



**LIBRARIES**  
UNIVERSITY OF WISCONSIN - MADISON

## Esidrix advertisement.

[s.l.]: [s.n.], 1967

<https://digital.library.wisc.edu/1711.dl/I5ZBGCWM5NCIJ83>

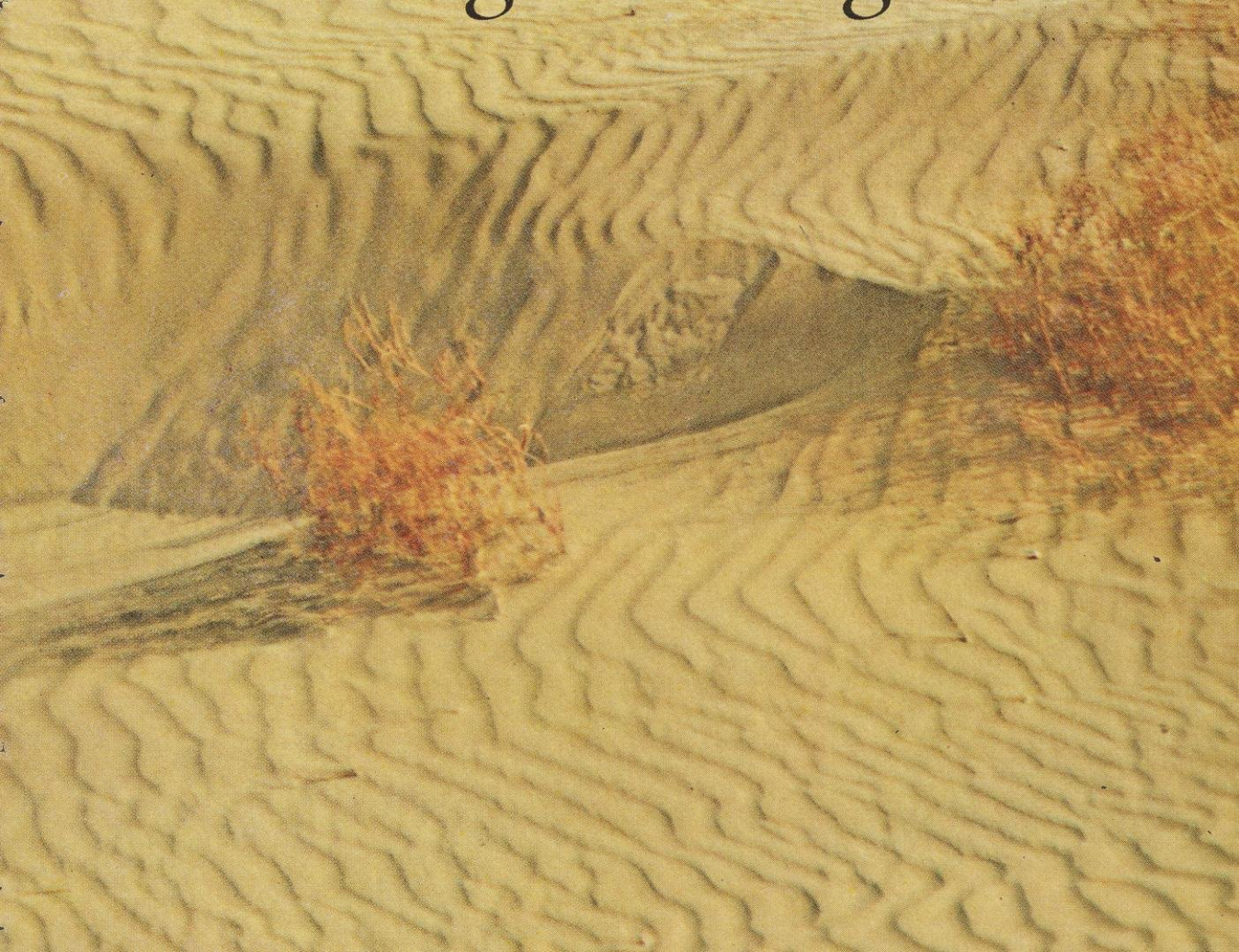
<http://rightsstatements.org/vocab/InC/1.0/>

The libraries provide public access to a wide range of material, including online exhibits, digitized collections, archival finding aids, our catalog, online articles, and a growing range of materials in many media.

