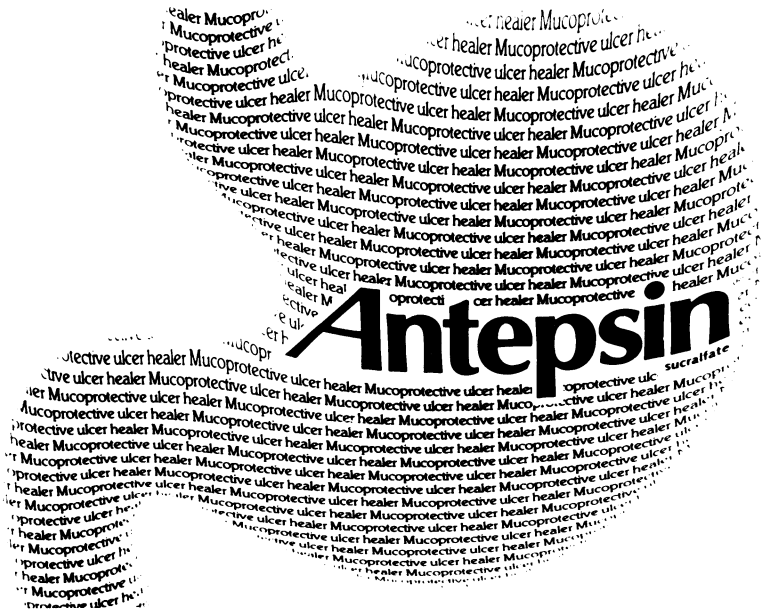
Antepsin®

Sucralfate

Mucoprotective ulcer healer



Non-systemic action

Fast pain relief
Excellent healing rates

Prolonged remission
Low incidence of side effects

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. *Adults* – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. **Contra-indications, Precautions, Warnings, etc.** *Contra-Indications* There are no known contra-indications. *Precautions* 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported.

Legal Category POM. **Package Quantities** Antepsin 1 gram – Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p.

® ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

Ayerst International
Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .
- **rely on acid reduction alone**
- **rely on pepsin reduction alone**
- **rely on mucosal protection alone**
- **profoundly affect intragastric pH**

Gastrozepin DOES . . .
- **relieve daytime pain**
- **relieve night-time pain**
- **reduce antacid intake**
- **heal peptic ulcers with one 50 mg tablet b.d.**

For the treatment of peptic ulcer

Twice daily

GASTRO SELECTIVE

Gastrozepin®

pirenzepine

The gastro-selective anti-secretory

Prescribing Information; Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol ℞. **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. *Side effects:* occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets, PL0014/0260.

℞ Further information is available on request
The Boots Company PLC Nottingham

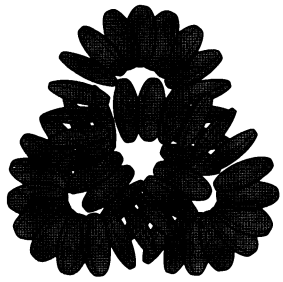
Gastrozepin® Trade Mark

SALAZOPYRIN® EN

sulphasalazine

HAS TOLERABILITY ALL WRAPPED UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued."
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



Get them into the SALAZOPYRIN habit

DAY AFTER DAY AFTER YEAR

500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Plain or EN Tabs: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day, given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: Sensitivity to parabens.

Adverse Reactions Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in porphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks initially and periodically.

Pregnancy and Lactation While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

Packages and Prices Plain Tablets (0.5g) 100 & 500: £6.70 for 100. EN Tablets (0.5g): 100 & 500: £8.70 for 100. Suppositories (0.5g): 10 & 50: £2.80 for 10. Enemas (3.0g): 7: £12.10 for 7.
Product Licence Numbers Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.

