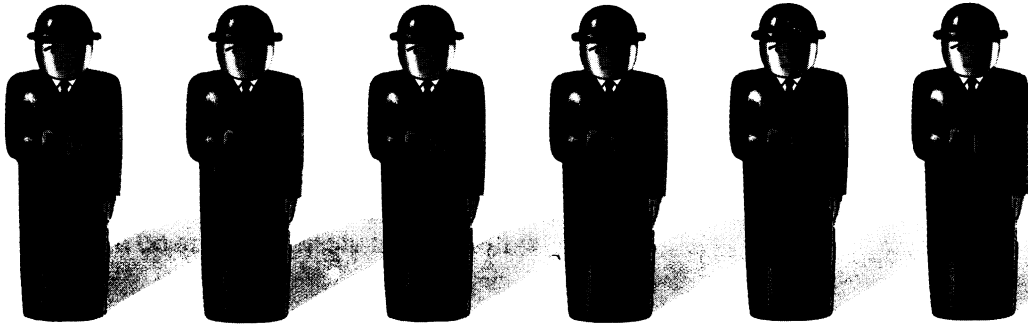
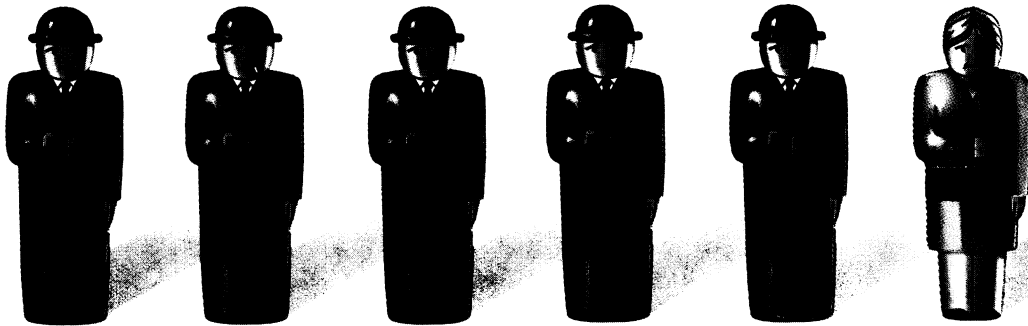


Most conventional ulcer patients can be



treated with H₂ antagonists, but...



Now more ulcer patients may be
successfully treated with¹

Antepsin[®]
sucralfate

Cytoprotection in action

- In patients over 55 where hypersecretion is seldom a factor²
- Those whose gastric disturbance is due to external irritants^{3,4}
- Those for whom H₂ antagonists are inadequate¹

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information

Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline,

phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet).

Side-effects: constipation.

Legal Category: POM.

Date of preparation April 1985.

Antepsin is a registered trade mark.

References: 1. Guslandi, M. *et al*, GUT, 1983, 24, 498. 2. Marks, I.N., Gastrointestinal Tract Disorders in the Elderly, Edinburgh, Churchill Livingstone, 1984, 79. 3. Tesler, M.A. *et al*, J. Clin. Gastroenterol., 1981, 3, (suppl.2), 175. 4. Tarnawski, A., *et al*, Gastroenterology, 1985, 88 (No5), 1609.

**STILL AVAILABLE ON THE
NHS FOR PEPTIC ULCER
AND CHRONIC GASTRITIS**



Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (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.

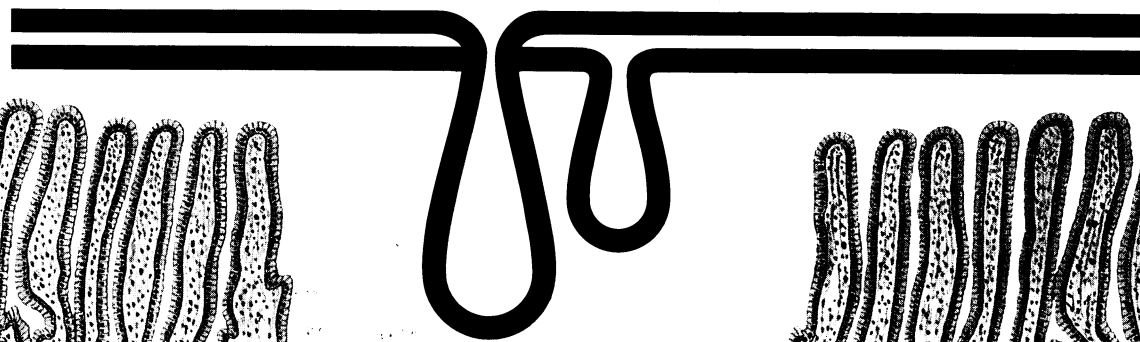
For the treatment of peptic ulcer

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 overdose, 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

