

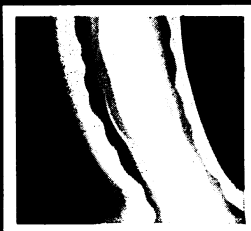
Reflux oesophagitis

the role of gastric acid

Number 1
in a series

Healing

By its fundamental action in reducing both acidity and volume of gastric juice,¹ 'Tagamet' has been shown to achieve complete healing or marked improvement in the majority of patients with reflux oesophagitis.^{2,3} Overall experience in clinical trials,² has shown that, at the recommended dosage, 62% of 39 patients had complete healing or marked improvement compared with only 9% of 23 patients on placebo. Complete resolution of stricture, ulcers and erosions was also demonstrated in individual patients.



Symptomatic Relief

In one study³ most patients obtained rapid symptomatic improvement during 'Tagamet' treatment and within 4 weeks many were free from symptoms. A considerable reduction in the incidence of heartburn, reflux, dysphagia and odynophagia was also observed during therapy.

(Artist's impression of H_2 receptor antagonist acting on receptor site in the parietal cell in gastric mucosa.)

Tagamet



reduces gastric acid
secretion

References

1. Pharmacological evaluation of cimetidine, a new Histamine H_2 -Receptor Antagonist. (1975) Brit. J. clin. Pharmac. 2, 481.
2. Data on file (March 1977) Smith Kline & French.

3. Cimetidine in the treatment of oesophagitis. (1977) Proceedings of the Second International Symposium on Histamine H_2 -Receptor Antagonists. Excerpta Medica, p. 297.

'Tagamet' (cimetidine) is available as 200mg film-coated tablets, 200mg/5ml syrup and 200mg/2ml ampoules.