Pharmacia

Further information is available on request
Pharmacia Limited, Pharmacia House
Midsummer Boulevard, Milton Keynes MK9 3HP
Telephone Milton Keynes (0908) 661101

Nature Plays a Dual Role in the Management of Irritable Bowel Syndrome

1.
With the natural goodness of high-fibre foods

The irritable colon is affected by the amount of fibre in the diet. It is known that diets rich in high-fibre foods tend to normalize the function of the colon, which can result in softer, bulkier stools and a decrease in patient discomfort. Thus, a high-fibre diet is often considered basic therapy in the management of IBS.

2.
With the natural efficacy of COLPERMIN

Colpermin provides natural relief to help the irritable bowel regain normal function. It has a powerful antispasmodic effect that relieves abdominal pain. It is a naturally occurring carminative that relieves flatulence and gaseous distension. Enteric-coated capsules deliver relief direct to the site of action in the distal small bowel.

COLPERMIN™

(enteric-coated peppermint oil) CAPSULES

Tillotts LABORATORIES

Henlow Trading Estate, Henlow, Beds. SG16 6DS

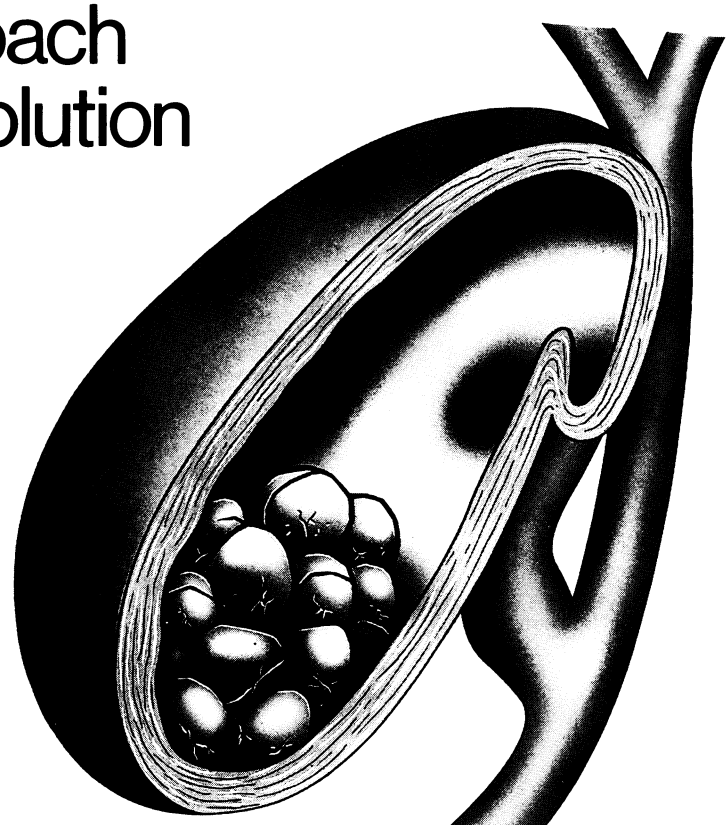
Presentation: Enteric-coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P., Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years. **Contraindications, Warnings, etc. Precautions:** The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.58 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

European Patent No. 0015334. UK Patent No. 2006011

Ursofalk®

ursodeoxycholic acid

The simple approach to gallstone dissolution



* effective[1,2,3]
* lack of side effects[1,4,5]
* cost-effective
* simple regimen

References:

1. Roda, E *et al.* Hepatology 1982; 2; no6: 804-810.
2. Bachrach, WH, Hofmann, AF. Digestive Diseases and Sciences 1982; 27; no8: 737-761.
3. Leuschner U. Bilanz der medikamentosen Gallestein Auflosung. Med Klin 1981; 76: 232-234.
4. Volpi C *et al.* Current Therapeutic Research 1979; 26: 225-229.
5. Dowling RH. Hospital Update 1979; 12 (Dec): 1081-1103.