WE'VE
GIVEN YOU
PRECISELY
WHAT YOU
WANTED



BRITISH MADE
MORE
DILUTE
HYPNOVEL

When we asked how Hypnovel could be improved, many users asked for a more dilute presentation, so that finer control of dosage, and therefore sedation, could be achieved. So the 2ml presentation was joined by an ampoule containing the same 10mg of midazolam, but in 5ml of solution. The extra 3ml of diluent makes it simpler to obtain the full benefits of Hypnovel. Proven benefits of Hypnovel include fast onset and rate of recovery, excellent amnesia and minimal venous complications!

THE
HYPNOVEL 10mg/5ml
midazolam
AMPOULE
FOR MORE PRECISE
CONTROL OF I.V. SEDATION

Prescribing Information

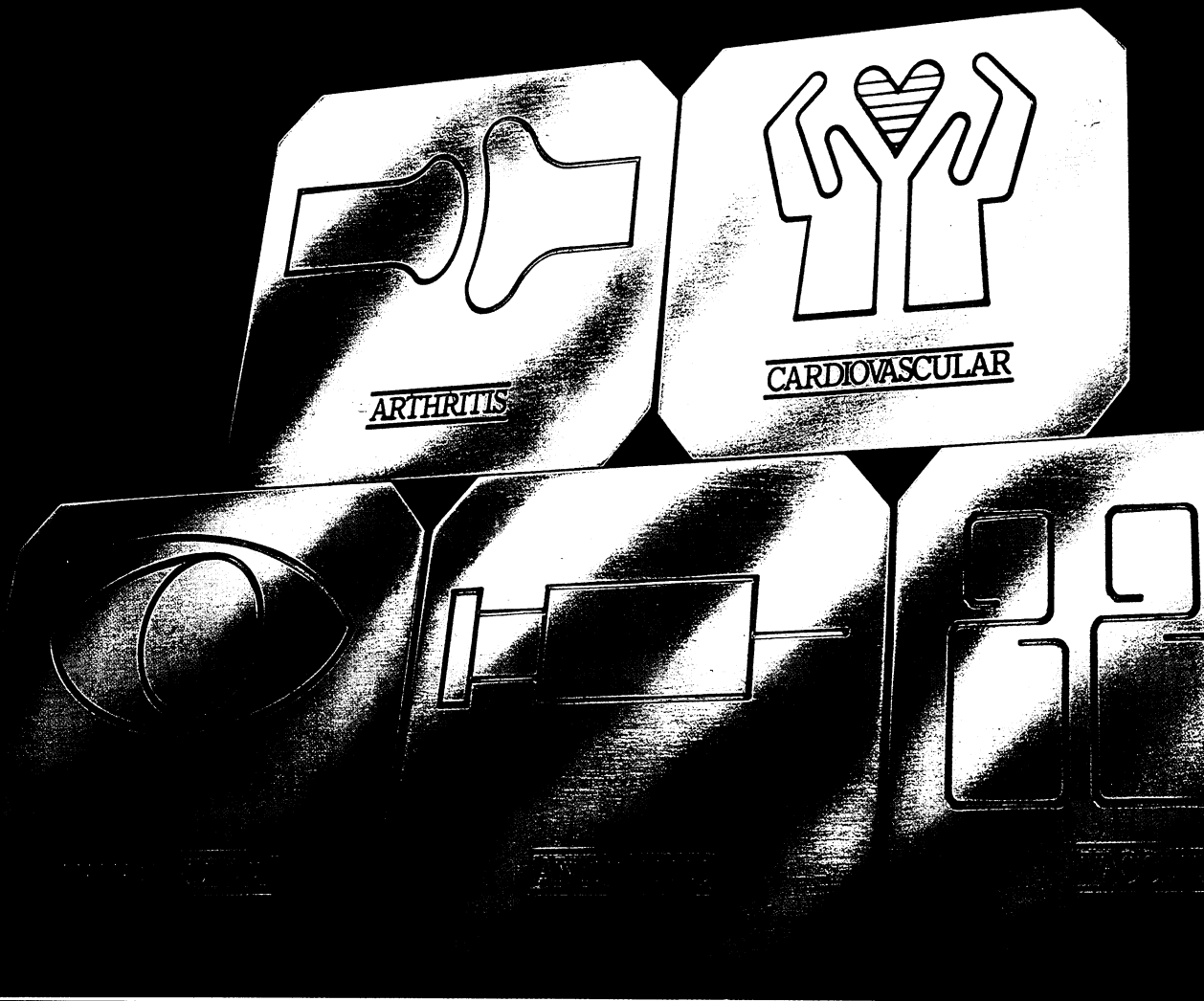
Indications Intravenous sedative cover. Alternative intravenous agent for induction of anaesthesia in high-risk patients. Intramuscular premedication. **Dosage and Administration** *Intravenous sedation* Usual total dose 2.5mg to 7.5mg (approx. 0.07mg/kg body-weight). *Intravenous induction of anaesthesia* Unpremedicated patients: 0.3mg/kg body-weight or more. Premedicated patients: 0.2mg/kg body-weight may be adequate. *Intramuscular premedication* (10mg/2ml ampoule only) Usual dose about 5mg (approx. 0.07-0.1mg/kg body-weight). Elderly patients are more sensitive to the effects of Hypnovel and lower doses should be used. Children over the age of seven years may receive Hypnovel for induction of anaesthesia in a dose of 0.15mg/kg body-weight. **Contra-indications** Benzodiazepine sensitivity; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should not drive or operate machinery for eight hours after administration. Avoid alcohol. Sedative effects of other centrally-acting

