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LANGUAGE OF MEDICATION: A PRAGMATIC STUDY OF SELECTED MEDICAL LEAFLETS

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بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

((وَمِنْ آيَاتِهِ خَلْقُ السَّمَاوَاتِ وَالْأَرْضِ وَاخْتِلَافُ أَلْسِنَتِكُمْ وَأَلْوَانِكُمْ إِنَّ فِي ذَٰلِكَ لَآيَاتٍ لِلْعَالِمِينَ))

صدق الله العلي العظيم

(سورة الروم: أيه 22)

(In the Name of Allah, the Most Gracious, the Most Merciful)

(And among His Signs is the creation of the heavens and the earth, and the variations in your languages and your colours: verily in that are Signs for those who know) (Ali, 1989: 205)

(Allah Almighty has spoken the truth.)

(Al- Rum: 22)

THE SUPERVISOR'S CERTIFICATE

I certify that this thesis, entitled (Language of Medication: A Pragmatic Study of Selected Medical Leaflets) written by (Sanaa Abdullah Suber), has been prepared under my supervision at the Collage of Education, University of Misan, in partial fulfillment of the requirements for the degree of Master of Arts in English language and linguistics.

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THE EXAMINING COMMITTEE'S CERTIFICATE

We certify that we have read this thesis, (Language of Medication: A Pragmatic Study of Selected Medical Leaflets), written by (Sanaa Abdullah Suber) and as Examining Committee, examined the student in its content and that in our opinion, it is adequate as a thesis for the degree of Master of Arts in English Language and linguistics.

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DEDICATION

TO

MY FAMILY WITH MY DEEP GRATITUDE AND LOVE FOR THEIR SUPPORT AND PATIENCE; MY TEACHERS WITH RESPECT

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Abstract

This study aims to investigate the way pragmatic theory of speech acts is exploited in language of medication within selected medical leaflets in particular. Accordingly, the study is an attempt to show that a pragmatic tool such as speech acts theory can be applied in medical leaflets language with a particular reference to the predominant speech acts categories in order to achieve directive and informative purposes. Hence, the present study hypothesizes that the language of medical leaflets can be regarded as a rich area to the application of speech acts theory, and the most dominant categories and patterns of speech acts are directives significantly employed in constructing the language of the selected medical leaflets so as to reflect their main function in directing and instructing lay people how to use medications safely and sufficiently.

The study focuses on Searle's theory of speech acts (1969) using sixty medical leaflets to be analysed. The researcher uses these leaflets as the data to find out the valid results.

The present study is divided into five chapters. Chapter one introduces the problem, aims, hypotheses, procedures, limits and significance of the study. Chapter two surveys as a theoretical background of some pragmatic notions that are relevant to the scope of the study with a particular reference to the nature of language of medication . Chapter three presents the procedures of the data analysis. Chapter four is devoted to the analysis of the data which is represented by the use of sixty selected medical leaflets. Chapter five sums up the most important conclusions arrived at, recommendations and suggestions for further study.

Based on the analysis of the data, the study finds out that firstly, the model adopted for the pragmatic analysis of speech acts theory (Searle,1969) has proved to be functional and valid to deal with the special nature of medical leaflets language. Secondly, directive and assertive speech acts both are mostly used in forming medical leaflets language with a remarkable observation that directives with their illocutionary acts are highly used through analysing the medical leaflets. Thirdly, these medical texts play an essential role to guide and inform medicinal products users in a safe way.

As a result of the importance of medical leaflets language in the daily healthcare life, the present study rounds off with some recommendations and suggestions for further research.

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CHAPTER ONE

1.1 Introduction

Language and human beings cannot be parted from each other in any society. Mankind needs a language to communicate and erect a relationship with each other in a social interaction. In this interaction, language becomes the primary means of communication. In this regard, language enables people to reveal their ideas, give information, command someone to do something, influence someone, and so on. This language can be written and used in many purposes just like the one used in medical patient leaflets. As a result, these leaflets can be regarded as a means of communication between healthcare institutions and common people.