Prescribing Information

Presentation White opaque hard gelatin capsules containing 250 mg ursodeoxycholic acid (UDCA). **Uses** Dissolution of radiolucent gallstones measuring up to 15 mm diameter, as assessed on X-ray films, in patients whose gall bladders opacify on oral cholecystography. Ursofalk lowers biliary cholesterol secretion, reduces cholesterol saturation in bile, and facilitates transfer of cholesterol from gallstones to bile. **Dosage and Administration** The following dosage regime is recommended to provide a daily dosage of 8–12 mg UDCA/kg:

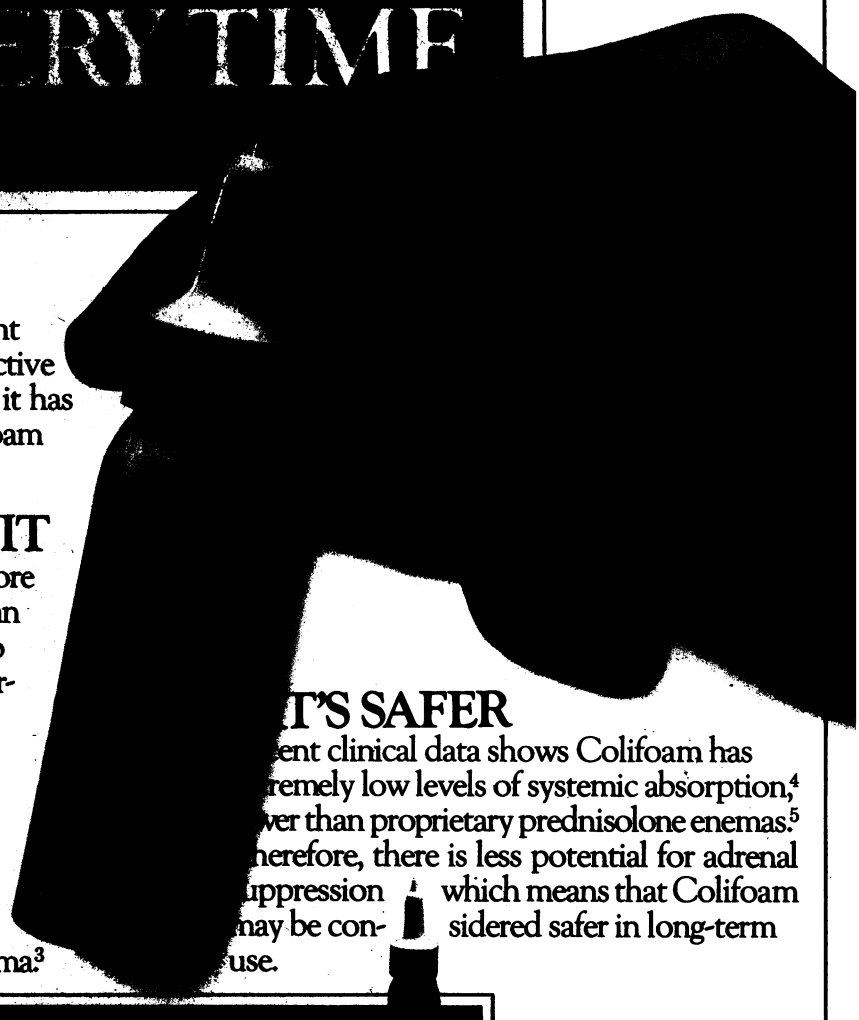
Body Weight (kg)	Dose of Ursofalk: Capsules daily (in 2 doses)	mg/kg/day
50–62	2	8.1–10
63–85	3	8.8–11.9
86–120	4	8.3–11.6

