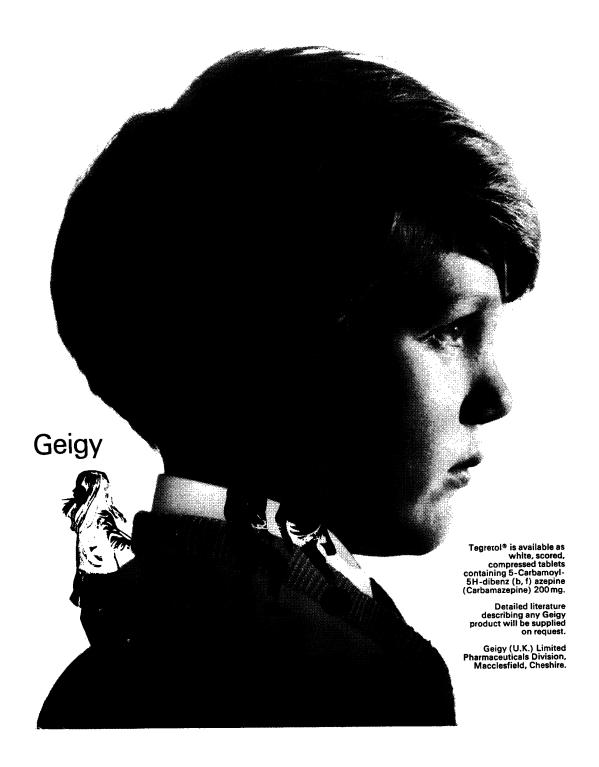
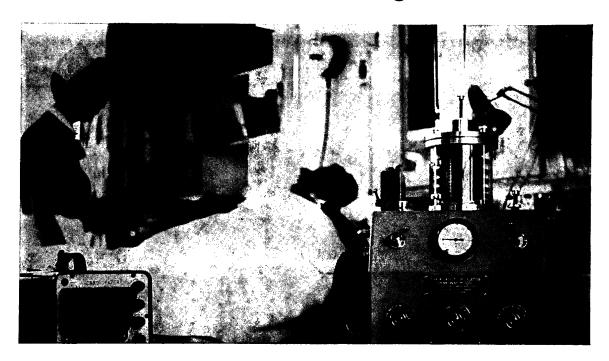
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Pyopen and serious Gram-negative infections



Respiratory Tract Infections

Pyopen—a Record of Success

In published clinical papers, most of the 107 patients with respiratory infections treated with Pyopen had a history of chronic lung disease. Nevertheless Pyopen produced clinical cure or improvement in 85 (80%) of them.

Pyopen—in the critically ill

One author referring recently to the shortcomings of alternative agents found that high-dosage Pyopen led to impressive clinical results in seven "desperately ill" patients:

"Four of these patients showed great improvement, two improved slightly, and in one there was failure. In six out of seven there was complete clearance of the pseudomonas organisms from the sputum and in five the sputum was still clear two months later."

Brit. med. J., (1970) 1, 663.

Pyopen—in Cystic Fibrosis Patients

Pyopen was administered to 41 cystic fibrosis patients during 43 episodes of pulmonary infection due to pseudomonas.

33 (77%) showed a "favourable response".

7 (16%) showed a "fair response".

The dosage scheme was 300—350mg per Kg. daily. Antimicrobial Agents & Chemotherapy, (1969), 292.

Pyopen—Penicillin Advantages

Pyopen shares the low toxicity of the penicillins so that effective, high-dosage therapy is practicable. Pyopen is uniquely suitable for sustained courses of treatment, and for patients with inadequate renal function.

DAILY DOSAGE RECOMMENDATIONS

Respiratory Tract Infections	Pseudomonas
ADULTS (in divided doses)	2030G I.V.
PAEDIATRIC (in divided doses)	250-400mg I.V. per Kg. body weight.

Contra-indications: Penicillin hypersensitivity.

