



Otalgine Drops advertisement.

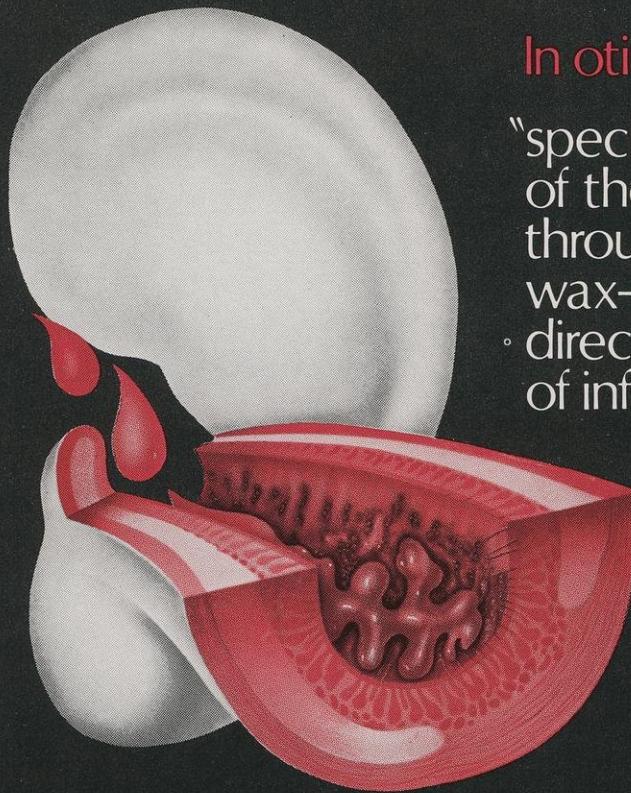
[s.l.]: [s.n.], 1972

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In otitis externa...

"special delivery"
of therapeutic agents
through the
wax-exudate barrier...
directly to the site
of infection

Otalgine Drops

(neomycin undecylenate 0.067%;
tyrothricin 0.1%; hydrocortisone alcohol 0.1%;
ethylene oxide-polyoxypropylene glycol
condensate 1.0% otic solution)

- Antibiotics to combat susceptible bacteria and fungi
- Antifungal action of the undecylenate salt of neomycin against *Aspergillus* and *Monilia*
- Hydrocortisone to reduce inflammation and pruritus
- Surfactant-penetrant to deliver therapeutic agents directly to the infected area

Penetrating the barrier of wax and exudate, OTALGINE Drops bring antibiotics and steroid directly into contact with the infected tissue, with gratifying results against major otic pathogens, including *Pseudomonas aeruginosa*, *Aspergillus* and *Monilia*. In clinical trials, "Good" to "Excellent" results were reported in 87.8% of 886 cases of otitis externa with 1,149 affected ears.*

BRIEF SUMMARY: Indications: All indications are predicated upon infections due to organisms susceptible to neomycin or tyrothricin, or to the undecylenate salt of neomycin. Otitis Externa (acute and chronic)—Fungal infections (such as *Monilia* and *Aspergillus*). **Contraindications:** Tuberculous and most viral lesions (herpes simplex, vaccinia, and varicella particularly); less common fungal infections (other than *Monilia* and *Aspergillus*); hypersensitivity to any of components. **Precautions:** Use with care in cases of perforated eardrum or long-standing otitis media because of possibility of ototoxicity. As with all antibiotics, prolonged use may result in overgrowth of non-susceptible organisms. If superinfection occurs, appropriate measures should be instituted. There are reports in medical literature indicating increased incidence of persons sensitive to neomycin. **Side effects:** Apparent allergic reactions with such symptoms as crusting, swelling, vesicular rash of the external canal or increase in discharge reported in 1.2% of patients treated; transient warmth or burning sensation on instillation, in 2.7%. **Dosage:** 2 to 5 drops, b.i.d. to q.i.d., or the wick method, with the wick moistened b.i.d. to q.i.d., until disease has cleared or become static. **NOTE:** Refrigerate until dispensed. After opening, keep at room temperature; unused contents should be discarded after 14 days. *BIBLIOGRAPHY AVAILABLE ON REQUEST.