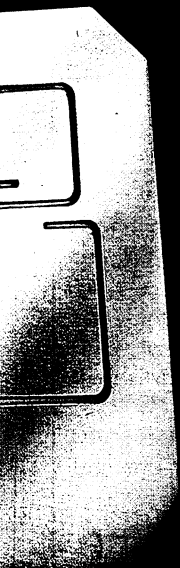
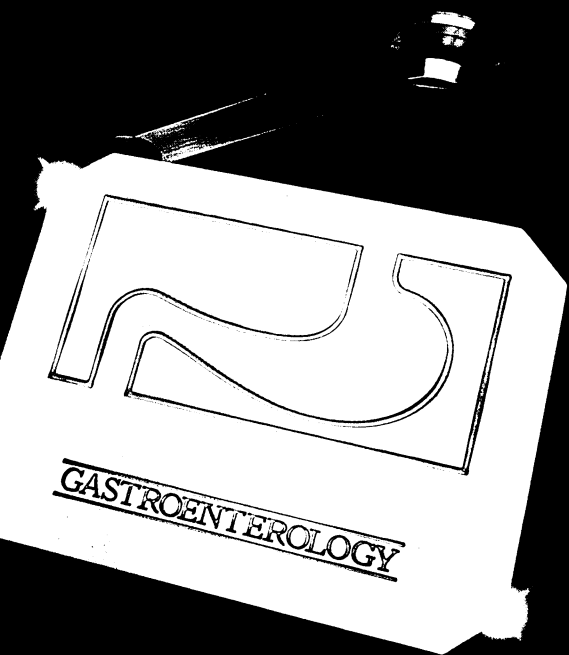
drugs may be intensified. For the administration of Hypnovel a second person should always be present and facilities for resuscitation should always be available. **Side-effects** Hypnovel is well tolerated and changes in arterial blood pressure, heart rate and respiration are usually slight. The rapid injection of a high dose can induce soft-tissue airway obstruction or apnoea of short duration. Local effects on veins are infrequent. However, pain on injection and thrombophlebitis may occur. **Presentation** Ampoules containing 10mg midazolam base as the hydrochloride in 5ml or 2ml aqueous solution, in packings of 10. **Basic NHS Cost** 76p per 10mg/5ml ampoule. 64p per 10mg/2ml ampoule. **Product Licence Numbers** 0031/0189 (10mg/5ml), 0031/0126 (10mg/2ml). **Product Licence Holder** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. **Reference** 1. Anaesthesia, 1982, 37, 1002. Hypnovel is a trade mark.



