

When  
heartburn  
has to stop

# PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

## positive healing power

### Complete oesophageal healing

- Pyrogastrone exerts a unique direct healing action on the oesophagus.
- resolves mucosal inflammation, erosion and ulceration.
- gives exceptionally high rates of endoscopic healing.<sup>1,2</sup>

### Prompt symptom relief

- Pyrogastrone quickly soothes the sensitive mucosa.
- suppresses gastro-oesophageal reflux and protects against further acid/bile attack.
- relieves heartburn, dyspepsia, dysphagia, regurgitation and retrosternal pain.<sup>1,2</sup>

For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains:— Carbenoxolone Sodium B.P. 20 mg Magnesium Trisilicate B.P. 60 mg Dried Aluminium Hydroxide Gel B.P. 240 mg in a base containing Sodium Bicarbonate B.P. 210 mg and Alginic Acid B.P.C. 600 mg. Adult Dosage. One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. Supplied in cartons of 100. PL 0071/0138 Basic N.H.S. Cost: One day's treatment 64p. (5 tablets). Pyrogastrone should not be prescribed for patients suffering from severe cardiac, renal or hepatic failure. It should not be given to patients on digitalis therapy unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia. Special care should be exercised with patients pre-disposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight and blood pressure which should indicate the development of such effects is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Bit. Pat. No. 1390683.

Further information available from:— Winthrop Laboratories Surbiton- upon-Thames Surrey KT6 4PH.

WINTHROP

# The Old Retainer.



## Time to say Goodbye?

**Presentation** White odourless aerosol foam containing hydrocortisone acetate 10%. **Uses** Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration** One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). Satisfactory response usually occurs within

five to seven days. **Contra-indications and Warnings, etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of

For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering it.

Now there is an alternative to the retention enema – another form of topical therapy, comparable in efficacy but far easier for the patient to use. Colifoam: a unique foam presentation of hydrocortisone which is easily administered using a simple plastic applicator.

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Clark\* reported on a clinical trial of Colifoam in 20 patients with inflammatory bowel disease. Proctitic symptoms were controlled in 17, and 11 out of 12 patients who had previously been treated with prednisolone enemas, found Colifoam "... easier and more convenient to use". Three of these patients found Colifoam the more effective treatment and the others thought there was no difference in efficacy between Colifoam and steroid enemas.