Side-effects: As with other injectable penicillins.

High dosage is vital to the success of Pyopen therapy—please consult current Pyopen literature.

Full information is available on request.

PYOPEN-effective in serious Gram-negative infections



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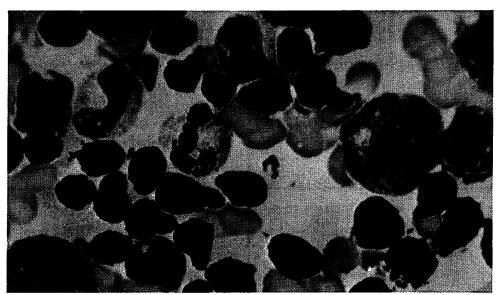


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"From now on daunorubicin will take its place among the major medicaments for treating acute leukaemias." (translation) Presse méd, 75, 955, 1967

"The most striking feature of this treatment is the rapidity of its effect." Lancet, ii, 27, 1966

Detailed information is available on request

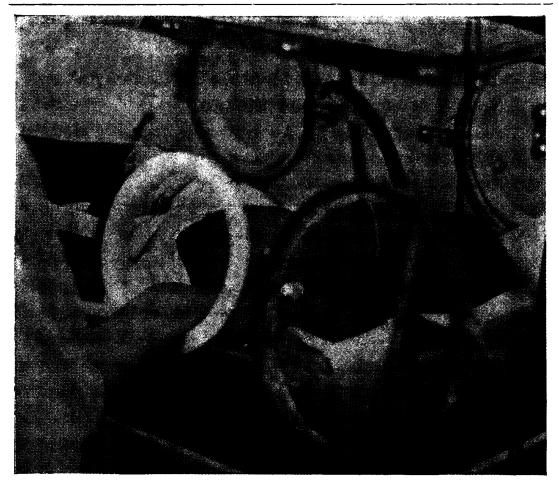




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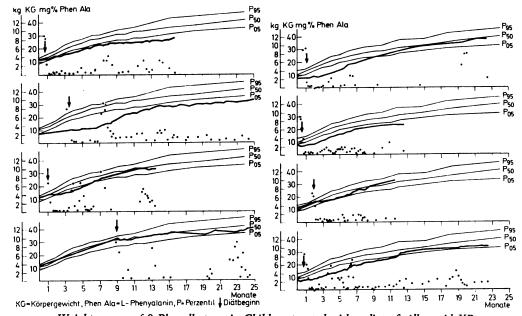
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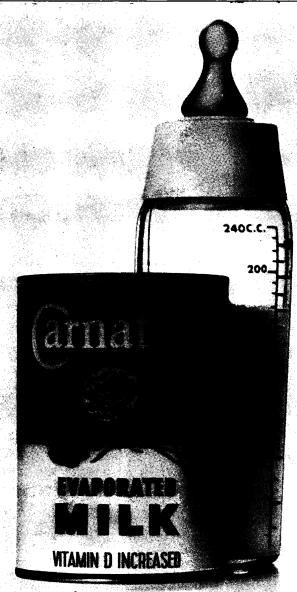
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''Kanamycin remains the

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In septicaemia: prompt use of Kantrex Injection can prevent shock and may also have beneficial effects on patients already in shock.²

In neonatal sepsis: "Because Kanamycin is highly effective against almost all Gram-negative organisms causing disease in the neonate—except pseudomonas—this agent is employed initially." 3

In Gram-negative and/or staph pneumonia: bactericidal coverage prior to culture results. Kanamycin most successful antibiotic in E. coli. pneumonia.4

REFERENCES

- 1. Post. Grad. Med. J. (1967) (May supplement) P.44.
- 2. Ann. N.Y. Acad, Sci. (1966) 132:848
- 3. Hospital Practice (1967) 2:54
- 4. Brit. Med. J. (1967) ii: 374