If doses are unequal the larger dose should be taken in late evening to counteract the rise in biliary cholesterol saturation which occurs in the early hours of the morning. The late evening dose may usefully be taken with food to help maintain bile flow overnight. The time required for dissolution of gallstones is likely to range from 6 to 24 months depending on stone size and composition. Follow up cholecystograms or ultrasound investigations may be useful at 6 month intervals until the gallstones have disappeared. Treatment should be continued until 2 successive cholecystograms and/or ultrasound investigations 4–12 weeks apart have failed to demonstrate gallstones. This is because these techniques do not permit reliable visualisation of stones less than 2 mm diameter. The likelihood of recurrence of gallstones after dissolution by bile acid treatment has been estimated as up to 50% at 5 years. The efficacy of Ursofalk in treating radio-opaque or partially radio-opaque gallstones has not yet been tested but these are generally thought to be less soluble than radiolucent stones. Non-cholesterol stones may not be dissolved by bile acids. These account for 10–15% of radiolucent stones. Obese patients may require a higher dose of Ursofalk for gallstone dissolution, for example up to 15 mg/kg daily. **Contra-indications, Warnings etc.** Like other bile acids, Ursofalk is absorbed from the intestine, passed to the liver, conjugated and excreted into the bile. Little information is available on the effects and tolerance of Ursofalk in the presence of hepatic damage or inflammatory bowel disease. The following drugs bind bile acids in vitro and may therefore interfere with absorption of Ursofalk – cholestyramine, charcoal, colestipol and certain antacids e.g. aluminium hydroxide. As with all but essential drugs the use of Ursofalk in early pregnancy is contra-indicated. (In the rabbit, but not in the rat, embryotoxicity has been observed). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of UDCA has not been established. **Overdosage** Doses of up to 4 g UDCA/day have been used therapeutically. The compound is almost entirely excreted in the stool as UDCA or bacterial metabolites. Serious toxicity from a gross overdose is not to be expected although some looseness of the bowels may occur. **Pharmaceutical Precautions** Store in a cool dry place. **Legal Category** POM. **Package Quantity** Ursofalk 250 mg capsules in packs of 60. **Further Information** Many patients report a reduction in severity and frequency of biliary colic during bile acid treatment. **Product Licence Number** 4408/0001 **Basic NHS cost**: £28.00 for pack of 60 capsules.

Thames Laboratories Ltd

The Old Blue School, 5 Lower Square, Isleworth, Middlesex TW7 6RL.

A BETTER CHOICE EVERY TIME



IT WORKS In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.[1, 2]

PATIENTS PREFER IT
Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS
Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to ⅓ less per dose than a standard proprietary enema.[3]