'Tagamet' is a trade mark.
Full prescribing information is available from -

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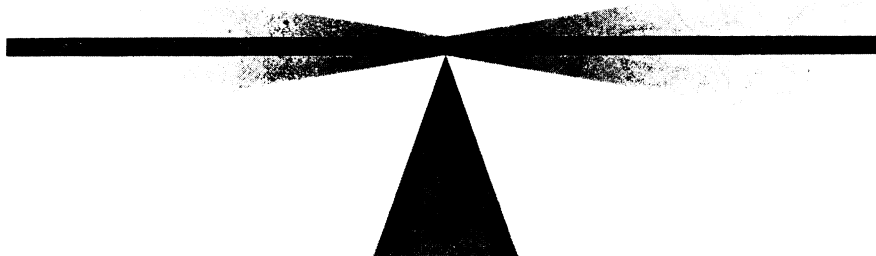
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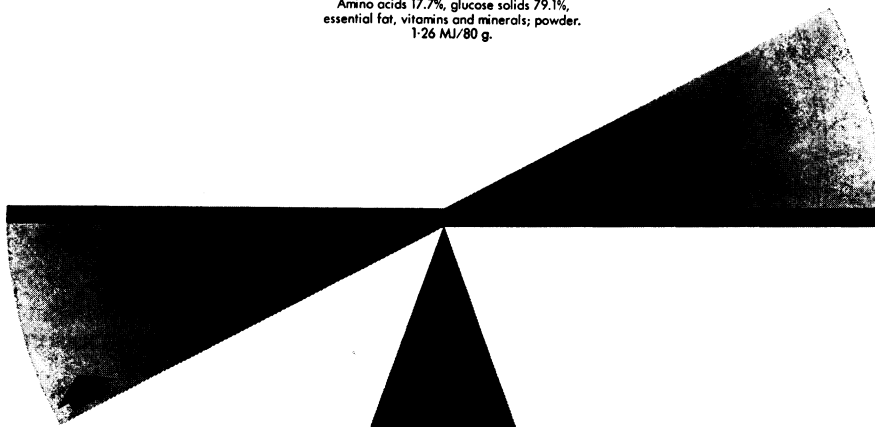
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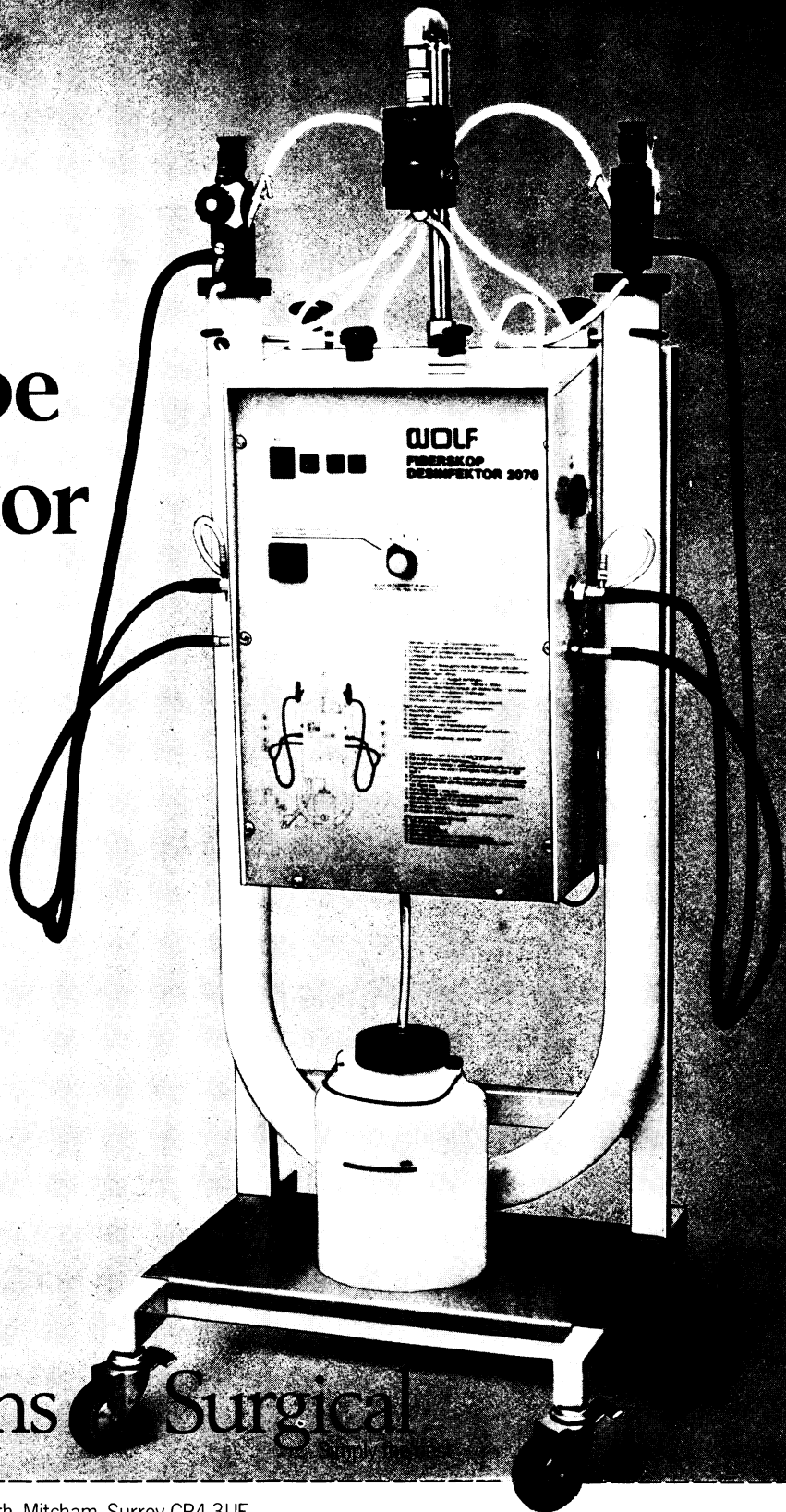
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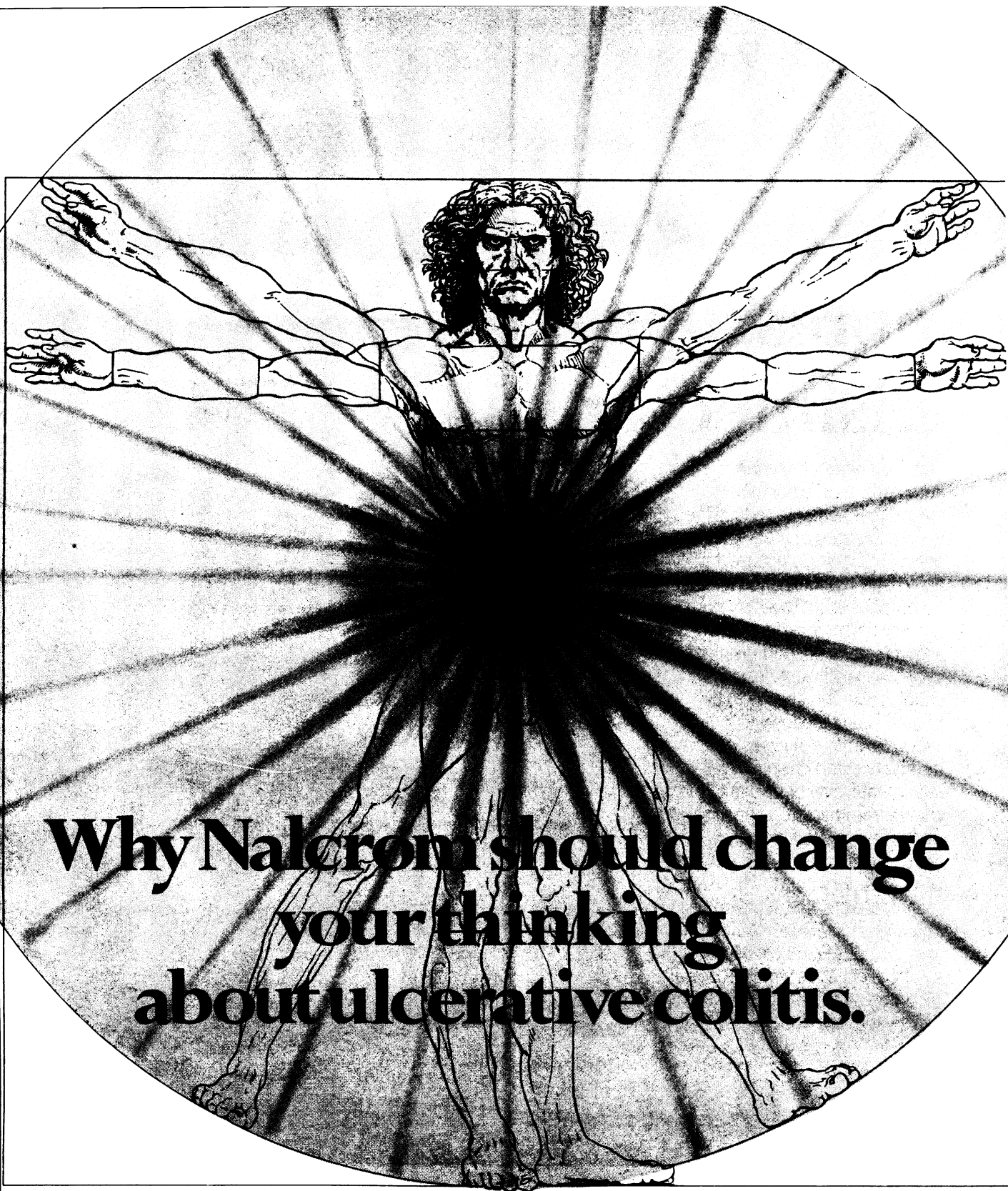


