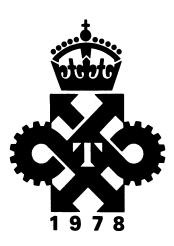


A Mark of Recognition



Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H₂ receptor antagonist research and the development of cimetidine.

Since it became generally available over three years ago, 'Tagamet', by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as

million patients. cimetidine

gastric ulcer and reflux oesophagitis,

For many patients it has brought a

new standard of pain relief and healing.

In the United Kingdom alone 'Tagamet'

has been prescribed for an estimated one

where acid plays a part.

PRESCRIBING INFORMATION

Presentations
Tagamet Tablets PL0002/0063 each containing
200 mg cimetidine. 100, 113.22; 500, £64.75.
Tagamet' Syrup PL0002/0073 containing 200 mg
cimetidine per 5 ml syrup. 200 ml, £6.29.
Indications

duodenal ulcer, benign

Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

TG:AD140

Dosage
Duodenal ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks (for full instructions see Data Sheet). To prevent relapse, 400 mg at bedtime or 400 mg morning and evening for at least 6 months.
Benign gastric ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet).
Reflux oesophagitis: Adults, 400 mg tds with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.

Lautions
Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral antic cagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

lactation.

Adverse reactions
Diarrhoea, dizziness, rash, tiredness, Rarely, mild
gynaecomastia, reversible liver damage, confusional
states (usually in the elderly or very ill), interstitial

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encountered in general practice e.g., arthritis, muscular rheumatism, vertebral and low back pain.

A single tablet of Paramol-118 provides relief by the joint action on pain of 500mg paracetamol and 10mg dihydrocodeine tartrate. This combination effectively treats pain with minimum intake of drug - particularly advantageous in long term therapy.

paracetamol BP and dihydrocodeine tartrate BP

JUST THE ONE for mild-to-moderate pain Presentation and basic NHS cost
White tablets engraved DF/P, each tablet containing:
Paracetamol BP 500 mg
Dihydrocodeine tartrate BP 10 mg
25 tablets (ex 500) cost 37.8p

Indications

Relief of moderate pain.

Dosage and administrationParamol-118 tablets should, if possible, be taken

Adults and children over 12 years: One tablet every four hours. This may be increased to two tablets four times a day if necessary.

Paramol-118 is not recommended for children

Contra-indications, warnings, etc. Precautions: Paramol-118 should be given with caution to patients with allergic disorders and caution to patients with allering consorters and should not be given during an attack of asthma. Caution if there is marked impairment of liver function or advanced kidney disease. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

Side effects Constipation, nausea and giddiness

P.L. 0021/5056.

Further information is available on request.



Paramolis a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA



STATE OF THE PROPERTY OF THE P

Controls the inflammatory processes in more severe asthma

Restores the response to bronchodilators

Avoids the side effects associated with systemic steroids

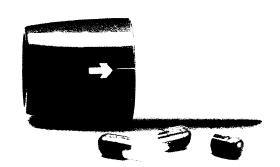
Eliminates or greatly reduces the need for systemic steroids in steroid-dependent patients

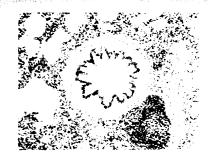
Obviates physical disfigurement and stunting of growth in children

Available as metered-dose aerosol



Becoti le

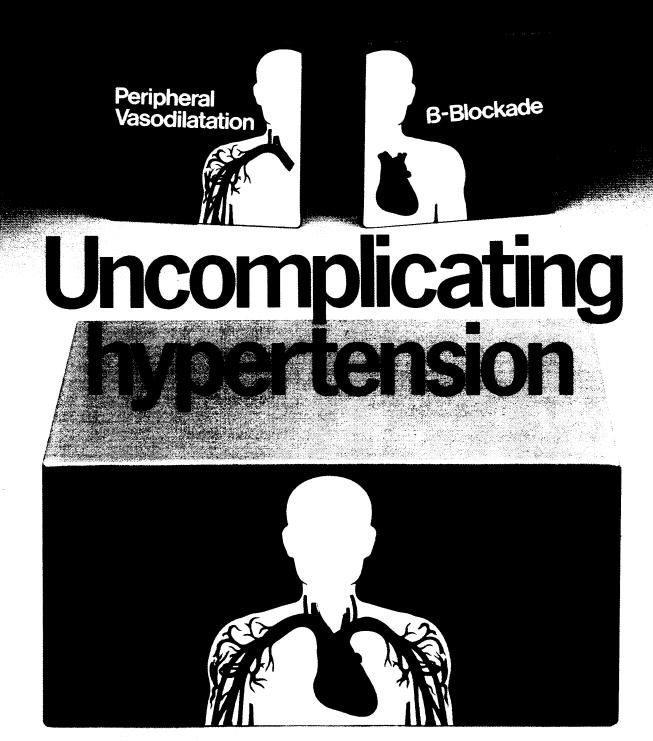




Cross-section of bronchiole illustrating bronchospasm complicated by bronchial mucosal oedema and hypersecretion of mucus.

To support this claim of extraordinary activity (of Becotide), there are not only statistically valid comparisons but also numerous validated individual experiences. These include the impressive therapeutic results in patients with severe asthma not controllable with high daily doses of systemic steroids; the beneficial responses of those refractory to adrenergic agonists and unable to tolerate even suboptimal doses of theophylline; the suppression of asthma unresponsive to mediator-release inhibitors, such as cromolyn sodium; and, importantly, the high level of acceptance and compliance among people who do not comply with other standard therapeutic routines.

(Lancet, 1979, i, 932-933)



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Trandate

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