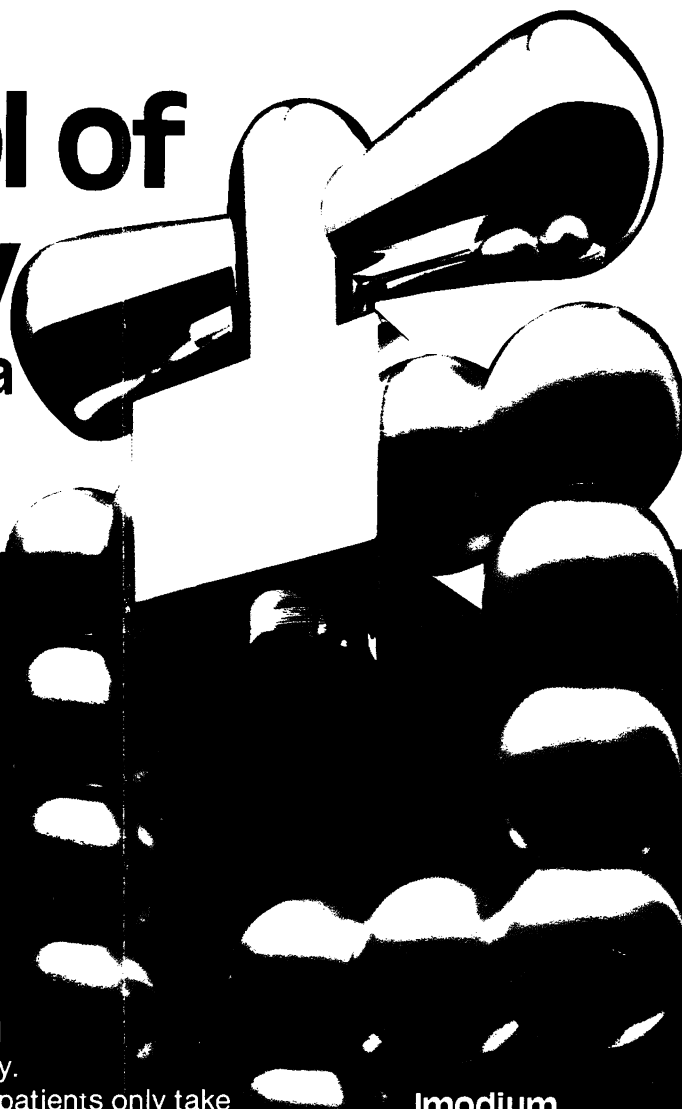


# Imodium

TRADEMARK

(loperamide hydrochloride)

**symbol of  
accuracy**  
in acute diarrhoea



Imodium's specific action controls diarrhoea, relieving pain and abdominal cramps rapidly and effectively.

A tailored dosage regime means that patients only take Imodium when they really need it, minimising the risk of constipation and encouraging economy of medication. Patients will find Imodium capsules easy to take and the blister pack of just twelve capsules is convenient to carry throughout the working day.

**Imodium**

**Simply Stops Diarrhoea-fast**

**2 // stat and 1 /  
at each loose stool**

Further information is available from :



**JANSSEN PHARMACEUTICA**  
2340 Beerse, Belgium

or

**JANSSEN PHARMACEUTICAL LTD.**  
Marlow, Bucks. SL7 1ET.

**Presentation :**

Hard gelatin capsules containing 2 mg loperamide hydrochloride and syrup containing 1 mg loperamide hydrochloride per 5 ml.

**Indications :**

Imodium\* is indicated for the symptomatic control of acute diarrhoea of any aetiology.

**Contra-indications and warnings etc. :**

There are no specific contra-indications to Imodium\*. Studies in animals have shown no abnormal teratogenic effects, however the use of loperamide during pregnancy is subject to the usual precautions. In trials, no side effects have been reported that can reliably be distinguished from the symptoms of the gastro-intestinal disorder being treated. As persistent diarrhoea can be an indicator of potentially more serious conditions, Imodium\* should not be used for prolonged periods until the underlying cause of the diarrhoea has been investigated.

**Dosage and Administration :**

**Acute Diarrhoea : Adults :** Two capsules initially, followed by one capsule after every loose stool. The usual dosage is 3 to 4 capsules a day; the maximum daily dose should not exceed 8 capsules. **Children :** 4 to 8 years : Syrup 5 ml four times daily until diarrhoea is controlled. In children under 8 years, further investigation may be necessary if diarrhoea has not responded to three days' treatment. 9 to 12 years : Syrup 10 ml (or 1 capsule) four times daily until diarrhoea is controlled.

**Basic NHS Cost :**

12 capsules (ex 250 pack) 104p (correct at time of printing)

**Product Licence Numbers :**

Capsules 0242/0028 - Syrup 0242/0040

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**Contra-indications** Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides or co-trimoxazole; should not be given during pregnancy or to neonates.