There are a number of genres through which experts in pharmaceutical field communicate with their people. Some of these are textbooks, research articles and conference papers. However, one key genre is the medical patient leaflet, which is a valuable component of direct-to-consumer communication. Language of medical patients leaflets focuses mainly on how information on healthcare products can be effectively communicated to patients and drug users in more acceptable and appropriate manner. These medical leaflets play both educative and informative roles, and they are very useful because they help readers make informed choices even in a doctor's absence so that they may help patients to ensure self-care.

In this study, the researcher intends to choose the language of medication as a kind of writing texts through the use of medical leaflets to be the data for it. Hence, these medical leaflets embody the real relation between healthcare institutions and people. Consequently, the language of these leaflets can be regarded as a rich area for study to discover its nature pragmatically with the use of speech acts theory as a specific device for the current study.

1.2 The Problem

Medical leaflets are these informative texts which are compulsory in the packaging of every medicine. They show the most important characteristics of the product and give instructions and information on the use and application of drugs in a patient-friendly manner. Patient information leaflets aim to promote the proper use of medicines; therefore, manufacturers supplement these small pieces of printed papers to their medicinal products to control, regulate and avoid misuse of them. However, the language of the medical field has special formation and expressions especially the language of medical leaflets. It is regarded as a difficult language type because the words may look different and one word may have different meanings. Hence, the medical field is regarded as a scientific one that has its own linguistic and pragmatic characteristics.

The rules of writing these leaflets are different from those in other linguistic fields, for example when someone wants to write a letter or a short story, there must be some restrictions and rules to be followed. The same is with medical leaflets, they are mostly written with a fixed style of formation. Thus, the structure of the language used in medical leaflets gives impression

of a sort of complexity to common people who are not familiar with the field of medicine.

Being a reflection of language of medication, this significant linguistic phenomenon issue requires some studies to shed light on these leaflets pragmatically. Therefore, the present study tends to investigate the language of selected medical patient leaflets from a pragmatic point of view in an attempt to answer the following questions:

1.Can speech acts theory be applicable in the language of medical leaflets just as literary works?

2. What are the most dominant categories of speech acts used in these selected medical leaflets?

3. What are the functions that these speech acts are used for in the selected medical leaflets?

1.3 The Hypotheses

The present study hypothesizes the following:

1. Medical leaflets language can be regarded as a rich area for the application of speech acts theory, and there are some speech acts found in analysing them.

2. The speech acts which are used in constructing the medical leaflets language are directives and assertives. Directives, on the other hand, are the most dominant one with their illocutionary acts such as warning, instructing, advising, requesting ..etc.

3. Medical leaflets are directive and informative texts, and the purpose behind using them is to direct patients and lay people how to use their medicinal products safely and correctly.

1.4 The aims of the Study

In the light of the above –mentioned questions, the present study intends to achieve the following aim: Showing the general features of medical language by specifying the most dominant categories of speech act verbs within the utterances of the chosen medical patient leaflets in particular in order to explore the fundamental function behind using them.

1.5 The Procedures and Data of the Study

To achieve the aim of the study and verify its hypotheses, the following steps will be adopted:

1. Presenting a theoretical background concerning medical leaflets language, and some pragmatic notions that are relevant to the scope of the study.

3. Adopting a model of analysis based on Searl's taxonomy of speech acts theory (1969) with the help of Wierzbecka's book (English Speech Acts Verbs: A Semantic Dictionary).

4. Applying the adopted taxonomy to the medical leaflets language to find out its pragmatic characteristics.

5. Conducting all the results of the analysis to test the validity of the hypotheses of the study.

6. Drawing the relevant conclusions and offering suggestions and recommendations.

1.6 The Limits of the Study

The study limits itself to the analysis of sixty selected medical leaflets. The analysis is restricted to the pragmatic aspect only. They are analysed in terms of Searle's taxonomy of speech acts theory.

1.7 The Significance of the Study

It is hoped that the present study will be advantageous and of value to researchers, linguists and students. It is also meant to be beneficial to those who have a tendency in examining the field of medicine and linguistics. The study also presents a good guideline for researchers in the field of linguistics in general. Theoretically, it can enrich his/her knowledge of the pragmatic aspect used in medical leaflets, especially who are interested in analysing speech acts. Practically this study can be used as a reference for students who are generally interested in the language of medication and particularly in medical leaflets. These medical texts can be regarded as a practical work to increase their ability in interpreting them, and acquire medical expressions which give new explanations to their everyday medical knowledge.

