



Relieve the pressure in the haemorrhoid patient

If the answer to haemorrhoids was just a matter of ointments and suppositories, patients wouldn't keep on coming back.

Certainly, they need topical treatment to relieve their symptoms. In many cases, however, an important aetiological factor is raised intra-abdominal pressure, due to straining to pass small hard stools which can result from a diet deficient in natural fibre.

In such cases, clearly, a new approach is needed—one which complements topical therapy with treatment of the underlying cause.

Fybogel

complements topical therapy in haemorrhoids

Fybogel is designed to do just this, by providing a controlled high fibre regimen.

In raising the level of natural fibre in the diet, Fybogel produces softer, well formed stools, thus reducing straining and preventing raised intra-abdominal pressures. In this way, Fybogel treats the common cause of the haemorrhoids, while your topical prescriptions relieve immediate discomfort.

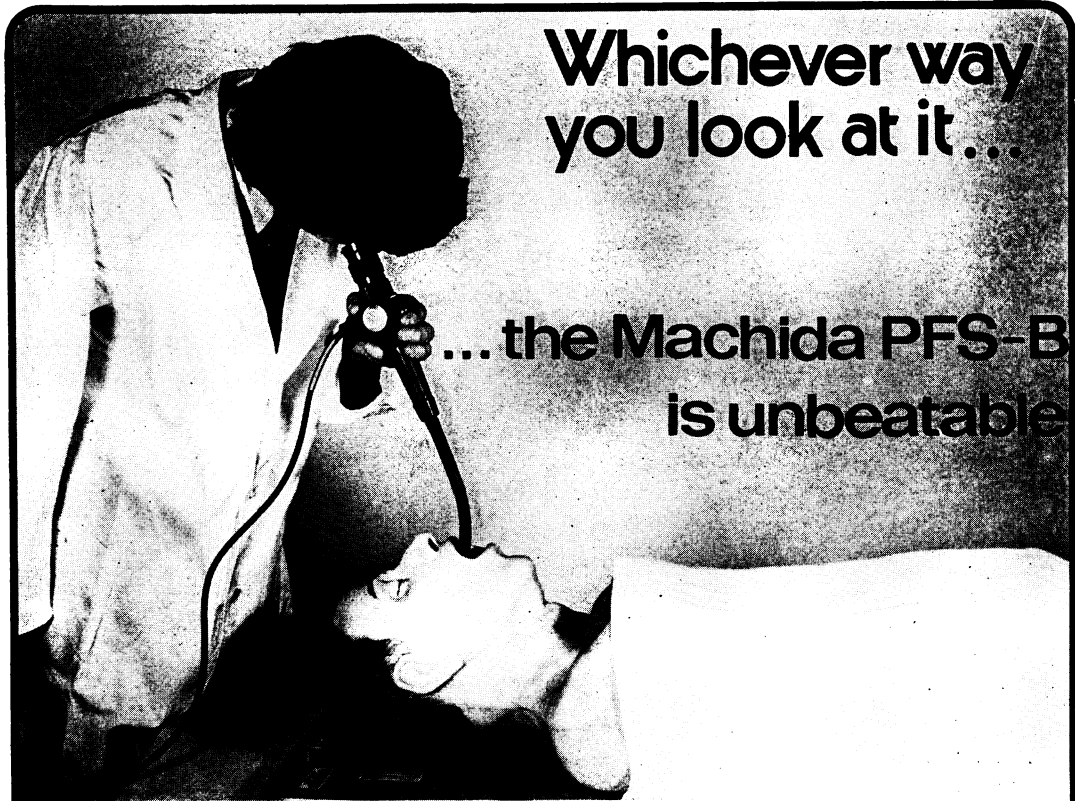
Fybogel provides the necessary fibre in the form of a palatable drink—the granules disperse easily in water. Two sachets daily, taken after meals, is the dosage usually required to restore normal intra-abdominal pressure. And treat haemorrhoids.

Fybogel: single-dose sachets, containing 3.5g Ispaghula Husk B.P.C.



Full information is available on request from:
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Until December 31 1975 Machida are giving away their fully automatic Kowa Scope Camera with every PFS-B fibroscope sold. Or you may choose endoscope accessories to the same value—£480!