**N.B. A dose of Colifoam costs far less than a dose of a proprietary prednisolone retention enema.**



# Colifoam

hydrocortisone acetate foam

**a welcome alternative to the retention enema for distal inflammatory bowel disease**

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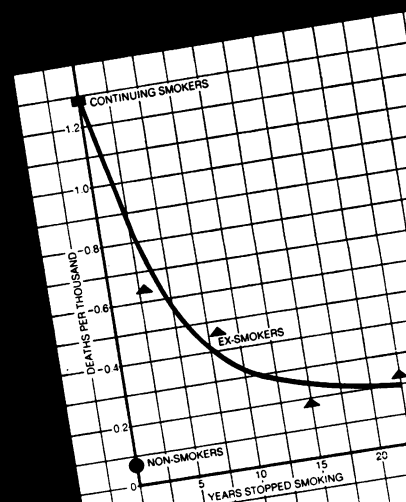
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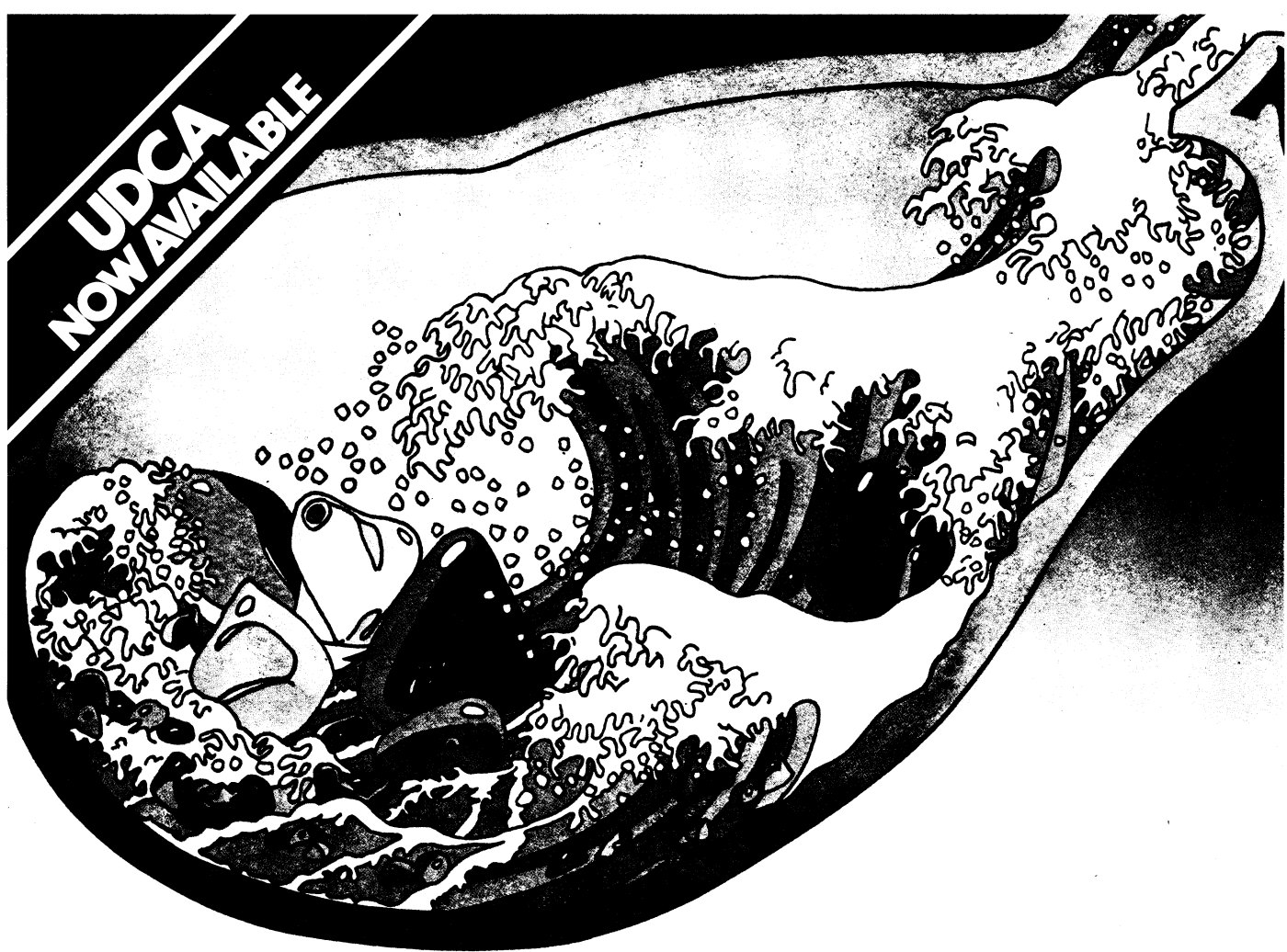
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For relief from  
heartburn and flatulence

# Maxolon

metoclopramide

## PRESCRIBING INFORMATION

### Indications

Dyspepsia, heartburn and flatulence associated with the following conditions e.g. Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

### Adult Dosage (oral)

Adults 10mg  
1 tablet or 10ml syrup 3 times a day.  
Young adults (15-20 years) 5-10mg  
1/2-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults, should not normally exceed 0.5mg/kg body-weight.

### Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug or a benzodiazepine may be used.

Since extra pyramidal symptoms may occur with both Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as vigorous muscular contractions may not help healing.

### Availability and NHS Prices

Tablets 10mg (£7.70 for 100).  
Syrup 5mg/5ml (£2.78 for 200ml).  
A paediatric liquid presentation and ampoules for injection are also available.  
Average daily cost of Maxolon tablets 23p.  
Prices correct at January 1981.



Further information is available on request to the company.  
**Beecham Research Laboratories**

Brentford, England. A branch of Beecham Group Limited.  
Maxolon and the BRL logo are trade marks.

PL 0038, 0095 0098 5040 5041.