CHAPTER TWO

REVIEW OF LITERATURE

2.I Introduction

This chapter is intended to present first the most obvious features and characteristics of language of medication with a particular reference to the functions and genres of scientific texts which are apparently represented by medical leaflets. Then it shows a theoretical background and description that covers some pragmatic theories and notions such as speech acts theory that are relevant to the scope of the present study. In this regard, The current chapter presents the theoretical part of the study that deals with the medical language in general including: genre and the genre of drug information, leaflets and their language, functions and lexical aspects, the reason behind choosing patient information leaflets, and the types of communication. On the other hand, the field of pragmatics is dealt with representing by describing its history as a branch of linguistics, the speech act theory (Austin's and Searle's) and its taxonomy, felicity conditions, criticism, its relation with culture and pragmatics.

2.2 The Language of Medication

The language of medicine has been investigated for a very large extent since it has special terms and sentence structure , so due to huge development of medical science, the English language of medicine has

become the leading language. It is founded on Greco-Latin terminology and has specific lexical and discourse features. Thus, there was a need to create a new terms, in particular a new terminology, for medical branches, illnesses and disorders, state-of-the-art technology and the pharmaceutical industry that talk about healing, curing, or therapy; expressions of suffering; and relevant language ideologies. Medicine has numerous specializations and sub-specializations which require specific language of medicine. Medical language is the occupational register of physicians and it is largely opaque outside the medical community (Mićić, 2013:218).

McCullough (1989:111) and Mintz (1992:223) regard medical language as an abstract discourse about disease and organs and emphasize its distancing function, an artifact of its commitment to objectivity. The language of medicine frequently describes rather than defines incompletely understood natural phenomena. The English language of medicine serves as a model for other nations of how to create their languages of medicine. In addition, there is a tendency to use a descriptive (general) term taken from everyday language rather than a learned expression, for example, clotting rather than coagulation. Moreover, ordinary words with medical meaning are more frequently used (growth for tumour or temperature for fever). Such words are termed semi-technical words.

Medicine has always occupied a prominent place in all cultures and times. Because it is a common concern of all human beings, their health and healthcare are at the top of the political agenda in most parts of the world. However, the language through which medical knowledge and concepts are conveyed has often been criticized for being difficult to understand, and generally causes problems to most common people according to their age

and educational level. There are two different situations in which common people may come in contact with the language of medicine: doctor-patient interactions and patient information leaflets. The former (spoken interaction) implies a contact with a health professional, while the latter (written discourse) does not necessarily need the mediation of an expert, such as a doctor or a pharmacist. According to Maglie (2009: 36) medical texts present a high degree of sentence complexity. In fact, both kinds of text - patient information leaflets and specialized journal articles - show that medical sentences are longer than those of everyday language. Although the length of the sentence is another factor which complicates the comprehension of medical texts, it is very difficult to reduce sentences' length because the omission of certain necessary elements could create information gaps or ambiguities. In addition, the complexity of medical sentences derives from the use of a great number of non-finite verb forms, which occur with double the frequency in medical specialized texts in comparison with standard English (ibid: 37).

Another characteristic that deserves highlighting is the use of passive voice. The frequent use of passive forms shows the impersonal style of language of medication because specialists are more interested in focusing on the effects, conditions and results of an action than in stressing who the author of an action is. In fact, in medical writing the agent is seldom expressed. The deleting of the agent can be explained by the fact that, medical articles are usually not written by doctors themselves or because the articles are written by a group of specialists. The writer's primary aim is to describe something that has been done, focusing in methods and results. In addition, it is quite obvious that implicit agents are physicians and

researchers; therefore, it would be useless to explicit the agent. Scarpa (2008:46) states that the use of passive voice gives not only an impersonal style to the text but also a higher degree of formality, which, together with objectiveness, is one of the major aims of language of medication (ibid).