1391096/286

THOMAS MORSON PHARMACEUTICALS
BUILDING
FOR THE FUTURE





Building on strength

On the strength of our parent company, Merck Sharp & Dohme Limited, one of the largest manufacturers of prescribed medicines in the world.

Building on experience

On the foundations of the extensive history of Thomas Morson Pharmaceuticals, which spans over a century.

Building on research and commitment

On the benefits of sharing over £250 million invested annually by MSD on research, which has helped establish Thomas Morson Pharmaceuticals in a wide range of therapeutic areas, including arthritis and cardiovascular disease.

Building for the future

A future committed to improved patient care through medical advances in all therapeutic areas, notably gastroenterology, and the beneficial implications for the many thousands of sufferers of distressing digestive disorders.

Thomas Morson Pharmaceuticals—
new directions, new purposes



Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited



A new trial⁽¹⁾ has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas⁽¹⁾ and hydrocortisone enemas⁽²⁾. Retrograde spread increases with the extent of the disease⁽³⁾ and COLIFOAM can

reach well into the descending colon⁽⁴⁾.

Acceptability. COLIFOAM causes less interference with your patients' daily lives^(1,2,5). COLIFOAM is far easier for your patients to retain^(1,2,5).

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption⁽⁶⁾, lower than prednisolone enemas⁽⁷⁾.

Economy. COLIFOAM costs less per dose than standard proprietary enemas⁽⁸⁾.

COLIFOAM
10% Hydrocortisone acetate foam

In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. *British Medical Journal* 1985;291:866. (2) Ruddell WSJ et al. *Gut* 1980;21:885-889. (3) Farthing MCG et al. *British Medical Journal* 1979;2:822-824. (4) Rhodes JM. *Journal of Clinical & Hospital Pharmacy* 1983;8:219-232. (5) Gaucher P and Champignuelle B. *Revue Française de Gastroenterologie* 1983;193:35-39. (6) Barr WH et al. *Medical College of Virginia/Virginia Commonwealth University, FDA bioavailability submission document*. October 1981. (7) Lee DAH et al. *Gut* 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. **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) plus a plastic applicator and illustrated leaflet. **Basic NHS cost** 25g plus applicator, £7.25. **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. Further information is available on request. **Stafford-Miller Ltd.**, Professional Relations Division, Harfield, Herts. AL10 0NZ.

EASY EXAMINATIONS WITH NUBAIN* ANALGESIA



- strong, effective non-MDA analgesic, suitable for use during endoscopy or colonoscopy and radiological and gynaecological investigations
- "ceiling" effect to respiratory depression reduces risks associated with opioid use¹
- minimal effect on cardiac haemodynamics when used during catheterization²
- allows more accurate diagnosis of bile duct and gut obstructions due to minimal interference with function³ and motility⁴



NUBAIN*
nalbuphine hydrochloride

Effective, comfortable
analgesia during clinical
investigations

Prescribing Information

Presentation: Nubain* Injection, 20mg of nalbuphine hydrochloride in 2ml ampoules.

Uses: For the relief of moderate to severe pain.

Dosage and Administration: 10-20mg for a 70kg individual, adjusted according to the severity of pain, physical status of the patient and concomitant medications. Nubain is not recommended for children.

Contra-Indications: Hypersensitivity to Nubain.

Precautions and Warnings: Use with care in known and potential opioid abusers.

Also care in active patients who may drive or operate machinery. Caution in patients with impaired respiration. Safety for use in myocardial infarction is not yet established. Caution and dose reduction in patients with impaired renal or hepatic function.

Safe use not established in pregnancy and in conditions of raised intracranial pressure. Abrupt discontinuation of chronic therapy may produce withdrawal symptoms.

Side Effects: The most frequent reaction is sedation. Also sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache and other opioid effects may occur.