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Why Nalcrom should change your thinking about ulcerative colitis.

Prescribing Information

PRESENTATION: Nalcrom is a presentation of sodium cromoglycate for oral use. It is presented in clear/clear hard gelatine capsules printed Fisons 101 in black. Each capsule contains 100mg sodium cromoglycate as a white powder.

USES: As an adjuvant in the treatment of ulcerative colitis, proctitis and proctocolitis.

Sodium cromoglycate is considered to exert a stabilising effect upon mast cells capable of releasing mediators, thus preventing the local inflammatory reaction in the gastrointestinal tract.

DOSAGE AND ADMINISTRATION: Dosage Adults. Two capsules four times daily.

Children: From 2-14 years, one capsule four times daily.

Nalcrom should not be used for children under two years.

Maintenance dosage To prevent relapses dosage should be maintained indefinitely at two capsules four times daily in adults and one capsule four times daily in children.

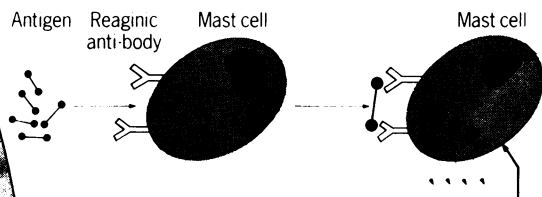
Administration The capsules may be swallowed whole or alternatively the powder contents may be dissolved in 20-30ml of water and swallowed.

Nalcrom offers a completely new approach to the management of ulcerative colitis.

And it could mean freedom from side effects often associated with the limited number of treatments now available.

Nalcrom is sodium cromoglycate.

Sodium cromoglycate is the unique drug which is used successfully in the treatment of allergic diseases, such as asthma and rhinitis.

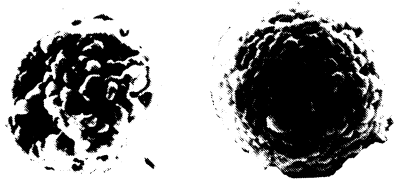


Sodium cromoglycate prevents the degranulation of mast cells caused by the interaction of antigens and reaginic antibodies.

It is a potent inhibitor of mast cell degranulation. It prevents the release of inflammatory agents into sub-mucosal tissue in the lung, nose and other organs.

So it stops symptoms before they even start. And over ten years of clinical use have proved it to be a very effective drug with remarkably few serious side-effects.

Now it offers hope as a new treatment for ulcerative colitis.



On left mast cell undergoing gross degranulation. On right mast cell stabilised after treatment with sodium cromoglycate. Photomicrographs prepared by: R & D Laboratories, Fisons Ltd., Pharmaceutical Division.

References 1. Heatley, R.V. et al, 1975, "Gut," **16**, 559. 2. Mani, V. et al, 1976, "Lancet," **1**, 439. 3. Mani, V. et al, 1977, "Gastro-enterology," **72**, 1093.

Please arrange for a specialist representative to call.

Name _____

Address _____

Further information is available on request from Fisons Limited, Pharmaceutical Division, Loughborough, Leicestershire.

CONTRA-INDICATIONS, WARNINGS, ETC: **Contra-indications** There are no specific contra-indications. The safety of Nalcrom during pregnancy has not yet been established.

Side-effects Nausea has been reported in a few cases.

Overdosage As Nalcrom is absorbed only to a very limited extent, no action other than medical observation should be necessary.

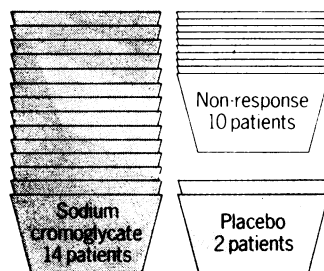
PHARMACEUTICAL PRECAUTIONS: Store in a dry place. Reclose the container tightly after use.

LEGAL CATEGORY: P.O.M.

PACKAGE QUANTITIES: Containers of 100 capsules.

Why an anti-allergy drug?

Ulcerative colitis in its natural history and histological appearance has many features such as macrophages, mast cells and eosinophils that suggest that an allergic or immunological process may be involved. Sodium cromoglycate may have a clinically beneficial effect in these processes. So a double blind cross-over trial was carried out with 26 patients suffering from chronic proctitis¹. The 14 responders to sodium cromoglycate had a high local eosinophil count which in most cases fell in the course of treatment.



In a double-blind cross-over trial of 26 patients, 14 responded to sodium cromoglycate, 10 didn't respond and 2 responded to placebo.

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FURTHER INFORMATION: 1. Nalcrom may be used in conjunction with steroid therapy and sulphasalazine in the treatment of acute relapses of proctocolitis and in maintaining remissions.