On the other hand, Sheen (2010: 98) suggests that medical writers should lessen the use of passive voice because it is less clear, less forceful, and more detailed than active voice alternatives. He defines passive voice as:

> **the bane of medical writing; it pervades medical literature with the haze and heaviness of stagnant air. Writers sometimes use passive voice in an attempt to make their work sound scholarly and scientific, when actually they are perpetuating a writing tradition that is fraught with ponderous and obscure language.**

On his part, Vitali (1983:196) adds that the language of medication is characterized by a high number of abbreviations, acronyms and synonyms which refer to the same medical concept and can lead to misunderstandings and confusion even in expert-to-expert communication. Therefore, Vitali suggests that medical language needs a terminological standardization in order to increase its degree of clarity and reduce confusion (ibid). According to Romich (2001:23): "studying medical terminology is like learning a new language". In fact, at first sight, words look different and complicated. However, by understanding some important guidelines that govern medical language, people may become interested in and aware of how medical terminology works (ibid).

Finally, Bloom (1982:16) explains that medicine is a highly technical and complex science. But the basic principles of medical care and

good health should not be prerogative of medical professionals alone. Those principles should be generalized so that everyone can understand the basic principles of the medical science(ibid: 17).

2.3 The Concept of Genre

Genre means a type of art, literature, or music characterized by a specific form, content, and style. For example, literature has four main genres: poetry, drama, fiction, and non-fiction. All of these genres have particular features and functions that distinguish them from one another. Hence, it is necessary on the part of readers to know which category of genre they are reading in order to understand the message it conveys, as they may have certain expectations prior to the reading concerned.

The most important concept of genre is the work of the "Australian genre school" by Martin. Martin defines genre as a "staged, goal-oriented, purposeful activity in which speakers engage as members of our culture" (Paltrige, 2012: 64). Martin is influenced by Halliday's linguistic model (1978) who claims that writing is socially embedded activity and socially constructive in which three kinds of meaning are simultaneously represented: the interpersonal, the textual and the ideational.

Genre analysis attracts the attention of scholars since the early 1980 and it has traditionally been a literary concept. Genre has recently become a popular framework for analyzing the form and rhetorical function of non-literary discourse (Candlin, 1993: 212). Linguists and teachers of language have tried to apply genre-centered-approaches to the analysis of written and spoken discourse in order to provide satisfactory models and descriptions for

academic and scientific text. It also helps non-native speakers to enhance their ability of understanding the proper production of text (Dudley- Evans, 1986:120).

Swales (1990: 124) defines genre as a class of communicative events sharing a set of communicative purposes, which are recognised and used by a discourse community. In his later work (2004) he puts emphasis on the intertwinement of genres. He claims that not all genres have equal value and, therefore, genres occur in hierarchies. Miller (1984: 159) defines genres as "typified rhetorical actions based in recurrent situations". Swales (1990:152) states that genre analysis is essentially based on two central assumptions: first, the feature of a similar group of text depends on the social context of their creation and use, and the second; those features can be described in a way that relates a text to other similar texts. He further introduces two other concepts, move (a seminal unit relevant to the writer's purpose) and step (the set of steps for a move is the set of rhetorical choices). Swales' (1990) model is very important in this field and has attracted the attention of many researchers working on medical genres (Nwogu, 1997; Samarj, 2000).

The genre of drug information leaflets is a common way to give useful pieces of information to patients using the medicine on the amount, way, expected side effects and hoped positive outcome of using a particular medicine. On the other hand, these documents may also serve as a special means of self-defence used by drug manufacturers for preventing legal action taken against them by unsatisfied, disappointed, or even damaged patients. Genres are very important in our everyday life and we do not realize how much we use them, how much they affect us, how much they determine the way we act and understand the others.