When possible, we provide rights information in catalog records, finding aids, and other metadata that accompanies collections or items. However, it is always the user's obligation to evaluate copyright and rights issues in light of their own use.

# Drastic Diuretics

When are they too much  
of a good thing?



## Edema of pregnancy? It's usually time for gentle, not heroic measures.

That's why so many physicians prefer hydrochlorothiazide—the most widely used oral diuretic—originated by CIBA as Esidrix.

Esidrix promotes the smooth, gentle drying out that is so important during pregnancy.

Unlike more potent, fast-acting nonthiazides, Esidrix is far less likely to cause too profound a diuresis with resulting severe water and electrolyte depletion. *Esidrix (hydrochlorothiazide) doesn't "make waves."* (See Figure I.) Edema fluid is gradually eliminated over a period of 12 hours or more.

## No drawn-out diuresis... no abrupt flushing out

Diuresis with Esidrix (hydrochlorothiazide) is usually complete within 12 hours. (See Figure II.) Your patient usually does not experience drawn-out effects noted with some slower acting diuretics, nor the abrupt flushing out common with fast-acting agents.

In most patients with edema or toxemia of pregnancy, as well as those with premenstrual edema, extensive clinical experience shows that more often than not **Esidrix Is Just Enough.**

## And... Esidrix is the recognized diuretic-antihypertensive

Unlike more potent, fast-acting diuretics, Esidrix has been clinically

proven as an effective antihypertensive. When hypertension is a factor in preeclampsia or eclampsia, Esidrix is often all you need to bring blood pressure down gradually and smoothly... without sudden drops or distressing side effects.

Used alone in mild hypertension, or as adjunctive therapy in moderate to severe hypertension, you'll often find that **Esidrix Is Just Enough.**

Figure I Comparison of Urinary Volume Activity of Hydrochlorothiazide with Furosemide in 33 Normal Human Volunteers: A Composite from Single Administration of 50- to 100-mg Dosages

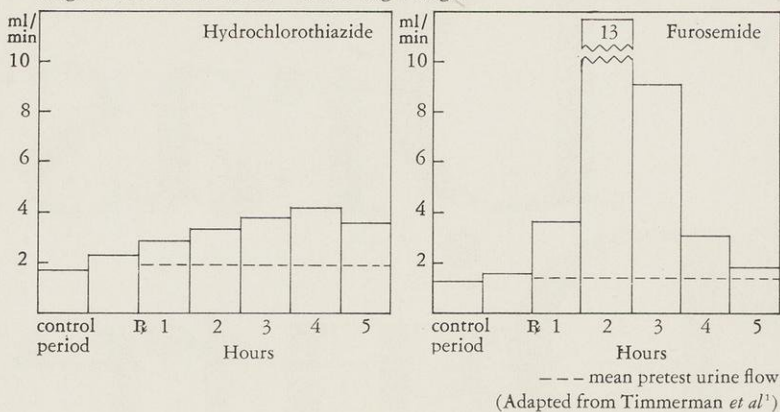
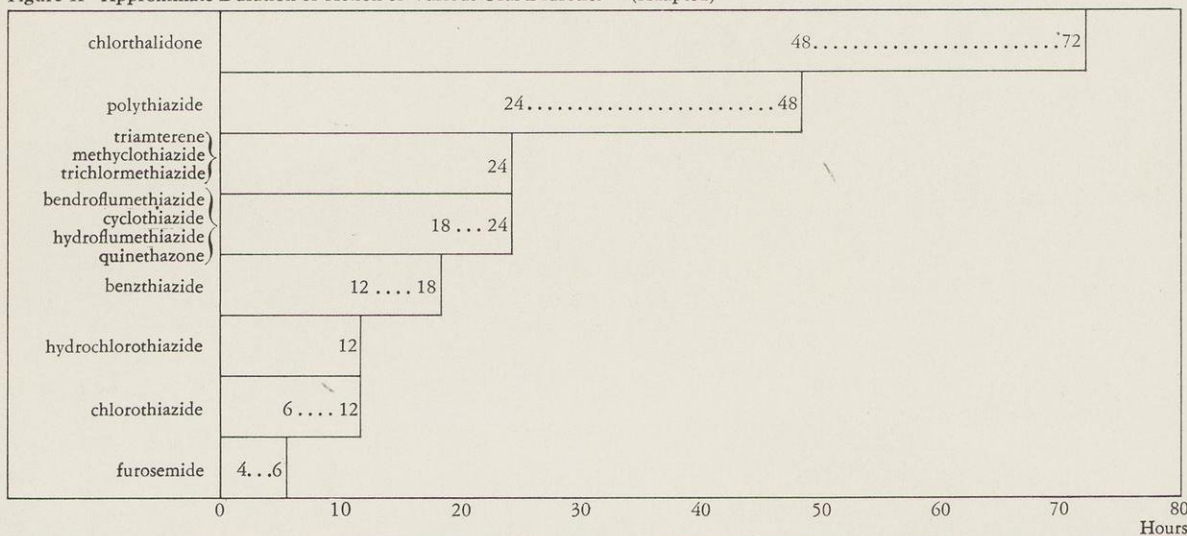