2. If steroid therapy is to be reduced or withdrawn this should be done cautiously.

3. Nalcrom may be used in patients with a history of hypersensitivity to or intolerance of sulphasalazine.

4. Dosages of 2000mg daily have been used in some cases of proctocolitis.

PRODUCT LICENCE NUMBER: PL 0113/0073.

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INDICATIONS For dissolution of cholesterol gallstones in functioning gallbladders. Cholesterol stones coated with calcium, or stones composed of bile pigments are not dissolved by chenodeoxycholic acid. It has a particular place in the treatment of patients in whom surgery is contraindicated or who are anxious to avoid surgery.

DOSAGE The present clinical evidence suggests that optimum results will be obtained on a dose level of 10-15 mgs. per kg body weight daily in divided doses.

CONTRAINDICATIONS, WARNINGS, ETC. CHENDOL should not be administered to patients with radio-opaque calcified gallstones nor to patients with non-functioning

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gallbladders. In addition, at present CHENDOL should not be administered to women of child-bearing age, nor to patients with chronic liver disease, nor with inflammatory diseases of small intestine and colon.

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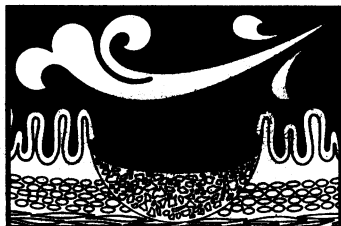
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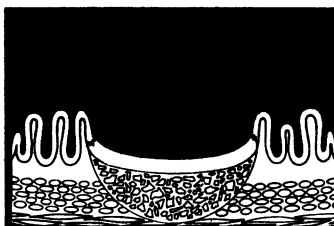
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2. Thistle, J. L., Hofmann, A. F., Ott, B. J. and Yu, P. Y. S. (1978). Gallstone dissolution with chenodeoxycholic acid 1968-1976: The Mayo Clinic Studies. *Gastroenterology*, 70, 943 (abstract).

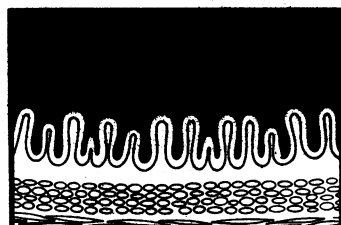
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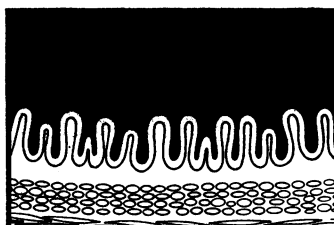
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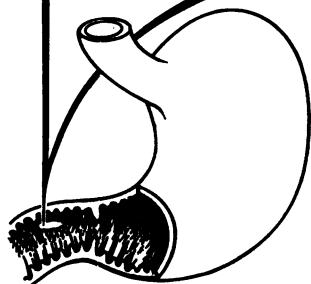
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References: 1 Levy et al, *Archives Int. de Pharm. et la Therapie* 224:2 1976. 2 Salmon et al, *GUT* 15:189 1974. 3 Lee & Nicholson, *Med. J. Aust.* 1977 1:808-812. De-Nol is a registered trademark. P/L No. 0166/5024