2.3.1 The Genre of Drug Information Leaflets

The genre of drug information leaflet depends on Swales' criteria. It is a class of communicative events that provides information to drug takers on the side-effects and the positive outcome of using a specific medicine. However, the communicative purpose of these leaflets has two sides: they are either considered a vehicle of information for patients in connection with the usage, beneficial effects and possible adverse effects of a particular medicine or clarify the additional communicative purpose that modifies facts in order to convince patients to purchase a particular medicine and, more importantly, they are also meant to serve as a special means of self-defence by drug manufacturers. In addition, as information sheets, they are considered more typical exemplars of a drug information leaflet than brochures on the counters in pharmacies or TV-commercials on medicines (Swales, 1990: 121).

The following rhetorical structure (five moves) is the most typical exemplars of the genre. The first move is description of the drug. It includes the type of medicines, indication (disease/condition it is applied for), form (tablet, capsule, suppository, injection etc.) and ingredients (basic active substance and excipients). The second move is pre-administration warning which enumerates pieces of information patients should report to their doctors or pharmacists, in addition to information on the contraindications of the medicine and its possible interaction with other medicines. The third move is instruction on administration that provides information on the manner of administration and on the dose. Here, patients are told if it is ok for them to drink alcohol or drive while using the medicine. Additional warnings are suggested, for example, what is to be done in the case of an

overdose. The fourth move is possible side effects in which a list of possible side effects are provided and it warns the patient to contact the doctor if side effects appear. The fifth move is instructions on storage. It contains instructions on the storage of medicines, for example, the temperature and humidity of the place where the medicine is stored, and on the ways of disposing of unwanted or expired medicine (Hegedűs, 2008:150).

2.4 Definitions and Functions of Leaflets

The medical leaflet is a kind of written text on papers that is contained in medical products. Leaflets are primarily inserted in the products package by manufacturers to provide users with accurate and adequate information about the drugs purchased (Delia etal, 2018: 14-24). Those leaflets are written and directed for a particular purpose and particular readers. They are usually used to inform people about a particular issue and to persuade them to donate money or to buy something. Leaflets are also used to encourage people to read them because they are often attractive and they usually convey factual information to help others get the point directly. It is noticed that Leaflets are written for a particular purpose.. Some types of leaflets, especially those that try to persuade people to donate money, often use emotive pictures and language(s) in order to make the reader sympathizes or feels sad (guilty) in the hope that they will donate money. leaflet is willing to equip highly literate people with unusual terms they may wish to know, e.g. “dizziness on standing due to low blood pressure (postural hypotension)’ and ‘skin that is red, flaky and peeling (exfoliative dermatitis)” (Cutts, 2015:167). For example, concerning a visit to the doctor, the leaflet says,

“Take your medicine in its original packaging with you in order to enable the doctor to identify your medication easily”. This could be more crisply put as “Carry your medicine with you in its original packaging so the doctor knows exactly what it is”.

2.5 Why Patient Information Leaflets

In the field of medicine, Patient Information Leaflets are considered to be one of the most important text types. They, for medicines, are known as documents that are “based on summaries of product characteristics, a description of a medicine’s properties and the conditions attached to its use” (www.mhra.gov.uk/spc-pil/index.htm).

They are sort of mini instruction manual that contain “directives” (Searle, 1976:123), which in turn include warnings, orders, explanations, requests, about the directives and information about the product. In specific, they tell patients what the medicines are for and how to use them efficiently and safely(Trimble 1985: 20).

Sless and Shrensky (2006:1) state that these medical leaflets should not only be “focused on the content of the information” , they are also considered to be “consumer-focused approach” that asks “What do we want people to do with the information?”. To conclude, medical leaflets are classified as “hybrid texts”, according to Taylor’s definition (Taylor, 1996: 285); such type of scientific leaflets fulfil the referential and the conative functions at one and the same time (Jakobson, 1960:123). In addition, they

do provide facts and factual information that concurrently aim "at making the receiver act, think or behave in a certain way" (Dodds, 2012: 58).

Patient leaflets contain reliable information on drugs and they are one of the vital means of doctor-patient communication - part of the direct-to-consumer communication. They are very important because they help readers to make informed choices even in a doctor's absence, thereby helping patients to ensure self-care. The importance of this is that, unlike other unregulated sources of information such as online adverts and information center adverts, the patient information leaflet is highly regulated because it has to undergo some approval processes.