**Precautions** In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

**Adverse Reactions** Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

**Presentation** Septrin Forte Tablets each contain 160mg Trimethoprim B.P. and 800mg Sulphamethoxazole B.P.  
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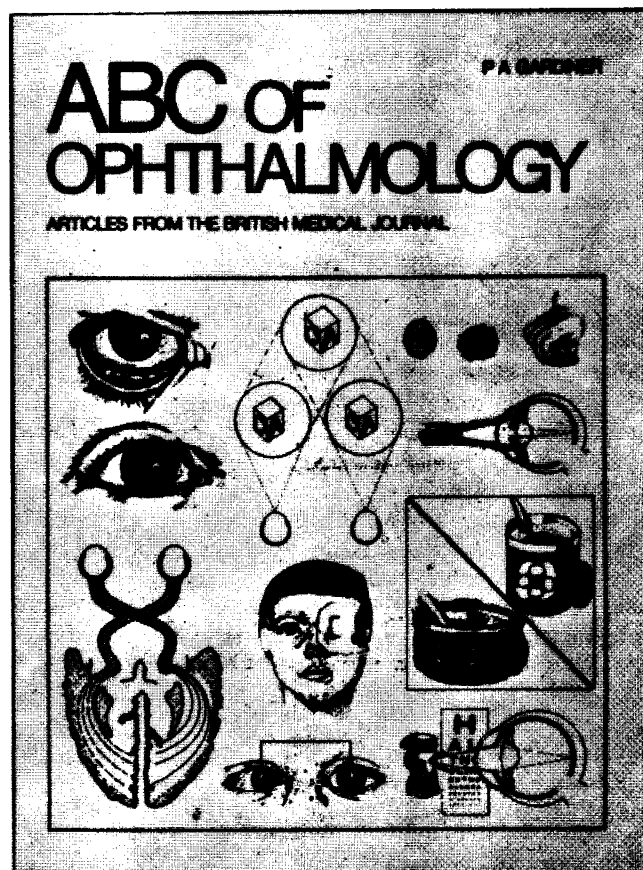
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# NATRILIX<sup>®</sup>

indapamide

## a primary antihypertensive agent

Natrilix offers a simple, effective means of controlling blood pressure both in newly diagnosed and in poorly controlled patients with mild to moderate hypertension

### Prescribing information

#### Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

#### Uses

For the treatment of hypertension.

#### Dosage and administration

##### Adults

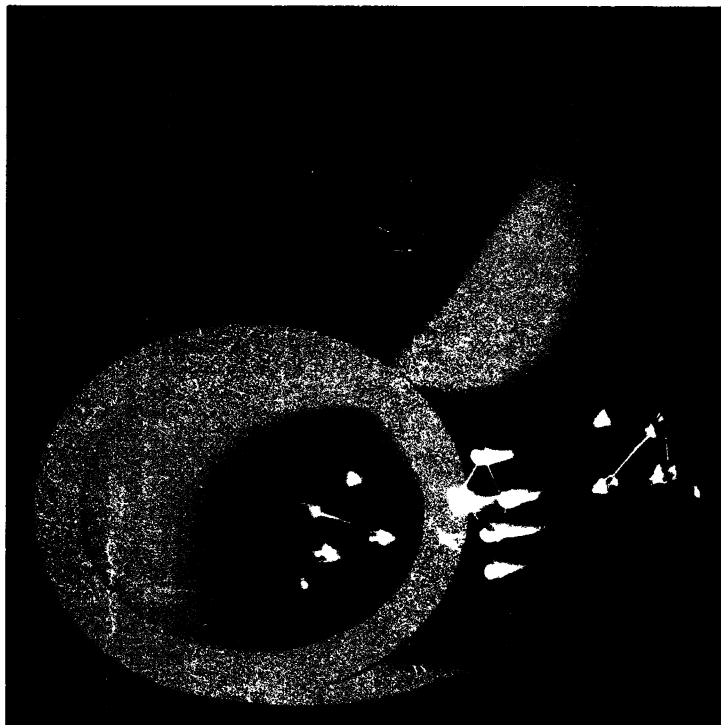
The dosage is one tablet daily to be taken in the morning.

##### Children

There is no experience of the use of this drug in children.

#### Contra-indications, warning, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing it in cases of severe renal or hepatic impairment. As with all new drugs, the administration of Natrilix should be avoided during pregnancy although no teratological effects have been seen in animals. At doses higher than that recommended, Natrilix has a diuretic effect, therefore it is not recommended to prescribe it with a diuretic agent which may cause hypokalaemia. Also, slight weight loss has been reported in some patients taking Natrilix. Reported side effects have included nausea and headache,



but they are generally uncommon and mild in nature.

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Box of 30 tablets.

Product licence number 0093/0022.

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## knows no barriers!

For the treatment of staphylococcal infection

Staphylococci form focal, often necrotic lesions, where they are protected from the defence mechanism of the body and shielded from efficient chemotherapy.<sup>1</sup>

Fucidin exerts a potent antibacterial effect even in the presence of large collections of pus, into which it apparently penetrates in effective concentrations.<sup>2</sup>

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- Hypopyon
- Endophthalmitis
- Lung abscess
- Endocarditis
- Pneumonia with abscess
- Empyema
- Renal carbuncle
- Deep wound infection
- Septic arthritis
- Foreign bodies, pythia, pyoderma
- Osteomyelitis
- Diabetic gangrene



**Dosage:**  
Adults: 2 capsules (2 capsules) 3 times daily with food.  
Children: 100 mg/kg body weight daily in 3 divided doses with food.  
The above dosage may be doubled for initial therapy in severe infection.

**Side-effects:**  
Nausea and gastro-intestinal upset occur in some patients taking oral Fucidin. These side-effects may be relieved by taking the capsules with food or using the capsules in a glass of water. In some patients taking Fucidin, a mild skin rash may occur. This is usually mild and disappears in subjects who continue to take the drug. In general, oral therapy should be continued for 7-10 days after the clinical signs of infection have disappeared.

administered in conjunction with other drugs which may compete for the same urinary pathway.  
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Each capsule contains 250mg sodium fusidate B.P.

**References:**  
1. Jensen, K. and Jensen, H.C.A. *Ann. Rev. Med.* 20, 1969.  
2. Crofton, R.B. *Br. Med. J.* 1, 778, 1972.  
3. Rowley, D.E.J. *J. Clin. Pathol.* 24, 222, 1971.

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