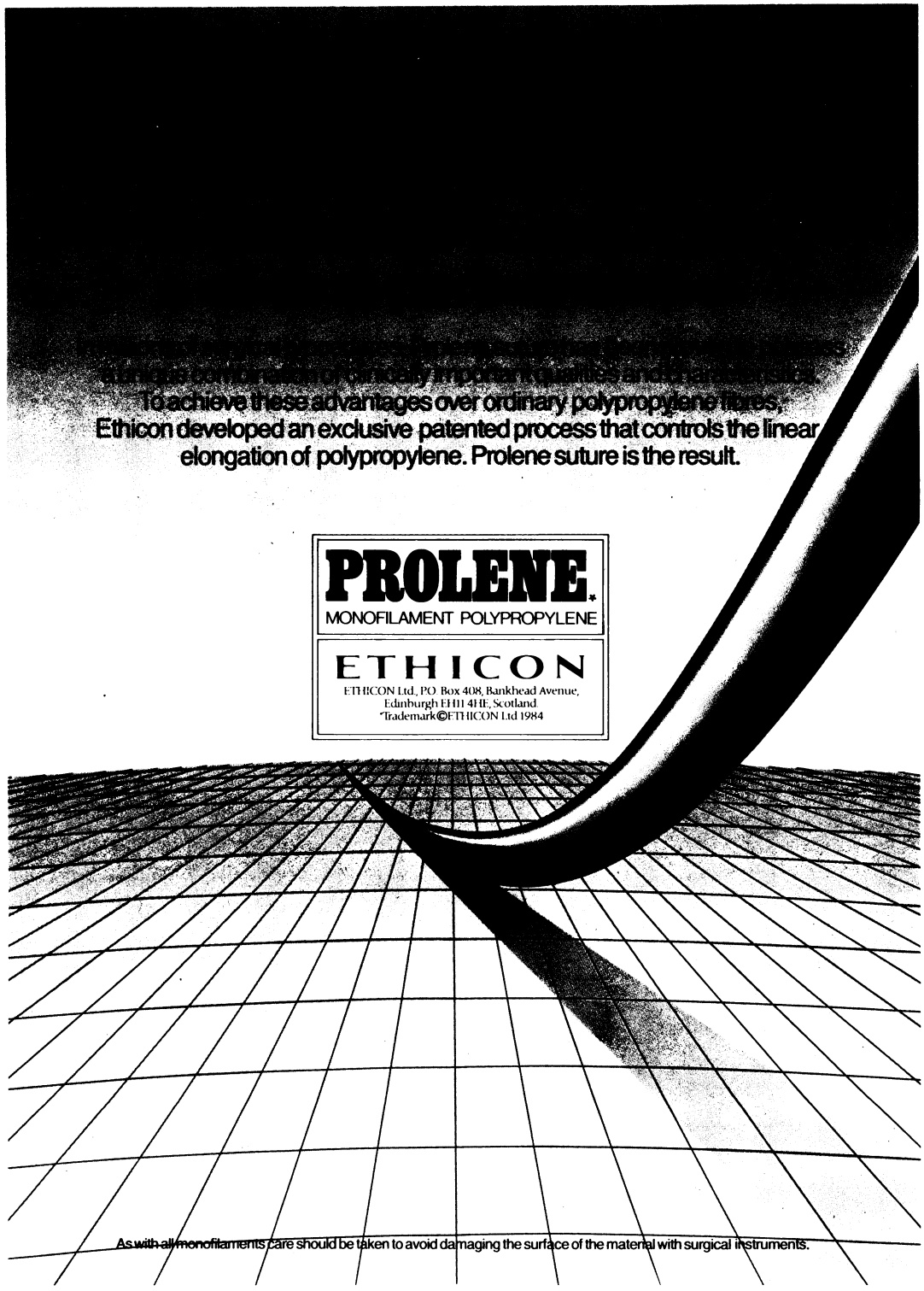
T'S SAFER
ent clinical data shows Colifoam has remely low levels of systemic absorption,[4] ver than proprietary prednisolone enemas.[5] herefore, there is less potential for adrenal ppression which means that Colifoam may be con- sidered safer in long-term use.

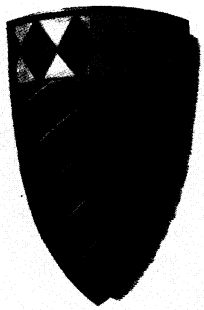
COLIFOAM

IN DISTAL INFLAMMATORY BOWEL DISEASE. A BETTER CHOICE EVERY TIME.

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 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 with every pack). Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category POM. Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Product Licence No.** 0036/0021.

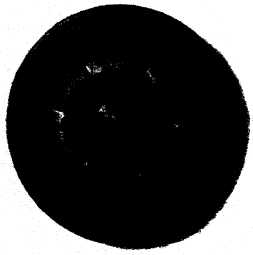
References 1. Ruddell WSJ, et al. Gut 1980; 21: 885–889. 2. O'Donoghue D. Modern Medicine, December 1981; 45. 3. Source: Mims. 4. Barr WH, Kline B, Beightol L, Zfass A, Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document October 1981. 5. Lee DAH, et al. Gut 1980; 21: 215–218. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

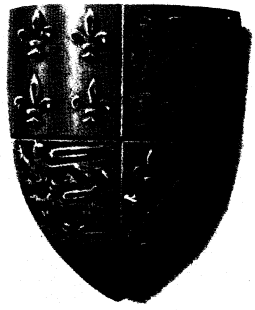

a unique combination of clinically important qualities and characteristics.
To achieve these advantages over ordinary polypropylene fibres,*
Ethicon developed an exclusive patented process that controls the linear
elongation of polypropylene. Prolene suture is the result.
PROLENE.*
MONOFILAMENT POLYPROPYLENE
ETHICON
ETHICON Ltd., PO Box 408, Bankhead Avenue,
Edinburgh EH11 4HE, Scotland
*Trademark ©ETHICON Ltd 1984
As with all monofilaments care should be taken to avoid damaging the surface of the material with surgical instruments.