Figure II Approximate Duration of Action of Various Oral Diuretics<sup>2,3</sup> (Adapted)



## Esidrix® (hydrochlorothiazide)

**Indications:** Edema and hypertension.

**Contraindications:** Anuria; progressive renal or hepatic disease; allergy to thiazides or other sulfonamide-derived drugs.

**Warnings:** Small bowel stenosis, with or without ulceration, has been associated with use of enteric-coated thiazides with potassium, and with enteric-coated potassium alone. Coated potassium should be used only when dietary supplementation is not practical and discontinued if gastrointestinal symptoms arise.

Titrate dosage carefully in patients with impaired renal or hepatic function or nitrogen retention; discontinue thiazides if progressive insufficiency is observed.

Thiazides may decrease glucose tolerance; use cautiously in diabetics. Hyperuricemia may occur but is readily reversed by uricosuric agents.

Thiazides may decrease arterial responsiveness to norepinephrine and increase responsiveness to tubocurarine. Hypotensive episodes under anesthesia have been observed; decrease dosage of preanesthetic and anesthetic agents.

The possibility of sensitivity reactions

should be considered in patients with a history of allergy or bronchial asthma.

**Use in Pregnancy:** Thiazides cross the placental barrier and appear in breast milk. Thus, adverse reactions seen in the adult may occur in the newborn.

**Precautions:** Monitor indicated blood chemistry and fluid and electrolyte balance carefully in patients on thiazide therapy, especially when patient is vomiting, receiving parenteral fluids, steroids, or digitalis. Supplemental potassium and nonrigid salt intake will help prevent hyponatremia, hypochloremic alkalosis, and hypokalemia.

# For most obstetric patients

# Esidrix<sup>®</sup>

(hydrochlorothiazide)

# is just enough

**Adverse Reactions:** Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, jaundice (intrahepatic cholestatic), pancreatitis, hyperglycemia, glycosuria, muscle spasm, weakness, restlessness, dizziness, vertigo, paresthesias, headache, xanthopsia, purpura, photosensitivity, rash, urticaria, necrotizing angiitis, leukopenia, thrombocytopenia, agranulocytosis, aplastic anemia. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics. Whenever adverse reactions are moderate or severe, reduce dosage or withdraw therapy.

**Dosage:** Tablets should be taken with or immediately after meals. **EDEMA:** *Initial*—50 to 100 mg once or twice daily for several days. *Maintenance*—25 to 100 mg daily or intermittently. **HYPERTENSION:** *Initial*—75 mg daily for 1 week. *Maintenance*—25 to 100 mg daily. *Combined therapy*—When necessary, more potent antihypertensives may be added gradually in doses reduced by at least 50 percent.

**Supplied:** *Tablets*, 50 mg (yellow, scored) and 25 mg (pink, scored); bottles of 100, 1000 and 5000.

*Consult complete literature before prescribing.*

**References:**

1. Timmerman, R. J., Springman, F. R., and Thoms, R. K.: *Curr Therap Res* 6:88 (Feb) 1964.
2. NEW DRUGS, 1967 Edition, Evaluated by the AMA Council on Drugs, American Medical Association, Chicago, pp. 264-289.
3. Krantz, J. C., Jr., and Carr, C. J.: *The Pharmacologic Principles of Medical Practice*, Sixth Edition, The Williams & Wilkins Company, Baltimore, 1965, p. 805.

**C I B A**

CIBA Pharmaceutical Company, Summit, N.J.