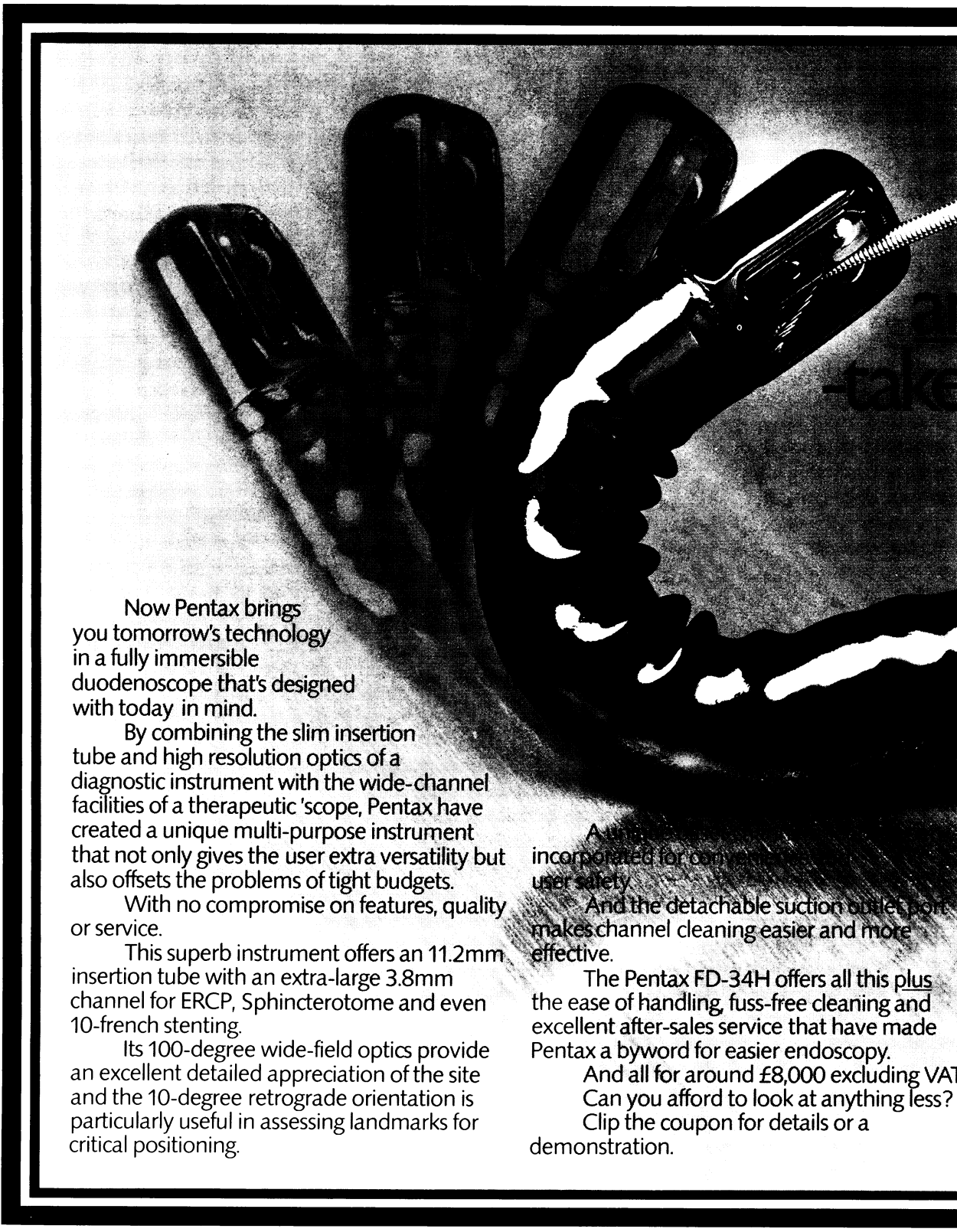
Product Licence No.: 4524/0003. **NHS Price:** £11.60 per box of 10 x 2ml ampoules.

References: 1. Julien RM. Effects of nalbuphine on normal and oxymorphone – depressed ventilatory responses to carbon dioxide challenge. *Anaesthesiology* 1982; 57: No 3A. 2. Fahmy NR, Sunder N, Soter NA. A comparison of histamine releasing properties and hemodynamic effects of morphine and nalbuphine in humans. *Anesth Analg* 1984;63:175. 3. Vatashtsky E, Haskel Y. The effect of nalbuphine (Nubain®) compared to morphine and fentanyl on common bile duct pressure. *Curr Ther Res* 1985;37:1:95-102. 4. Shah M, Rosen M, Vickers MD. Effect of premedication and diazepam, morphine or nalbuphine on gastrointestinal motility after surgery. *Br J Anaesth*. 1984;56: 1235-8.

