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Cafergone advertisement.

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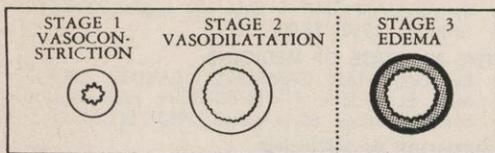
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"Although E.C. 110 (CAFERGONE) was developed primarily for the relief of the migraine attack, it is uniformly effective and has a much wider range of usefulness in the relief of headache of all other types, especially typical and atypical histaminic cephalgia." (Hansel)⁽¹⁾

For The First Time In Almost Two Thousand Years, clinical trials of an oral preparation indicate that migraine and other vascular headaches can be aborted in 85-90% of cases.

Although the cause of migraine is still unknown, the mechanism productive of head pain has been determined.⁽²⁾ Today, it has been observed that the head pain in classical migraine and related disorders is produced through abnormal behavior of the cranial vascular system. The affected arteries, principally branches of the external carotids, become constricted in the early stage of the attack. Such vasoconstriction results in pre-headache warning signs such as visual and other sensory disturbances. Later in the attack, these arteries become relaxed and dilated. *At this point, agonizing headache begins.* Exaggerated pulsations and thickening of the affected arterial walls cause stretching of and



BEST RESULTS WITH TREATMENT
IN STAGE 1 OR EARLY STAGE 2

pressure upon adjacent pain-sensitive structures. Headaches of this type may last for a few minutes only or they may last for days. Seizures are usually terminated by severe vomiting.

As a result of recent research, these headaches can be aborted for the great majority of sufferers. *Attention has been centered on the development of an effective oral preparation to relieve vascular headaches. Cafergone.* (100 mg. caffeine and 1 mg. ergotamine tartrate per tablet) *is the result of this research.* Ergotamine tartrate (Gynergen) has long

been known as a potent vasoconstrictor.^(3, 4) Caffeine, when administered orally, also acts as a vasoconstrictor.⁽⁵⁾ Simultaneous administration of ergotamine tartrate with caffeine in Cafergone tablets has the added advantage of reducing the usual dose of ergotamine necessary to abort these headaches.⁽⁴⁾

These measures will abort vascular headaches for 85-90% of sufferers:^(1,4,6,7)

1. Give complete physical examination including ancillary tests to rule out other conditions mimicking migraine.
2. Advise the patient to re-organize his activities where possible.
3. Improve the general health of the patient.
4. Give 2 Cafergone tablets at first sign of impending attack and, if necessary additional 1-tablet doses (up to 6) at half-hour intervals.

Literature available on request, for further particulars on *Dosage Adjustment* and other points:
Reprints of recent reports
Therapeutic brochures
Chart, "Clinical Characteristics of Vascular Headaches."

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