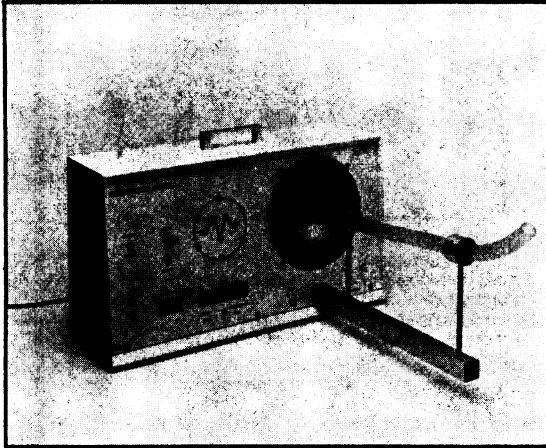
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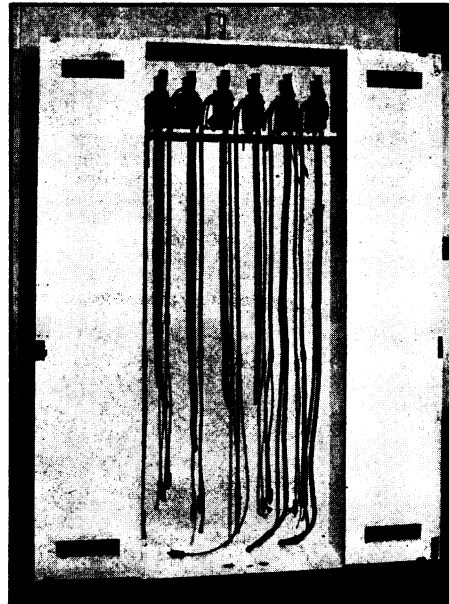
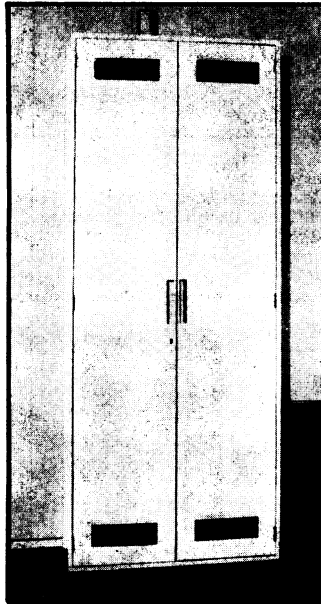
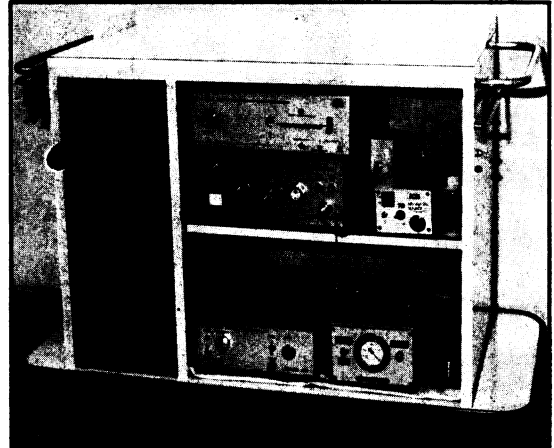
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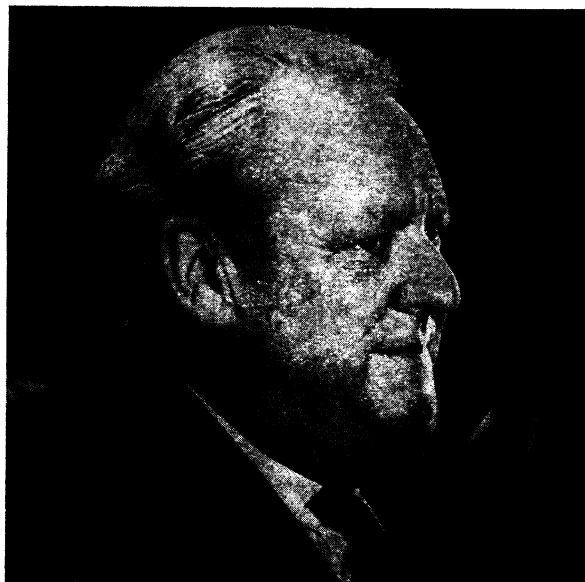
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Edited by Stephen Lock and Heather Windle

*A man of stature—in all ways—Henry Miller occupied a large part in many people's lives and his death in 1976 left a large gap. Though a neurologist of world renown he was best known in the North-East, where he spent most of his life, and where, for the last eight years of it, he was Vice-Chancellor of the University of Newcastle upon Tyne. A cross-section of his many friends and colleagues have contributed their reminiscences to **Remembering Henry** and, as each person saw him from a different angle, those who did not know him will find that the whole man gradually comes to life. Professor John Walton has written the introduction, three of Henry Miller's best-known articles are included (writing was his first interest after neurology), and there is a bibliography of his prolific publications. A fitting tribute, **Remembering Henry** may fill some of the gaps for those who have stayed behind. Profits from the book will be given to the Henry Miller Memorial Appeal.*

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