Duphaston advertisement.

[s.l.]: [s.n.], 1960

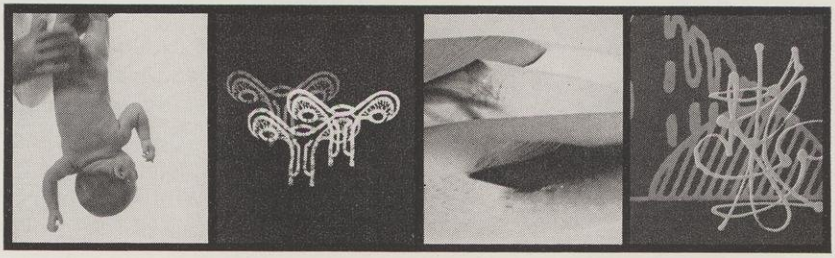
SPECIFY

NEW 10 MG DUPHASTON®

(DYDROGESTERONE)

...for dosage convenience and a significant reduction in price

In Poor Obstetric History · Endometriosis · Infertility · Dysmenorrhea



in many major gynecologic disorders BASIC CONCEPTS OF TREATMENT HAVE CHANGED WITH THE ADVENT OF DUPHASTON (DYDROGESTERONE)

Q. Is it necessary to stop ovulation and establish a pseudo-pregnancy when treating endometriosis?

A. Definitely not. Ovulation may have very little to do with the disease. Comprehensive clinical studies have substantiated that patients with surgically proved endometriosis receiving Duphaston (Dydrogesterone) ovulate and menstruate when on continuous therapy.[2-5] The endometrial implants regress with evidence pointing to their gradual resorption or destruction. Also patients on continuous dosage have proceeded to become pregnant during therapy. And often pregnancy itself is the best form of therapy. This certainly offers proof that Duphaston (Dydrogesterone) is non-contraceptive and completely devoid of estrogenic activity. Objective signs of clinical effect are observed in dramatic relief of pain including dysmenorrhea, dysuria and dyspareunia.

Q. Must ovulation be suppressed to stop pain in the severe, unresponsive case of dysmenorrhea?

A. No. Duphaston (Dydrogesterone), in carefully controlled studies,[1-6] has been shown to relieve the symptoms of dysmenorrhea without interfering with ovulation. A normal, secretory endometrium is produced under Duphaston (Dydrogesterone) therapy. Pituitary gonadotrophins are not suppressed. Ovulation is not inhibited. True menstruation occurs. Thus, the patient has the opportunity to ovulate and menstruate under normal pituitary influence. And in clinical trials,[1-3] favorable response and a remarkable degree of improvement were achieved with a dosage of 10 mg. daily from day 5 through day 25 of the cycle.

Q. How significant is the role of vaginal cytology in the aborter?

A. A patient with inadequate corpus luteum function, as demonstrated by vaginal cytology, has a chance of therapeutic success with Duphaston (Dydrogesterone) projected to nearly 100% fetal salvage. Vaginal cytology becomes the significant diagnostic tool in determining degree of deficiency, and the need for precise Duphaston (Dydrogesterone) dosage. Thus, if the placenta is capable of maintaining itself, the pregnancy is carried to term with no masculinization reported in mother or female infant.[1-6] On the other hand, Duphaston (Dydrogesterone) does not cause retention of a dead conceptus, nor does it maintain a blighted ovum.[2,6]

Q. Can vaginal cytology be used to control dosage and progress of therapy with oral progestational agents?

A. Duphaston (Dydrogesterone) alone permits vaginal cytology to be fully utilized in every case. With most progestational agents, a cytolysis of the vaginal cells occurs. Other progestins contain estrogen which makes it difficult to properly

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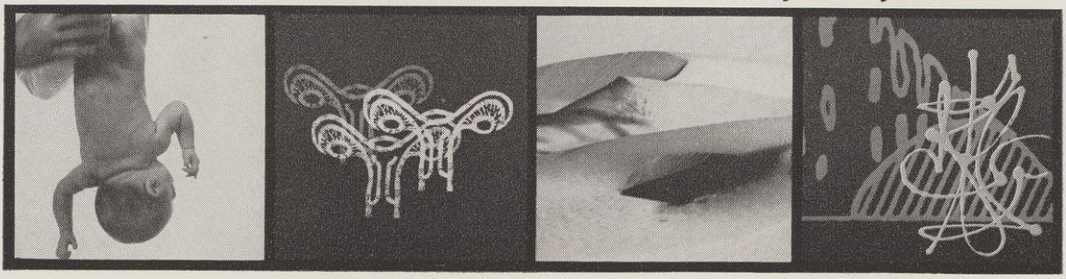

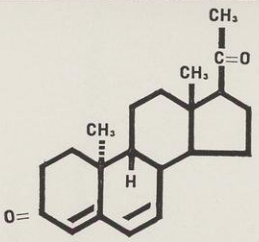

interpret the vaginal smear of a patient under treatment.

Q. In infertility problems, why set up a pseudo-pregnancy in the hopes of establishing an actual pregnancy?

A. Why, indeed. This concept is obscure at best. The problem of infertility should be attacked directly by the administration of Duphaston (Dydrogesterone), the only progestin that does not inhibit gonadotrophins, does not inhibit ovulation, does not produce a pseudo-pregnancy and does not produce changes in the cervical mucus hostile to the sperm. Only Duphaston (Dydrogesterone) promotes the development of a lush, secretory endometrium ready to receive the fertilized ovum. No thermogenic effects are seen: accurate observations of basal temperatures are permitted. Temperature charts can be adequately followed to determine precise time of ovulation.

Q. Why the new 10 mg. tablet?

A. The availability of a 10 mg. tablet offers greater convenience to the patient and significant reduction in cost. Thus, Duphaston (Dydrogesterone) becomes simplified in daily dosage and practical for all patients.

SUPPLY: 10 mg. scored tablets. Bottles of 20.

CONTRAINDICATIONS AND SIDE EFFECTS: There are no known contraindications. Spotting or breakthrough bleeding may occur occasionally which generally indicates a dosage level too low for the particular patient. An increase in the daily dosage of Dydrogesterone by 5 or 10 mg. will usually prevent this type of bleeding. There have been no adverse effects on the hepatic, renal or hemopoietic systems. Mild g.i. complaints such as nausea, diarrhea or constipation have rarely been reported but have not necessitated withdrawal of the drug.

DOSAGE: See package insert or current Physician's Desk Reference.

REFERENCES: 1. Benigno, Benedict, The Clinical Effects of Duphaston in the Treatment of Dysmenorrhea, presented at the N. Y. Academy of Medicine, January 23, 1962. 2. Ullery, J. C., Holzaepfel, J. H., and de Neef, J. C., Progestin Therapy Correlated with Vaginal Cytology: Scientific Exhibit, AMA Annual Meeting, June 24-28, 1962, Chicago, Illinois. 3. Backer, M. H. Jr., Isopregnenone (Duphaston): A New Progestational Agent, Obstetrics and Gynecology, 19:724, June, 1962. 4. Chang, I. W., Clinical Trial of Isopregnenone, A New Progestational Agent, Med. Annals, District of Columbia, 31:7:402, July, 1962. 5. Ullery, J. C., Holzaepfel, J. H. and de Neef, J. C., Progestin Therapy with Isopregnenone, Journal-Lancet 82-309-310, July, 1962. 6. Holzaepfel, J. H. and de Neef, J. C., Evaluation of a Progestin: Scientific Exhibit, Am. Col. Obstet. & Gynec. Annual Meeting, April 21-23, 1963, New York, N. Y.

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