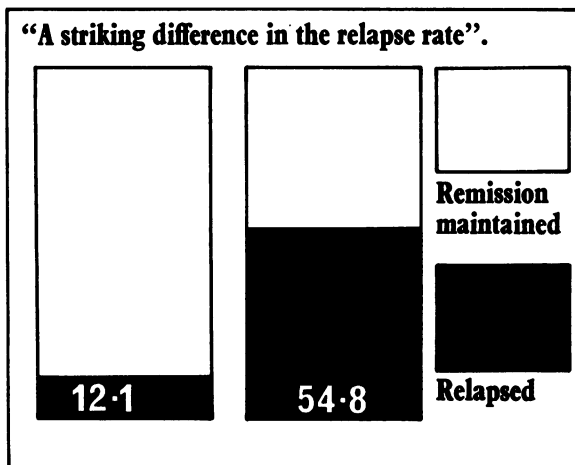
SPECFIELD — for the inside story

1A Jennings Buildings, Telephone: Windsor 53132
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Windsor, Berks. SL4 1QP Fibrescopes and accessories

“It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects”.¹

The results of the above controlled trial carried out at the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford, are all the more welcome as earlier trials of cortisone² and prednisone³ at standard dosages have shown them to be totally ineffective in reducing the number of recurrences of ulcerative colitis.

“Fortunately, Sulphasalazine tablets, 0.5 grams, 4 times a day will prevent relapses in the majority of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely, since we do not know when, if ever, it can be safely stopped”.⁴



“The patients who received dummy tablets had more than four times the relapse rate of those receiving sulphasalazine”.¹
(Salazopyrin).

Salazopyrin (sulphasalazine) is available as the plain 0.5 g. tablet, 0.5 g. EN-tab and as an 0.5 g. suppository. Literature and detailed information on Salazopyrin are available on request.

References

1. Gut (1973) 14 923-926
2. Brit. med. J. (1959) 1 387-394
3. Lancet (1965) i 188-189
4. General Practitioner (1972) April 7 p 11.

Salazopyrin — to be continued indefinitely

Further information available from:—

Salazopyrin is a registered trade mark.

Pharmacia (Great Britain) Ltd.,
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Telephone: 01-579 0102/7





Endoscopy confirms that De-Nol heals ulcers

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De-Nol * heals gastric and duodenal ulcers
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* is free from serious side-effects

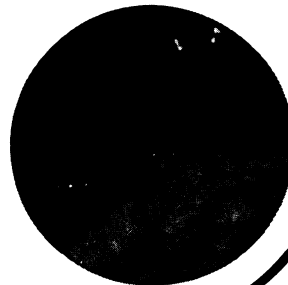
"The combination of lack of side-effects in addition to promotion of ulcer healing suggests that (De-Nol) has a clinical role in the management of the ambulant patient with duodenal ulcer." GUT 1974 15 189-193.

"The degree of healing with (De-Nol) is comparable to, or better than that achieved by the most extensively used ulcer-healing agent, carbenoxolone sodium." BSG, Birmingham, September 1974; GUT 1974 15 833.

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Q

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A

**For a full year without relapse,
12 tablets a day for up to 16 weeks***

The Practitioner

June 1973 Vol. 210 pp. 820-823

* This dosage regimen was established in a recent trial of Caved-S on patients all with intractable duodenal ulcer and a history of more than six relapses in the year prior to the trial. Of twenty patients receiving 12 Caved-S tablets a day for 16 weeks, 12 had no relapse in a full year's follow-up, and the other 8 had two or one relapse in the follow-up year. All these patients had actually been referred for surgery, but surgery was avoided in all cases. Another similar group of 20 patients received 8 Caved-S tablets a day for 8 weeks - the condition of patients selected was too serious for controls with a placebo. Of this second group 3 had no relapse, 7 up to two relapses, and 10 up to 4 relapses in a year's follow-up.

No significant side effects occurred. Only one patient discontinued treatment, and he later resumed treatment successfully.

The authors conclude:

"Caved-S . . . should be given in high dosage before surgery is attempted in patients with duodenal ulcer who fail to respond to a low dose or other treatments."

