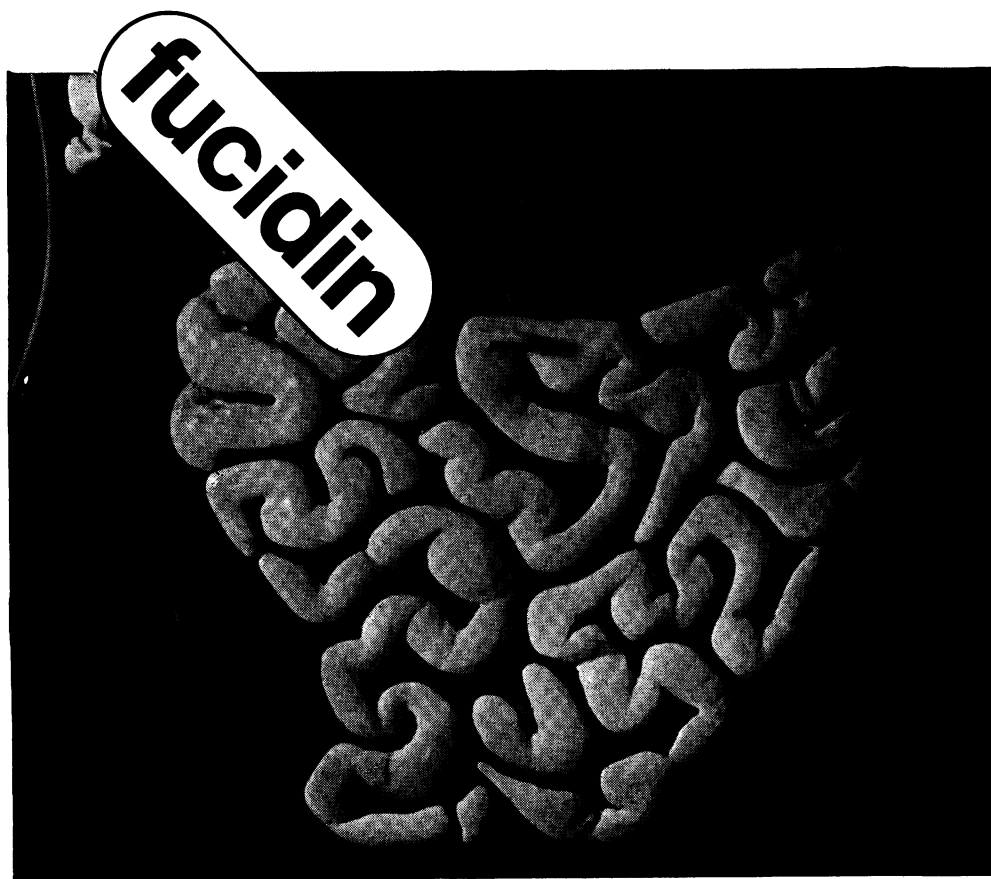
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¹ (1958) *Ann. Inst. Pasteur* 95, 194.

² (1959) *J. Bact.* 78, 477.

³ (1957) *Klin. Wschr.* 35, 198.

⁴ (1959) *Medizinische* 7, 296.

⁵ (1957) *Lancet* (i), 899.

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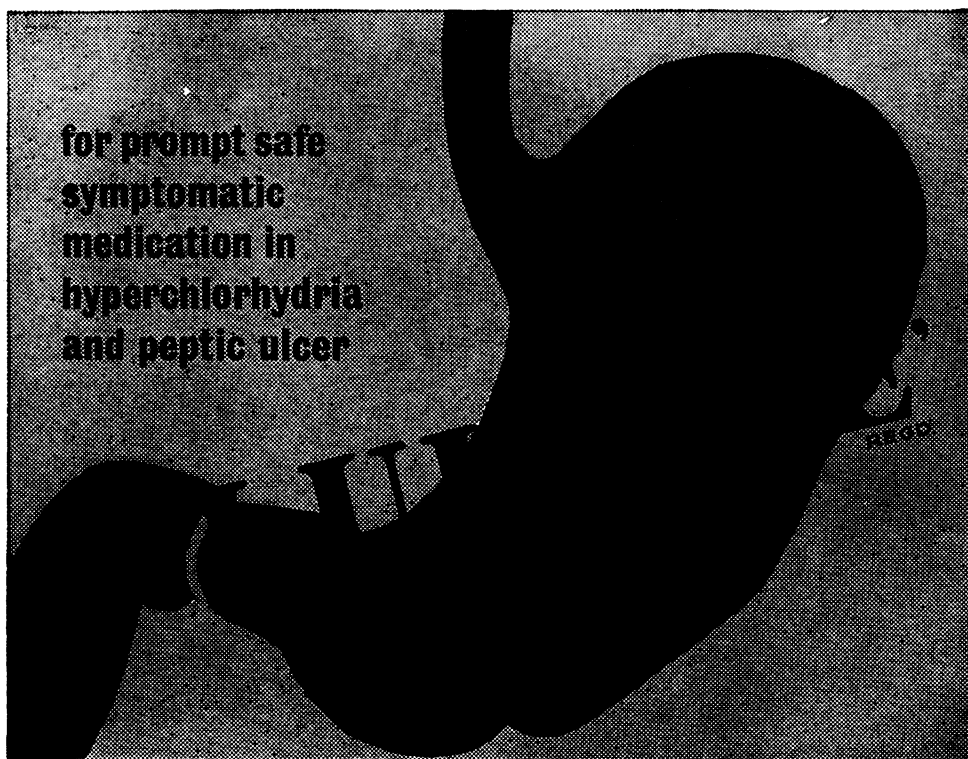
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