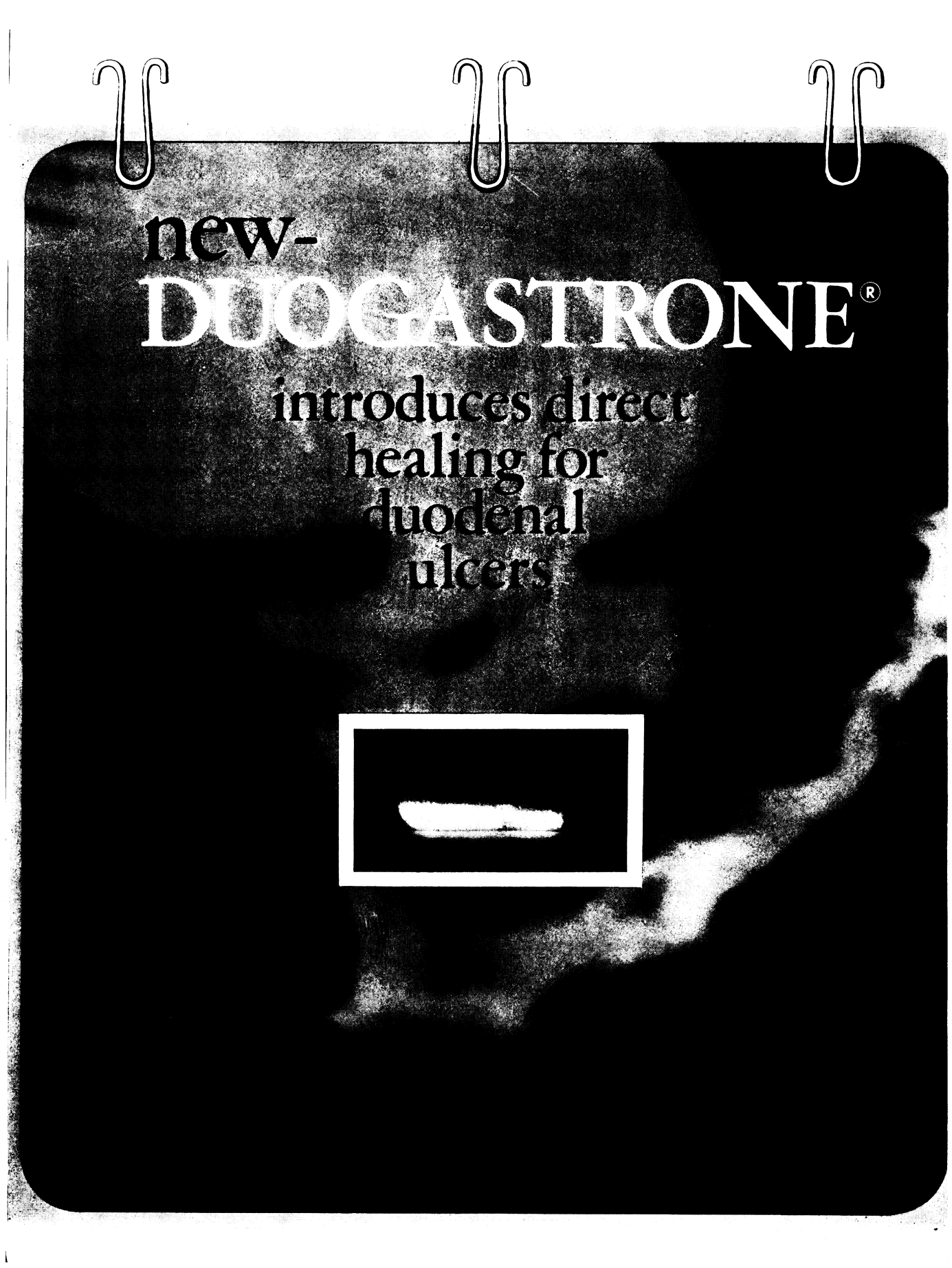

new-
DUOGASTRONE®
introduces direct
healing for
duodenal
ulcers

# DUOGASTRONE®

## introduces specific therapy for duodenal ulcers

DUOGASTRONE has a direct, rapid healing action which can obviate the need for symptomatic medication, bed rest and dietary restriction in the treatment of duodenal ulcers.

The active constituent, carbenoxolone sodium, has been described as the only drug to heal gastric ulcers.[1] Now, by means of a specially designed 'positioned release' capsule, DUOGASTRONE delivers this unique active healing agent directly to the site of duodenal ulceration. Absorbing moisture from the stomach, the DUOGASTRONE capsule swells to a size which prevents its passage through the pyloric canal. At the pyloric antrum – the pressure of the sphincter and the intracapsular pressure combine to break open the capsule – releasing a concentrated solution of carbenoxolone sodium directly into the duodenum.[2]

Patients feel the benefit of DUOGASTRONE therapy within a few days. Freed from distressing symptoms they go about their normal activities whilst healing proceeds. Objective improvement – as evidenced by disappearance of the ulcer crater – is often seen within four weeks.[2]

Including the published results of a double-blind trial[2] the over-all success rate with DUOGASTRONE was 87%.