Further information is available on request from Du Pont (UK) Limited, Pharmaceuticals, Wedgwood Way, Stevenage, Hertfordshire SG1 4QN. Telephone: (0438) 734549.

Nubain* is a registered trade mark of E.I. du Pont de Nemours and Co. Inc.

Du Pont Pharmaceuticals 



Now Pentax brings
you tomorrow's technology
in a fully immersible
duodenoscope that's designed
with today in mind.

By combining the slim insertion
tube and high resolution optics of a
diagnostic instrument with the wide-channel
facilities of a therapeutic 'scope, Pentax have
created a unique multi-purpose instrument
that not only gives the user extra versatility but
also offsets the problems of tight budgets.

With no compromise on features, quality
or service.

This superb instrument offers an 11.2mm
insertion tube with an extra-large 3.8mm
channel for ERCP, Sphincterotome and even
10-french stenting.

Its 100-degree wide-field optics provide
an excellent detailed appreciation of the site
and the 10-degree retrograde orientation is
particularly useful in assessing landmarks for
critical positioning.

All this is
incorporated for complete
user safety.

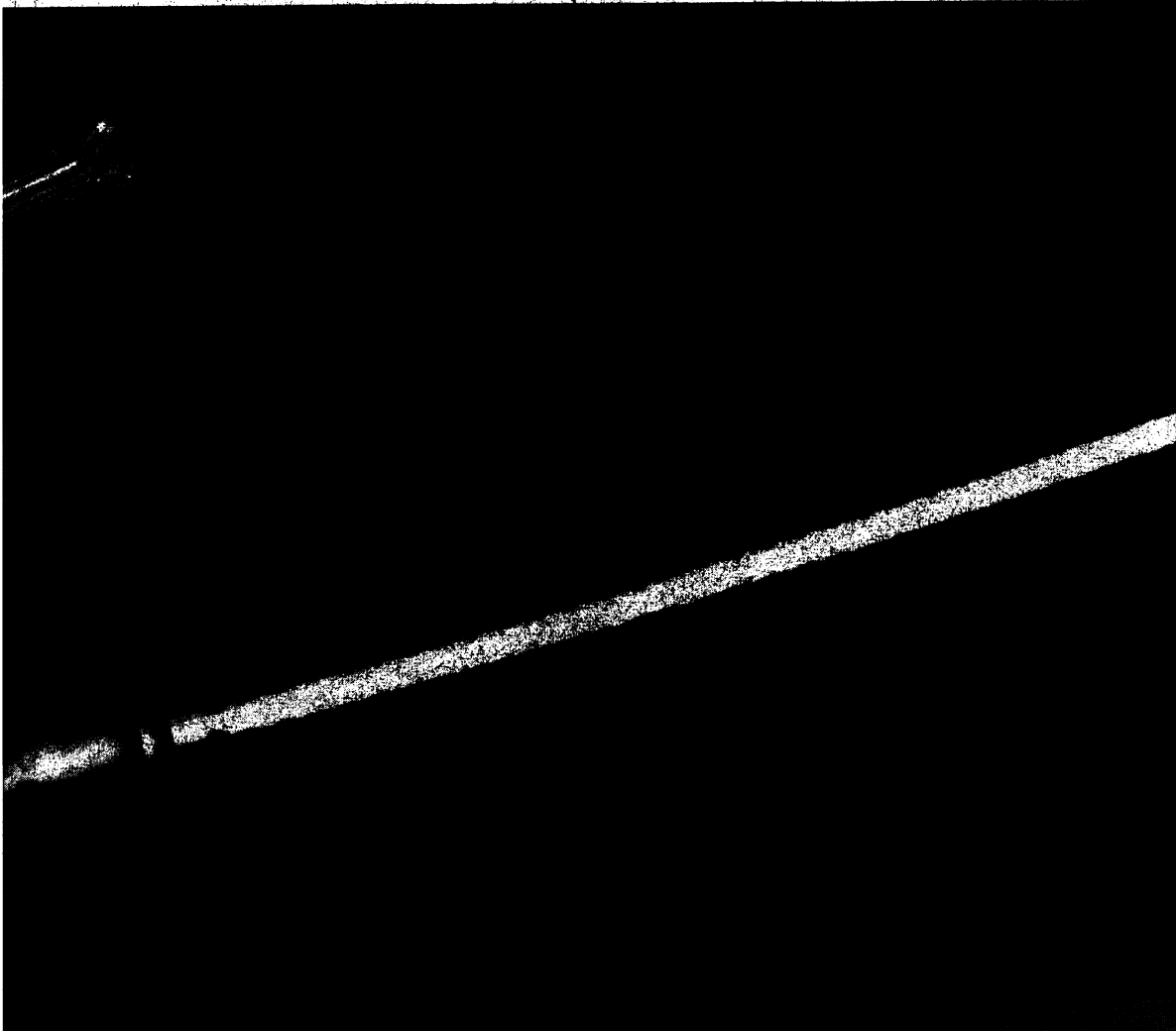
And the detachable suction outlet port
makes channel cleaning easier and more
effective.