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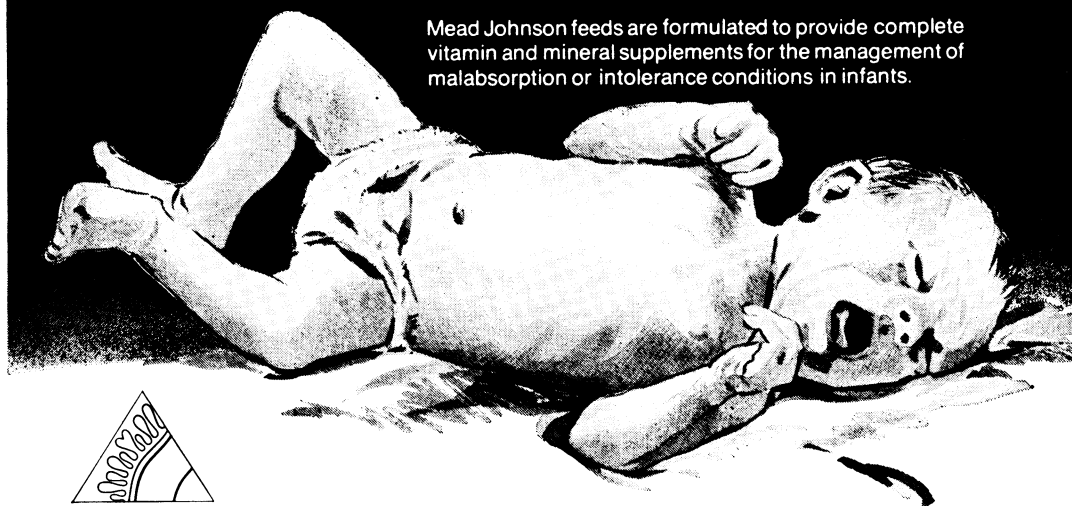
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THE END OF THE RETENTION ENEMA IN ULCERATIVE COLITIS THERAPY

New

hydrocortisone acetate rectal foam

Retention enemas are messy to administer, uncomfortable and difficult for the patient to retain.

Now Colifoam offers a better alternative in the treatment of ulcerative colitis and proctitis. It presents effective topical steroid therapy as an aerosol foam. Colifoam has several practical advantages: the patient can instill a dose (only 5 ml.) in less than half a minute; the foam is easily retained without leakage problems, and the compact pack with applicator is easy to carry around. Yet Colifoam is no more expensive than a retention enema.

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Further information and data sheet available on request.

Professional Relations Division
Stafford-Miller Limited, Hatfield, Herts.

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Gastric reflux does nasty things to the oesophagus.

Like causing oesophagitis.

And heartburn.

All the more reason for prescribing Gaviscon rather than simple antacids.

Gaviscon suppresses gastric reflux—simple antacids don't. Recent evidence confirms that Gaviscon reduces the number of reflux episodes as well as the time during which the lower oesophageal pH is acid.¹

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Gaviscon tablets contain: Alginic Acid BPC, Sodium Alginate BPC, Magnesium Trisilicate BP, Dried Aluminium Hydroxide Gel BP, Sodium Bicarbonate BP, Sucrose BP, and Mannitol BP.

¹ Lancer (1974) i, 109.

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PL Nos. 0044/0021 0044/5008

Digestion

International Journal of Gastroenterology

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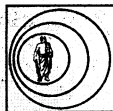
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Edited by James C. Thompson
Foreword by R. A. Gregory
Introduction by Morton I. Grossman

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papers of this volume treat such topics as:

- gastrin (with emphasis on molecular heterogeneity)
- endocrine cells of the gut
- trophic actions of gastrointestinal hormones
- new radioimmunoassay methods for secretin and cholecystokinin
- binding sites and actions of gastrointestinal hormones
- chemistry and physiology of new hormones

An Appendix to the volume provides the amino acid sequences for the gastrin-cholecystokinin family and the secretin-glucagon family of hormones.
666 pp., 262 illus., 29 photos \$15.00



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Edited by Frank P. Brooks

This textbook deals with the mechanisms of gastrointestinal disease, focusing on a relatively small number of diseases where enough pathophysiology is known to contribute to a practical approach to their diagnosis and treatment. After a discussion of common gastrointestinal symptoms, each chapter has a section on definition, symptoms and signs, aetiology, pathophysiology, diagnostic considerations, and therapeutic considerations. Illustrated paper covers £3 *Oxford Medical Publications*

Oxford University Press

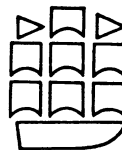
Gastroenterology:

An Integrated Course

Iain E. Gillespie and Thomas J. Thomson
1972 Reprint 280 pages 36 illustrations £2.00

Gastroenterology is one of the most appropriate subjects for an integrated approach. Many patients with gastrointestinal disorders require the help of general practitioners, physicians, radiologists, surgeons, pathologists, and, increasingly, experts from other medical disciplines.

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