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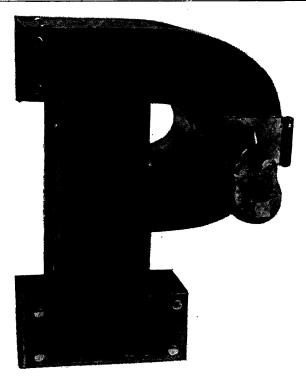
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REFERENCES: 1 Clin Sci (1964) 27, 417. 2 Clin Sci (1964) 27, 463. 3 Arch Dis Childh (1965) 40, 7. 4 J Royal Coll Phycns (1968) 2, 358. 5 J Clin Endocrin Metab (1968) 28, 1829.

Full information is available on request.

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demands a powerful antibiotic safe enough for neonates

Penbritin is both. Penbritin is active against all the common causative organisms in bacterial meningitis including Strep. pneumoniae, H. influenzae, Neisseria meningitidis, E. coli, Listeria monocytogenes and sensitive Staph. aureus†. Its wide activity is enhanced by its bactericidal action which destroys the offending pathogens.

Penbritin has proved extremely successful in treating meningitis. This single antibiotic brings to meningitis therapy a considerable advantage for it is effective without the inconvenience of mixtures or triple therapy.

Penbritin has all the safety of a penicillin—which is especially important in treating meningitis, because such a high percentage of patients are neonates and young children. In over 1,600 published references, permanent or serious side-effects have hardly ever been noted, although the possibility of penicillin hypersensitivity has to be borne in mind.

Penbritin's virtual non-toxicity allows administration in appropriately high doses without added danger to the patient. Because in meningitis Penbritin crosses the 'blood-brain barrier' it is highly effective when given intramuscularly or intravenously, often without recourse to intrathecal injection.

†Ampiclox*, or a combination of Penbritin and Orbenin* given separately, should be used when penicillin resistant staphylococci are suspected.

Dosage in Meningitis

Children: First 48 hours, 150 mg./kg. daily I.V. by infusion or 4-hourly injections.

Thereafter until temperature has been normal for five days and pus cells have disappeared entirely from the CSF, 100 mg./kg. daily I.M. by 4-hourly injections.

Intrathecal therapy:

Up to 2 years: 5-10 mg, once daily 2-12 years: 10-20 mg, once daily

Adults: First 48 hours: 6 grams daily I.V. by infusion or 4-hourly injections.

Thereafter (see above): 4 grams daily I.M. by 4-hourly injections.

Intrathecal: Up to 40 mg, once daily,

Contra-indications: Penicillin allergy.
Side-effects: As with other penicillins.

Full information is available on request.

Availability











Penbritin



Penbritin* (ampicillin B.P.) is a product of British research at **Beecham Research Laboratories,** Brentford, England. originators of the new penicillins

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References:*(1968) Gut. 9, 576
(1964) Diseases of Children, Blackwell, Oxford
(1962) Diseases of Infancy and Childhood, 8th Edn., Churchill, London
(1960) Lancet, 1, 365
(1958) Brit. Med. J. 2, 1039.

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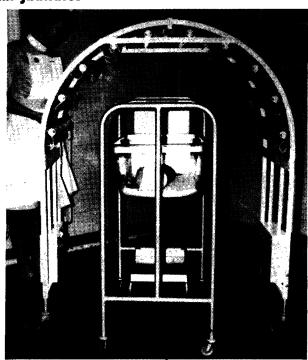
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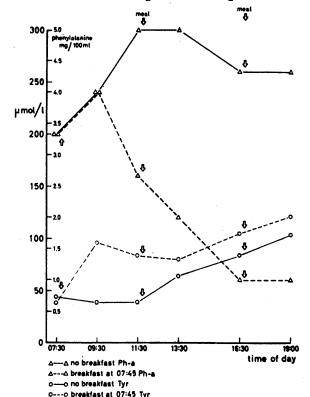
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