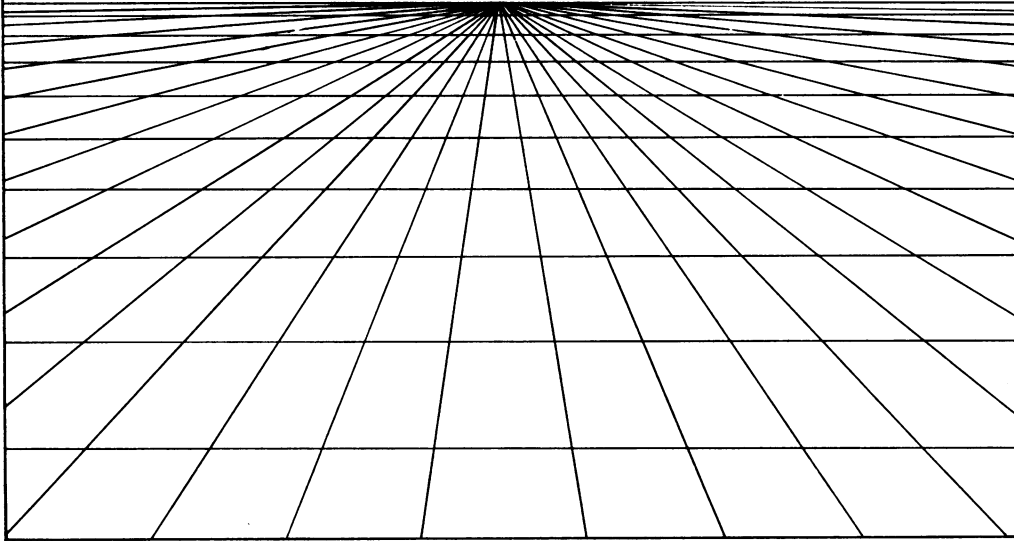


Salazopyrin ad infinitum!



“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 ineffective in reducing the number of recurrences of ulcerative colitis.

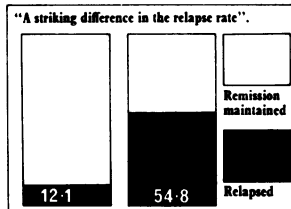
“Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority

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

Salazopyrin (sulphasazine) is available as the plain 0.5g. tablet, 0.5g. EN-tab and as an 0.5g. suppository.

Literature and detailed information on Salazopyrin are available on request.

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



Both groups of patients had been satisfactorily maintained for 1-5 years on Salazopyrin prior to the study, in which they took Salazopyrin or placebo for 6 months.

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 is a registered trade mark.