2.6 The Language of Leaflets

The language of leaflets, as experts clarify, should be as much plain and simple as possible. The most used leaflets are those combined with oral information compared with the oral or written information alone (Hill and Bird, 2003:167). However, poorly conceived leaflets can sometimes lead to a negative patient response and reaction (Dixon-Wood, 2001:123). The language of the leaflets may sometimes be unhelpful if, first, informational document uses unclear and vague language, or use random formatting (Hirsh etal, 2009: 22).

The language of leaflets is considered informative for all types of patients. The medical register cannot simply be defined as the medium through which physicians, nurses and doctors communicate among themselves within the specialized medical community since knowledge of

different medical concepts and terms is common for all even among ordinary people. Therefore, health care is a fundamental aspect of everybody's life. Medical language is used in a variety of contexts in which participants are non-expert health professionals. By watching, for example, television programmes that talk about particular diseases, advertisements of pharmaceutical products, information leaflets for patients, and promotions of prevention campaigns against particular diseases, it is concluded that such specialized information are addressed to a non-specialized audience. Moreover, Thorne (1997:12) shows that the grammar and lexis of medical leaflets should be linked directly to the field, specific and sentences should be short and incomplete in order to insure simplicity.

2.7 Some Lexical Aspects of Leaflets

The medical English vocabulary, according to Salager (1985:278), has three classes of words. Salager calls the first class Basic Medical English. It contains a general vocabulary fund, items of which appear in various medical genres and types, of any subject area they deal with. The second is the so-called Specialised Medical English, which contains more specialised vocabulary than the first class, and its items occur in some, but not all, of the specialist areas of medicine. However, the third is Fundamental Medical English. This class includes items the roots of which occur in all types of medical texts irrespective of the speciality, but they do not belong to the class of Basic Medical English (cited in Hegedűs, 2008:213).

The choice of vocabulary in drug information leaflets is determined by the fact that instances of the genre are written for lay people by experts of the

field of medicine. The main lexical feature of drug information leaflets is that they contain "special vocabulary" that needs to be understood by the lay person. So, the terminology contained in Basic Medical English is used rather than using technical jargon, for example, they use "dizziness" instead of vertigo, "tummy pain" instead of abdominal pain, "blockage" instead of obstruction or "feeling of fullness" instead of distention. If second or third specialised technical terms are used, an explanation is provided for the term, thereby meeting the double criteria of factuality and understandability. For example, "jaundice (yellowing of the skin and whites of the eyes)", "palpitations (being aware of your heartbeat)", "hypoglycaemia (low blood sugar)", "urination (passing water)" or "hypertension (high blood pressure)" (cited in Hegedűs, 2008).

2.8 The Types of Communication

Ulrych (1992: 32) states that “successful communication takes place when the purpose of the message is encoded effectively and decoded appropriately” and, more specifically, when and if “orders and commands acquire a cooperative value” (ibid: 274).

In his turn, Crystal (2008:292) views the term 'language' as a mean used generally to most specific level referring to the concrete act of speaking or writing in a given situation, for example, the written information enclosed in drug products that are coded in a language. Without a way of communication, a medical discourse community may not exist. This could be applied to any other speech community because in any discourse community, the group’s means of communication are ceased, the community itself will

be ceased to grow more and more. For example, the communication between each medical facility is highly important in advancements in technology and communication within each medical facility is also important to the general patient care and treatment. Communication between physicians, paramedics, nurses should be clear and free from ambiguity and concise. Good communication between physician and patient is critical to a patient's overall satisfaction with health care services and compliance with medical regimens (DiMatteo and Hays, 1980: 246).The type of communication is important to be understood depending on the participants, for example, doctor-doctor communication and patient doctor communication or vice versa (Wilce 2009:79). Some other types of communication include nonverbal behaviors such as eye-contact and silence. In their study, Chang, Park, and Kim (2013:190) have suggested that a doctor's eye-contact encourages the patients to talk, therefore, when a patient encounters a physician's "no eye-contact behavior", active participation in the interview would be difficult. In contrast, the results demonstrate that physicians made more eye-contact when they were engaged in empathic listening and giving supportive talks (ibid: 201).

