



LIBRARIES
UNIVERSITY OF WISCONSIN - MADISON

Celestone Syrup advertisement.

[s.l.]: [s.n.], 1965

<https://digital.library.wisc.edu/1711.dl/KRDX2F6ZSGMD28A>

<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.

when
severe allergic
flare-up



makes a steroid necessary in children



Celestone® Syrup

brand of betamethasone
0.6 mg. per 5 cc.

one of the most active, low-dosage corticosteroids

In intractable asthma, severe hay fever, and other allergic disorders responsive to corticosteroid therapy, CELESTONE Syrup provides striking control of symptoms. Its striking anti-inflammatory and antiallergic effects are achieved in low therapeutic dosage with minimal side effects. And the convenient liquid form facilitates oral steroid therapy in children.

A product of the Schering allergy relief group.

Clinical Considerations: *Side Effects*—Although betamethasone differs significantly from other corticosteroids in potency and electrolyte effects, it is potentially capable of causing any of the reported side effects of other such compounds. As with other corticosteroids, recurrence or complications of peptic ulcer may occur during therapy with this drug. *Contraindications*—Active, questionably healed or suspected tuberculosis and herpes simplex of the eye are absolute contraindications. However, corticosteroids have been administered in selected cases of tuberculosis concomitantly with antituberculous agents. *Precautions*—Discretion should be used in administering betamethasone to pregnant patients, and during pregnancy steroid therapy should be limited to the treatment of severe disease. Use in the controlled diabetic patient should be closely observed. In individuals exposed to, or in the active phase of exanthematous disease, it may be desirable to discontinue all corticosteroid therapy. If infection develops or spreads, vigorous antimicrobial therapy should be instituted and CELESTONE discontinued at the physician's discretion. Sodium and water retention or excessive potassium loss is rarely a problem though diuresis may occur in some instances when patients are transferred from other steroids to betamethasone. Suppression of growth under prolonged treatment has been reported. For more complete details, consult Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.