The Pentax FD-34H offers all this plus
the ease of handling, fuss-free cleaning and
excellent after-sales service that have made
Pentax a byword for easier endoscopy.

And all for around £8,000 excluding VAT.

Can you afford to look at anything less?

Clip the coupon for details or a
demonstration.



Angle of viewing field	100° (10° retro)
Depth of viewing field	3mm - 100mm
Diopter	+2--8Dptr
Tip deflection	Up/Down 130°; Right/Left 100°
Distal rigid portion diameter	Ø12.5mm
Insertion tube diameter	Ø11.2mm
Diameter of working channel	Ø3.8mm
Insertion tube working length	1.250mm
Total length	1.575mm

PLEASE SEND FURTHER LITERATURE

PLEASE SEND A REPRESENTATIVE PLEASE TICK

PLEASE RING FOR AN APPOINTMENT

Name _____

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Pentax House
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South Harrow
Middlesex
HA2 0LT

LOOKING AHEAD

ASACOL™

MESALAZINE* (5-aminosalicylic acid)

Direct delivery to the colon

For ulcerative colitis patients
who cannot tolerate
sulphasalazine¹

ASACOL delivers 5-aminosalicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).²

A patented acrylic coating on **ASACOL** makes it site-selective. **ASACOL** remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.^{2,3}

Each **ASACOL** tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.^{4,5}

ASACOL™

Direct Delivery to the Colon

REFERENCES:

1. Dew M.J, Harris A.D, Evans B.K, et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983, i, 807.
2. Dew M.J, Hughes P.J, Lee M.G, et al. An oral preparation to release drugs in the human colon. *Br J Clin Pharmacol*, 1982, 14, 405-408.
3. Dew M.J, Ryder R.E, Evans N, et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol*, 1983, 16, 185-187.
4. Dew M.J, Hughes P.J, Harris A.D, et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br Med J*, 1982, 285, 1012-1014.
5. Dew M.J, Harris A.D, Evans N, et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br Med J*, 1983, 287, 23-24.

*Mesalazine is the British Approved Name for 5-aminosalicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSEAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of hypersensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder: Mesalazine is excreted rapidly by the kidney, mainly as its metabolite, N-acetyl-5-aminosalicylic acid. In full therapeutic doses of mesalazine, metabolism intravenously produces tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking Asacol, it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side-effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function, have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322387

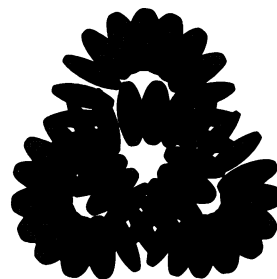
Henlow Trading Estate
Henlow, Beds. SG16 6DS

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 bile 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 fetotoxic 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 Licences: Humbers Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.



Further information is available on request Pharmacia Limited, Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP. Telephone Milton Keynes (0506) 661101.

Created by Nature. Proven by Science.