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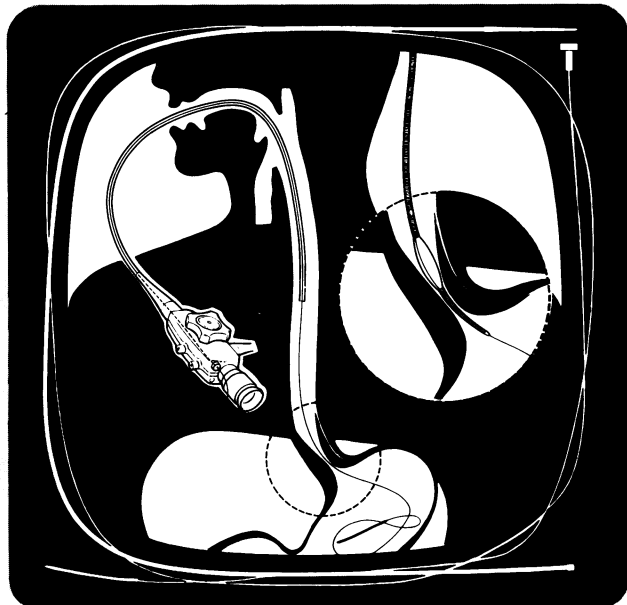
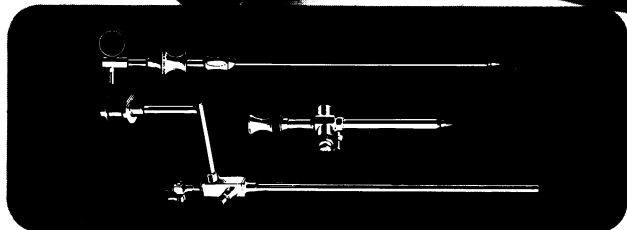
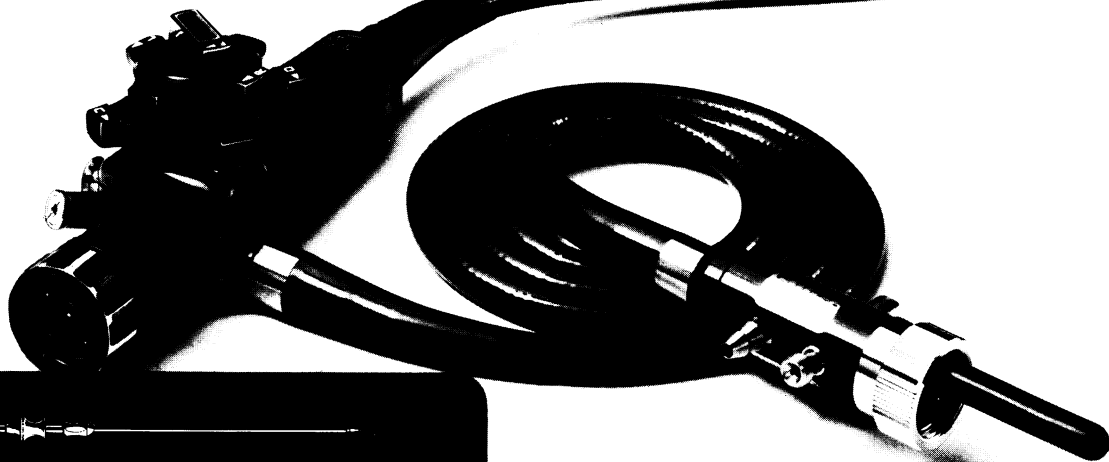
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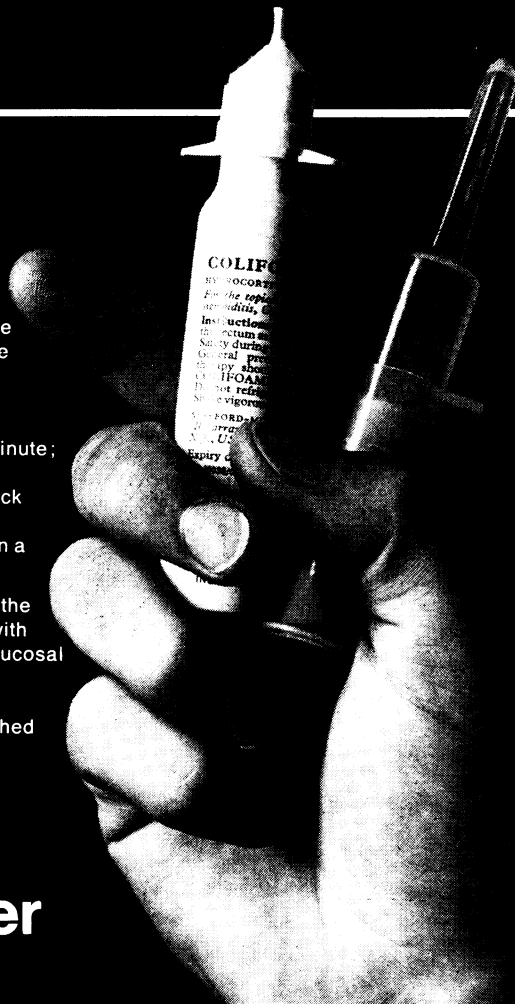
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¹ Scientific Exhibit, 121st Annual Convention of American Medical Association, June 1972 ² Dis Colon Rectum, Mar/Apr (1973); ³ Amer J Clin Res., 1 (iii) (1970)

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Endoscopic examination proved chronic duodenal ulceration in 32 male patients, whose clinical histories ranged from 2 to 30 years.¹

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THOROUGH CHEWING OF THE TABLETS

mixed Caved-S with the saliva appears to play an important role.

"Saliva may have a role of its own or a synergistic action with constituent of the liquorice extract. Work in India (Malhotra *et al*, 1965) has suggested that eating foods which do not require chewing results in an increased incidence of duodenal ulceration and that saliva exerts a protective action in peptic ulceration (Malhotra 1967; Malhotra, 1967)."¹

SWALLOWING ON AN EMPTY STOMACH

allows the bolus of Caved-S and saliva to reach the prepyloric area of the stomach, where maximum demulcent effect and healing occur.

"The advice that the agent should be taken on an empty stomach in the ambulant patient could be crucial. Simple studies on patients presenting for barium-meal examination have shown that if a small sip of barium is taken while in an upright position when the stomach is empty the bolus of barium rapidly travels down the lesser curve of the stomach and comes to rest in the prepyloric region. This may effectively produce a 'positioned release' preparation, and the bolus of mixed saliva and deglycyrrhizinized liquorice would appear to be strategically placed to exert maximum demulcent or healing effect."¹

RESULTS

Endoscopic examination showed that Caved-S had healed the ulceration in ALL 32 patients and in most the mucosa appeared normal.

¹A Retrospective Endoscopic Survey of 32 patients. *The Practitioner*, (1975).

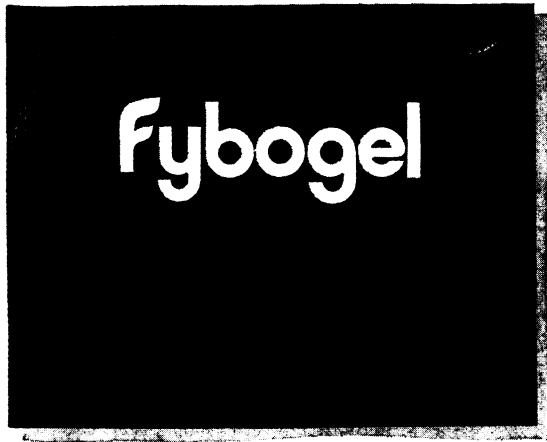
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