BRL 4026



**Ease the spasm. Ease the mind.**

# LIBRAXIN

clidinium bromide and chlordiazepoxide

**Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.**

**Indications** For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

**Dosage** 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

**Contra-indications** Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

**Precautions** Patients should avoid alcohol while under treatment with Libraxin, since the individual



response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

**Side-effects** Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

**Presentation** Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

**Basic NHS Cost** 1 tablet 3 times daily 7.4p/day  
**ex 500 pack.**

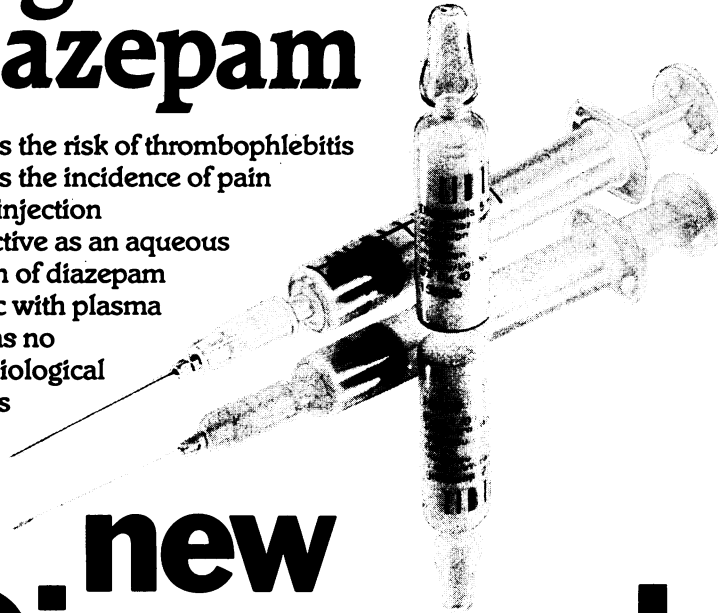
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- Contains no unphysiological solvents



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10 mg of diazepam in 2 ml emulsion

**PRESCRIBING INFORMATION:** **Presentation:** Ampoules of a white, opaque emulsion containing 10 mg of diazepam in 2 ml. **Uses:** *Action:* Diazepam is a potent anxiolytic, anticonvulsant and central muscle relaxant mediating its effects mainly via the limbic system as well as the polysynaptic spinal reflexes. The formulation of diazepam in an oil-in-water emulsion similar to Intralipid® reduces the incidence of local pain and thrombophlebitis after injection. **Indications:** 1. As a premedication before major or minor surgery or dental procedures, endoscopy, cardiac catheterization. 2. In the control of acute muscle spasms such as tetanus, status epilepticus and convulsions due to poisoning. 3. In the management of severe acute anxiety or agitation including delirium tremens. **Dosage and Administration:** Diazemuls can be administered by intravenous injection or infusion. 1. Premedication: 0.1 – 0.2 mg diazepam/kg body weight by i.v. injection. 2. Status epilepticus: An initial dose of 0.15 – 0.25 mg/kg by i.v. injection repeated in 30 to 50 minutes if required, and followed if necessary by infusion (see below) of up to 3 mg/kg over 24 hours. Tetanus: 0.1 – 0.3 mg diazepam/kg body weight by i.v. injection and repeated every 1 to 4 hours as required. Alternatively, a continuous infusion (see below) of 3 – 10 mg/kg body weight every 24 hours may be used. 3. Anxiety and tension, acute muscle spasms, acute states of excitation, delirium tremens: The usual dose is 10 mg repeated at intervals of 4 hours as required. A clinical effect is frequently seen at lower doses in elderly or debilitated patients. If a continuous infusion is required Diazemuls can be added to dextrose solution 5% or 10% to a final concentration of diazepam of 0.4 mg/ml. A dextrose solution containing added Diazemuls should be used within 6 hours of the admixture. Diazemuls can also be mixed in the container with Intralipid 10% or 20% but not with saline solutions. It can be injected into the infusion tube during an on-going infusion of isotonic saline or dextrose solution 5% or 10%. As with other diazepam injections, adsorption may occur to plastic infusion equipment. This adsorption occurs to a lesser degree with Diazemuls than with aqueous diazepam injection preparations when mixed with dextrose solutions. **Contra-indications, warnings, etc:** Concomitant use of central nervous system depressants, e.g. alcohol, general anaesthetics, narcotic analgesics, or antidepressants, including MAOI's will result in accentuation of their effects. Treatment with diazepam may cause drowsiness and increase the patient's reaction time. This should be considered in situations where alertness is required, e.g. driving a car. As with any benzodiazepine, excessive or prolonged use may result in the development of some psychological dependence with withdrawal symptoms on discontinuation. Use with caution in patients with impairment of renal or hepatic function. This product should not be used during pregnancy unless considered essential by the physician. Clinical effects may occur in the foetus and the newborn when Diazemuls is administered during late pregnancy or delivery. Diazepam can be transmitted in breast milk and clinical effects may occur in the breast fed infant. This formulation may rarely cause local pain or thrombophlebitis in the vein used for administration. **Overdosage:** CNS depression and coma. Treatment symptomatic. **Pharmaceutical Precautions:** For full information on admixture see dosage and administration. Diazemuls should only be mixed in the same container or syringe with dextrose solution 5% or 10% or Intralipid 10% or 20%. Store at room temperature protected from light. Do not freeze. **Legal Category:** POM. **Package Quantities:** Boxes of 5 x 2 ml ampoules, 50 x 2 ml ampoules. **Further Information:** Nil. **Product Licence Number:** PL0022/0043. **Product Authorisation Number:** PA 187/10/1. Date of Preparation December 1980.

