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Mintezol advertisement.

[s.l.]: [s.n.], 1971

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HAPPINESS IS A DEAD PINWORM



*Mintezol[®]
is nonstaining*

MINTEZOL[®] (THIABENDAZOLE [MSD])

You'll rely on MINTEZOL (Thiabendazole, MSD) often for pinworm disease. Not just because that's a very common helminthic infestation, but because MINTEZOL has such a high degree of efficacy. MINTEZOL also provides an unusually wide range of action—against threadworm, hookworm, whipworm, and large roundworm disease. This broad spectrum of activity makes it particularly effective in these mixed worm infestations. MINTEZOL isn't a dye. So you won't hear complaints about stained teeth, clothing, or bed linen. The most frequently occurring side effects have been anorexia, nausea, vomiting, and dizziness.



Indications: Enterobiasis (pinworm disease); intestinal parasitoses (whether encountered singly or in combination): strongyloidiasis (threadworm disease), ascariasis (large roundworm disease), uncinariasis (hookworm disease—both *Necator americanus* and *Ancylostoma duodenale*), and trichuriasis (whipworm disease); cutaneous larva migrans (creeping eruption); trichinosis (effect on viability of larvae in muscle is incompletely defined, optimal dosage has not been established, not all patients respond to recommended dosage).

Warnings: May impair alertness; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. Use in pregnancy, lactation, or in the child-bearing age requires that the potential benefits be weighed against the possible hazards to the mother and child. It is excreted in the milk of cattle.

Precautions and Adverse Reactions: Frequently encountered are anorexia, nausea, vomiting, and dizziness. Less frequently, diarrhea, epigastric distress, pruritus, weariness, drowsiness, giddiness, and headache have occurred. Rarely, tinnitus, collapse, abnormal sensation in eyes, blurring of vision, hyperirritability, numbness, hyperglycemia, xanthopsia, enuresis, decrease in pulse rate and systolic blood pressure, and a transitory rise in cephalin flocculation and SGOT. Fever, facial flush, chills, conjunctival injection, angioneurotic edema, lymphadenopathy, perianal rash, and skin rash have occurred infrequently, but it is not certain whether these represent hypersensitivity to the drug, hypersensitivity to the parasite, or a manifestation of the disease. Appearance of live *Ascaris* in the mouth and nose has been reported on rare occasions. Some patients may excrete a metabolite which

imparts an odor to urine, much like that which occurs after ingestion of asparagus.

Crystalluria without hematuria has been reported on occasion during treatment; the crystalluria has promptly subsided with discontinuation of therapy; while the etiologic role of thiabendazole has not been established, the possibility of crystalluria should be kept in mind. Transient leukopenia has been reported in a few patients, but the cause and effect relationship in these cases has not been established. If hypersensitivity reactions occur, discontinue drug.

Supplied: Suspension, containing 500 mg thiabendazole per 5 cc, is white to off-white and is available in 120-cc bottles.

For more detailed information, consult your Merck Sharp & Dohme representative or see the package circular.



MERCK SHARP & DOHME
Division of Merck & Co., Inc. West Point, Pa. 19486

where today's theory is tomorrow's therapy