Renaissance

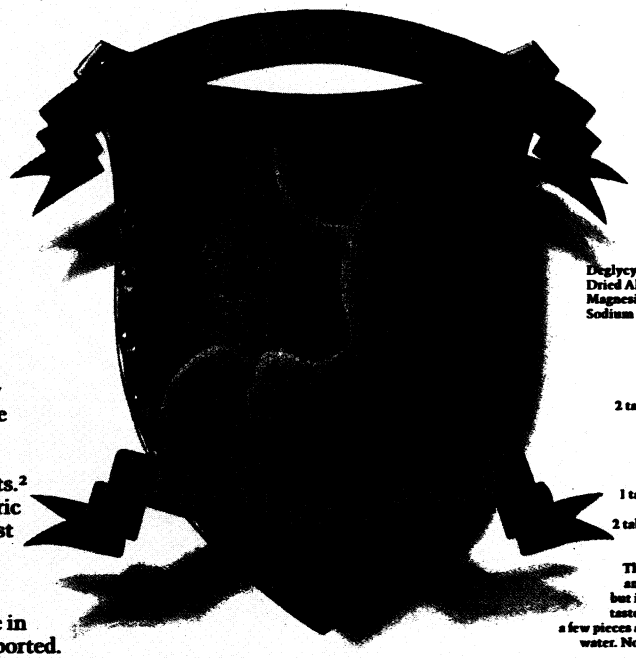
Mediaeval Crusades





Era of Richard III

Bodily defence still relies on shields



NOW! A natural mucosal shield helps heal peptic ulcers!

CAVED-S® does what no other ulcer therapy can do: it increases the number of mucus-secreting cells[1] with virtually no side effects.[2] This protects the gastric mucosal barrier against damaging agents[3,4,5] and reduces ulcer recurrence.[6]

An 88% healing rate in 12 weeks[7] has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers[7] and comparable efficacy to ranitidine in healing duodenal ulcers.[6]

PRESCRIBING INFORMATION

Presentation:
Brown tablets embossed 'CAVED-S', each containing:

Deglycyrrhizinated Liquorice	380 mg
Dried Aluminium hydroxide gel	100 mg
Magnesium carbonate	200 mg
Sodium bicarbonate	100 mg

Indications:
For the treatment of peptic ulcer and other allied conditions.

Dosage and Administration:
Adult dose for gastric ulcer:
2 tablets 3 times a day between meals.
Adult dose for duodenal ulcer:
Increase to 2 tablets 6 times a day between meals when necessary.
Prophylactic dose:
Gastric ulcer:
1 tablet 3 times a day, between meals.
Duodenal ulcer:
2 tablets 3 times a day, between meals.
Children's dosage 10-14 years: half adult dose.
The tablets should be lightly chewed and swallowed with a drink of water, but in exceptional cases of objection to taste, the tablets should be broken into a few pieces and then swallowed with a drink of water. No additional antacids are necessary.
Contra-Indications, warnings, etc:
Rare cases of mild diarrhoea can occur. No other side-effects have been reported.
Caved-S should be used with caution in pregnancy.
Basic NHS Price:
60's—£2.83
240's—£10.12
600's—£22.76
PLD424/5000.

CAVED-S®

(deglycyrrhizinated liquorice, alum hydrox gel, mag carb, sod bic)

"The Mucosal Shield" for peptic ulcers

Tillotts LABORATORIES

Henlow Trading Estate, Henlow, Bedfordshire. SG16 6DS.
Telephone 0462 813933 Telex: 82313 Tillab G.

REFERENCES:
1. Van Marle J, Aarsen FN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquorice on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhizinized liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. *Gastroenterology* 82:1134, 1982. 5. Morris TJ, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAP, Morgan AC, Pacsoo C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AG, McAdam WAF, Pacsoo C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.