KabiVitrum



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# Carbenoxolone can heal gastric and duodenal ulcer

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H<sub>2</sub>-receptor antagonists...”<sup>1</sup>

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2. INCREASES MUCUS PRODUCTION<sup>3</sup>

## 2 IMPORTANT PRODUCTS

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1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.  
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

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**References** Kang, J.Y. & Piper, D.W. *Aust. N.Z. Med.*, **10**, 111 (1980). Tanner et al. *Med. J. Aust.*, **1**, 1-2 (1979). Cowen et al. *Aust. N.Z. Med.*, **10**, 364-365 (1980). Martin et al. *Lancet*, 3rd January 1981, 7-10. Martin, D.F. *Mod. Med.*, April 1980.

De-Nol contains 120mg tri-potassium di-citrato bismuthate (as Bi<sub>2</sub>O<sub>3</sub>) per 5ml. For the treatment of gastric and duodenal ulcers. Oral administration, usually 5ml diluted with 15ml water four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. Contra-indicated theoretically in cases of severe renal insufficiency and in pregnancy. De-Nol may inhibit the efficacy of orally administered tetracyclines. Blackening of the stool usually occurs and darkening of the tongue has been reported. 28 day (560ml) treatment pack £10.19 P/L No. 0166/5024.

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*ties down smoothly*

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**TECHNICAL DATA OVERLEAF**

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## TECHNICAL DATA

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# STERILISED ABSORBABLE SYNTHETIC SUTURE COATED POLYGLACTIN 910 VICRYL\*

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**Presentation** The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is  $(C_2H_2O_2)_m(C_3H_4O_2)_n$ .

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

**Action** Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

**Uses** VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

**Dosage and Administration**  
By implantation.

**Contraindications, Warnings, etc.**  
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardiovascular tissue have not been established.

**Pharmaceutical Precautions**  
Do not re-sterilise.

**Legal Category P** Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

**Package Quantities** Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

**Adverse Reactions** No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0001  
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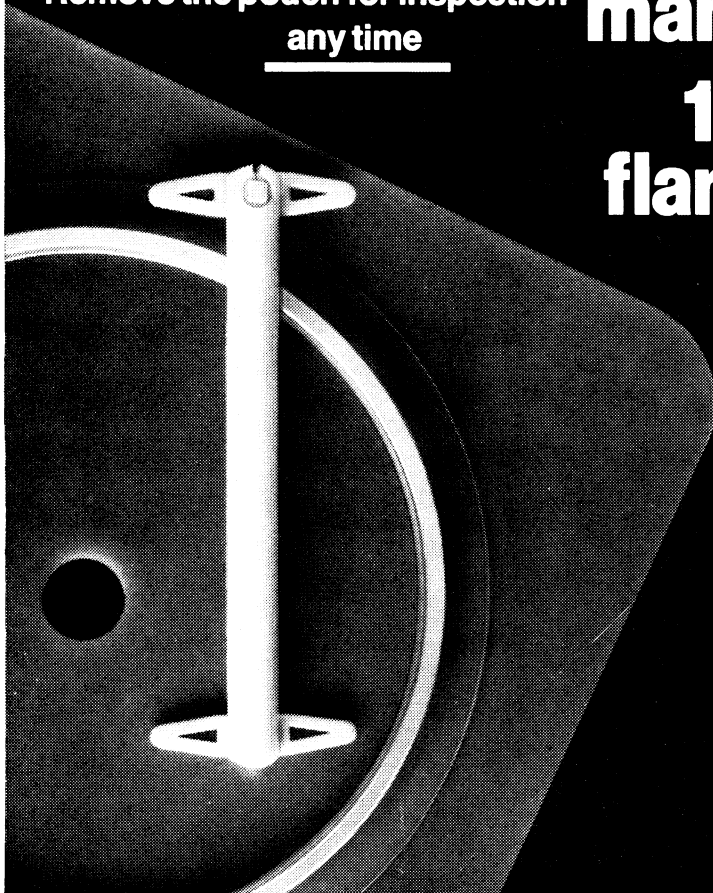
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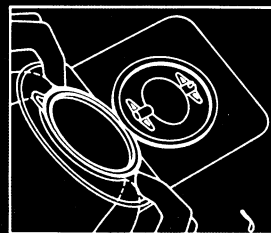
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BLOCK CAPITALS

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Abstracted in *Excerpta Medica*  
Indexed in *Current Contents*

ISSN 0036-5521

Annual subscription (eight issues per year) N.kr. 500,—/US\$100.00

Publisher: Universitetsforlaget, P.O. Box 2959 Tøyen, Oslo 6, Norway.

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