For relief of irritable bowel and abdominal pain



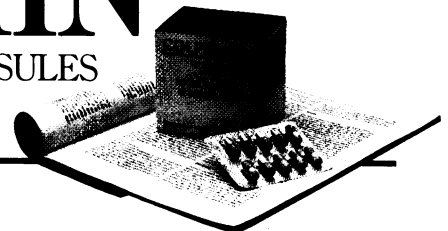
The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.¹
- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.²
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.³

References:

1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.
2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium Aix-en-Provence, France, September 1983*, to be published.

COLPERMIN™ (enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin 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.



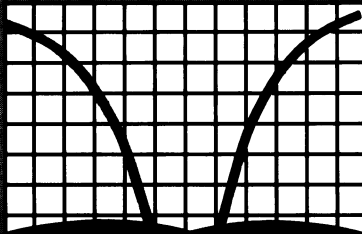
Contraindications, Warnings, etc. Precautions: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity 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.

DE-NOL REBALANCES THE ULCER EQUATION

The inescapable equation of ulcer aetiology Acid Attack v. Mucosal Defence remains the basis for our understanding of peptic ulcer. With an ulcer the acid side of the equation gains the upper hand, although it is now clear that this is more often a result of poor mucosal resistance than excessive acid secretion. An agent which enhances the mucosal defence mechanism should be the treatment of choice. The approach to ulcer therapy should thus be based on the truism:

**NO MUCOSAL BREAKDOWN,
NO ULCER.**



De-Nol[®]

Prescribing Information De-Noltab and De-Nol

Presentation: De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3) in each 5ml. **Uses:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. **ADULTS:** One tablet or 5ml dose 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. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. **CHILDREN:** As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. **SPECIAL PRECAUTIONS:** De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. **SIDE EFFECTS:** Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. **OVERDOSAGE:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P. **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £15.84. De-Nol £10.31. **GMS Price (Eire):** De-Noltab IR£20.99. De-Nol IR£13.66. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De-Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab: 62/22/1. De-Nol: 62/23/1.

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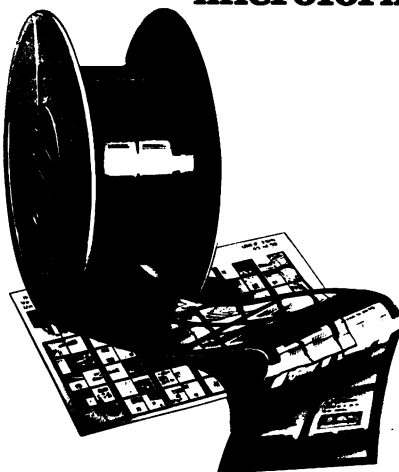
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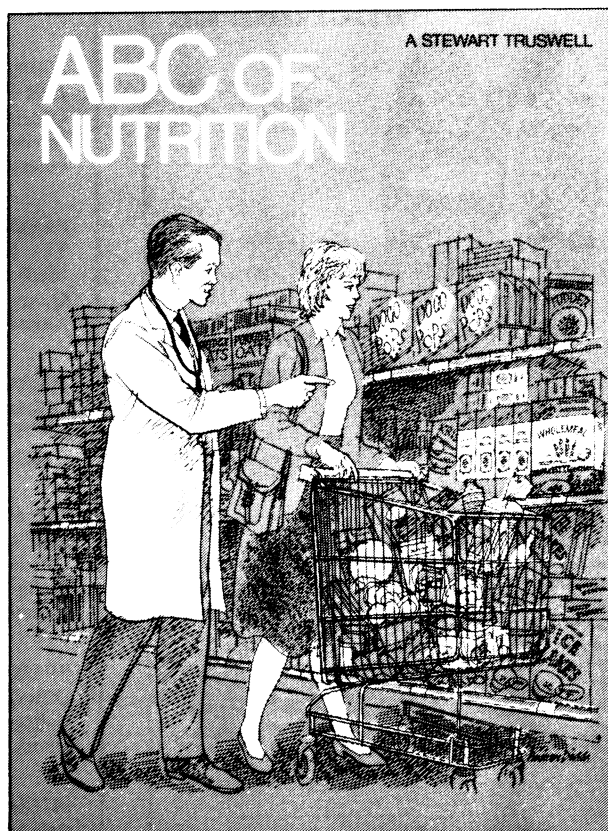
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