LIBRARIES
UNIVERSITY OF WISCONSIN - MADISON

Naldo Cream advertisement.

[s.l.]: [s.n.], 1972

https://digital.library.wisc.edu/1711.dl/INXY7QSSCPPXU9D

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.

728 State Street | Madison, Wisconsin 53706 | library.wisc.edu

HALOG® CREAM (Halcinonide Cream 0.1%)

Each gram of Halog Cream (Halcinonide Cream 0.1%) contains 1 mg. halcinonide (0.1%) in a cream base.

INDICATIONS: This product is intended for topical application for adjunctive therapy and symptomatic relief of inflammatory manifestations of acute and chronic corticosteroid responsive dermatoses.

CONTRAINDICATIONS: Topical steroids are contraindicated in vaccinia, varicella, and in those patients with a history of hypersensitivity to any of the components of the preparation. This preparation is not for ophthalmic use.

PRECAUTIONS: *General*—If local infection exists, suitable concomitant antimicrobial or antifungal therapy should be administered. If a favorable response does not occur promptly, application of the corticosteroid should be discontinued until the infection is adequately controlled. Although systemic side effects associated with absorption of topical corticosteroid preparations are rare, their possible occurrence must be kept in mind when these preparations are used over large areas or for an extended period of time. If irritation or sensitization develops, the preparation should be discontinued and appropriate therapy instituted. Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use during pregnancy has not been absolutely established; therefore, they should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Occlusive Dressing Technique—The use of occlusive dressing increases the percutaneous absorption of corticosteroids; their extensive use increases the possibility of systemic effects. For patients with extensive lesions it may be preferable to use a sequential approach, occluding one portion of the body at a time. The patient should be kept under close observation if treated with the occlusive technique over large areas and over a considerable period of time. Occasionally, a patient who has been on prolonged therapy, especially occlusive therapy, may develop symptoms of steroid withdrawal when the medication is stopped. Thermal homeostasis may be impaired if large areas of the body are covered. Use of the occlusive dressing should be discontinued if elevation of the body temperature occurs. Occasionally, a patient may develop a sensitivity reaction to a particular occlusive dressing material or adhesive and a substitute material may be necessary. If infection develops, discontinue the use of the occlusive dressing and institute appropriate antimicrobial therapy.

ADVERSE REACTIONS: The following local adverse reactions have been reported with topical corticosteroids: burning, itching, irritation, striae, skin atrophy, secondary infection, dryness, folliculitis, hypertrichosis, acneform eruptions, and hypopigmentation. The following may occur more frequently with occlusive dressings: maceration of the skin, secondary infection, skin atrophy, striae, and miliaria. Contact sensitivity to a particular dressing material or adhesive may occur occasionally (see PRECAUTIONS).

For full prescribing information, consult package insert.

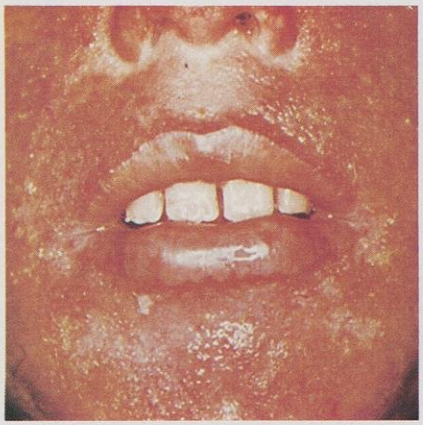
HOW SUPPLIED: In tubes of 15 and 60 g. and in jars of 240 g. (8 oz.).

SQUIBB® "The Priceless Ingredient of every product is the honor and integrity of its maker." ™

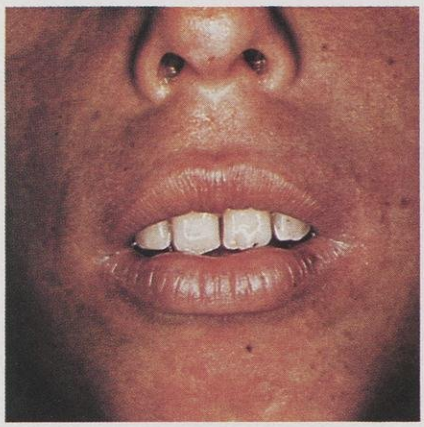
© 1976 E.R. Squibb & Sons, Inc. 356-503

Hard-to-treat dermatoses?

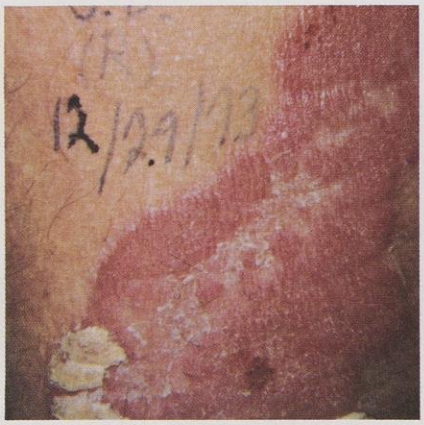
Case 1 Perioral Dermatitis



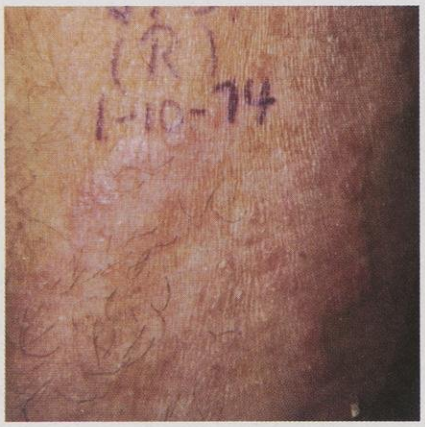
After 8 days' therapy with Halog Cream



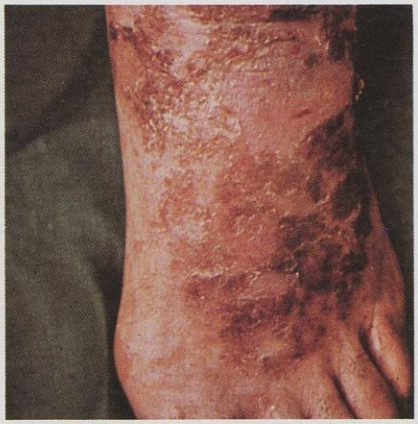
Case 2 Psoriasis



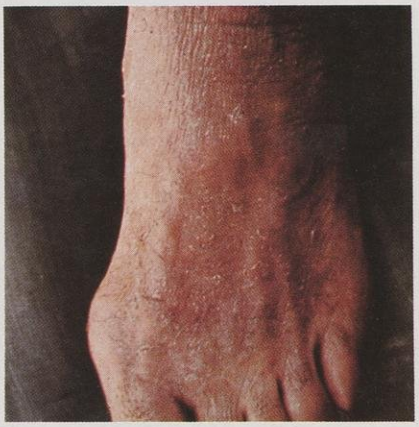
After 2 weeks' therapy with Halog Cream



Case 3 Desquamative Eczema



After 7 days' therapy with Halog Cream



Hard-to-beat Halog® Cream

Halcinonide Cream 0.1%

Rapidly effective; marked improvement usually within 1 week.

Excellent results in clinical studies on difficult-to-treat dermatoses such as psoriasis.*

Self-preserved in propylene glycol–no other preservatives whatsoever.

* Data on file at the Squibb Institute for Medical Research.

See adjacent column for brief summary.

SQUIBB®