DUOGASTRONE capsules, each containing 50 mg carbenoxolone sodium.
Containers of 28 capsules.

**References**

1 Gut (1965) *6*:19.
2 Practitioner (1967) *199*:109.

Additional information on request from:

**Berk Pharmaceuticals Limited, Godalming, Surrey**

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

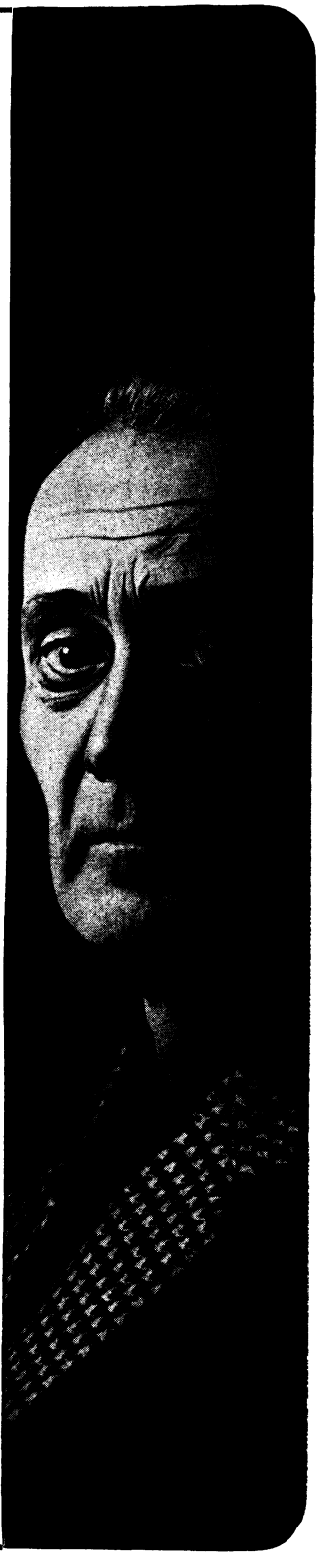
He is weak and beset by many problems (some real and some imaginary).

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.

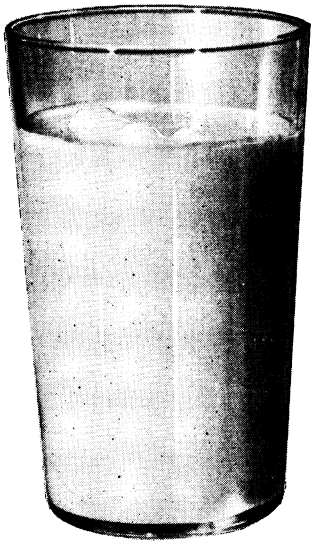
The condition will also manifest itself by loss of weight, anorexia, anaemia, abdominal cramps and fever.

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.

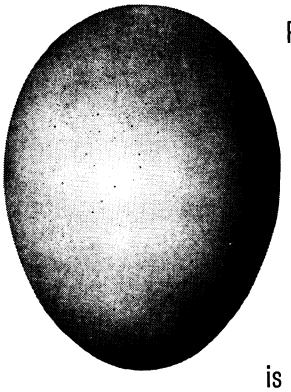


THIS NOTICE IS CURRENTLY BEING BROUGHT TO THE ATTENTION OF GENERAL PRACTITIONERS WITH THE OBJECT OF CREATING GREATER AWARENESS OF ULCERATIVE COLITIS



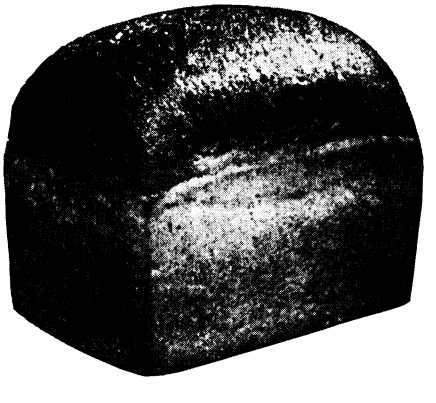
# No nourishment here . . .

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



Pancrex V is the most effective preparation for replacing pancreatic secretion in the gut. It is indicated in cystic fibrosis of the pancreas, chronic pancreatitis, pancreatectomy, post-cholecystectomy and in all digestive disorders where a relative deficiency of pancreatic enzymes is a contributory factor. Pancrex V is activated, whole dried pancreas having a tryptic activity approximately equal to 5 times that of Pancreatin B.P.

## Pancrex V



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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