2.9 Pragmatics as a Branch of Linguistics

The linguistic field of pragmatics is basically concerned with the study of language usage. The term pragmatics is used for the first time by the philosopher Charles Morris who links it to the field of semiotics. According to him, pragmatics is "the study of the relation of language to interpreters" (Levinson, 1983:1)

Hence, pragmatics expands so fast and becomes famous in a short time. It started mainly in the 1950s (Haung, 2007:78) and developed in the past twenty years, more specifically, in late 1960s and early 1970s. In the 1960s, it was the interest of philosophers like Morris, Carnap and Price and the 1970s witness the rise of pragmatics to linguists. Linguists start developing some theories out of pragmatics like the theory of speech acts and the theory of conversational implicature.

Robert, Davies and Jupp (1992:15) add that pragmatics is not only concerned with syntax and literal meaning like semantics (the study of literal meaning of words) but with intended meaning of the speaker and interpreted meaning of the listener. Pragmatics is given the metaphor of the "waste-basket" of linguistics. This metaphor expresses a negative connotation that weakens its position as an area of linguistics. Later, Mey (2001:198) considers, positively, pragmatics as the skeleton and a new discipline of linguistics.

Kearns (2000:98) considers pragmatics as one of the elements of meaning that is understood on the basis of the contextual information. One needs to go beyond the single words of the sentence and depends on the interpreter's ability to interrupt meaning. As a matter of fact, dealing with pragmatics requires extending and refining the literal meaning to understand the meaning of the expressions the speaker utters. It is concerned with language, users and context. For example, the pragmatic meaning of a sentence, "It is cold now", uttered in a air-cooled room would be a request from the speaker to turn off the air cooler machine or to reduce the volume of air cooler.

The aspects of meaning and language use in the context depend on the speaker, the addressee and other features like the context of utterance. People usually have some desires they do not express or cannot express for variety of reasons, e.g. because of fear, insult, inferiority etc. Here, pragmatics tries to study the personality of humans based on their characterization, feelings, volition, attitudes, and the needs of people and so on. Thus, pragmatics studies the language of real people in the real context. Crystal (2008:240) argues that Pragmatics is "the study of language from the point of view of users, especially of the choices they make, the constraints they encounter in using language in social interaction and the effects their use of language has on other participants". Therefore, pragmatics cares for what is meant not of what is said, that is, it studies what the speaker means by saying something and what the hearer understands of what is said. According to Geoffrey N. Leech declares that:

> **The pragmatic analysis of language can be broadly understood to be the investigation into the aspect of meaning which is derived not from the formal properties of words and constructions, but from the way in which utterances are used how they are related to the context in which they are uttered** (1987:290).

Cutting (2008: 2) states that pragmatics and discourse analysis study the relation of language to contextual background features which study context, text and function. Pragmatics focuses on what is not explicitly stated and on how to interpret an utterance in situational contexts. They are concerned not so much with the sense of what is said as with its force, that is, with what is communicated by the manner and style of an utterance**.** Studying language via pragmatics approach leads to know the nature of language. It leads to a

deep analysis of what message that is brought in an utterance said by a speaker. It gives the advantages that one can talk about people's intended meanings, their assumptions, their purposes or goals, and the kinds of actions performed in utterances (ibid).

Consequently, to define pragmatics as has been realized by scholars, is not an easy task. Some researchers have dismissed pragmatics by labeling it as the wastebasket of linguistics. However, the study of this branch of linguistics is very crucial in doing linguistic analysis because it emphasizes the relationship between language and its users under the influence of the contextual situation. Yule (1996: 3) signifies four areas that make the general frame of pragmatic: the speaker's meaning, the contextual meaning, what is more communicated than what is said, and expressions of relative distance. Hence, Levinson (1983:21) sees that pragmatics studies the relations between language and context that are basic to account for language understanding. In other words, Pragmatics is not after what is there in the speaker's mind, rather it aims at understanding the possible interpretations of particular utterances in certain context. This is what Katz (1977:19) highlights as he suggests that "grammars are theories about the structure of sentence types... pragmatic theories, in contrast explicate the reasoning of speakers and hearers".

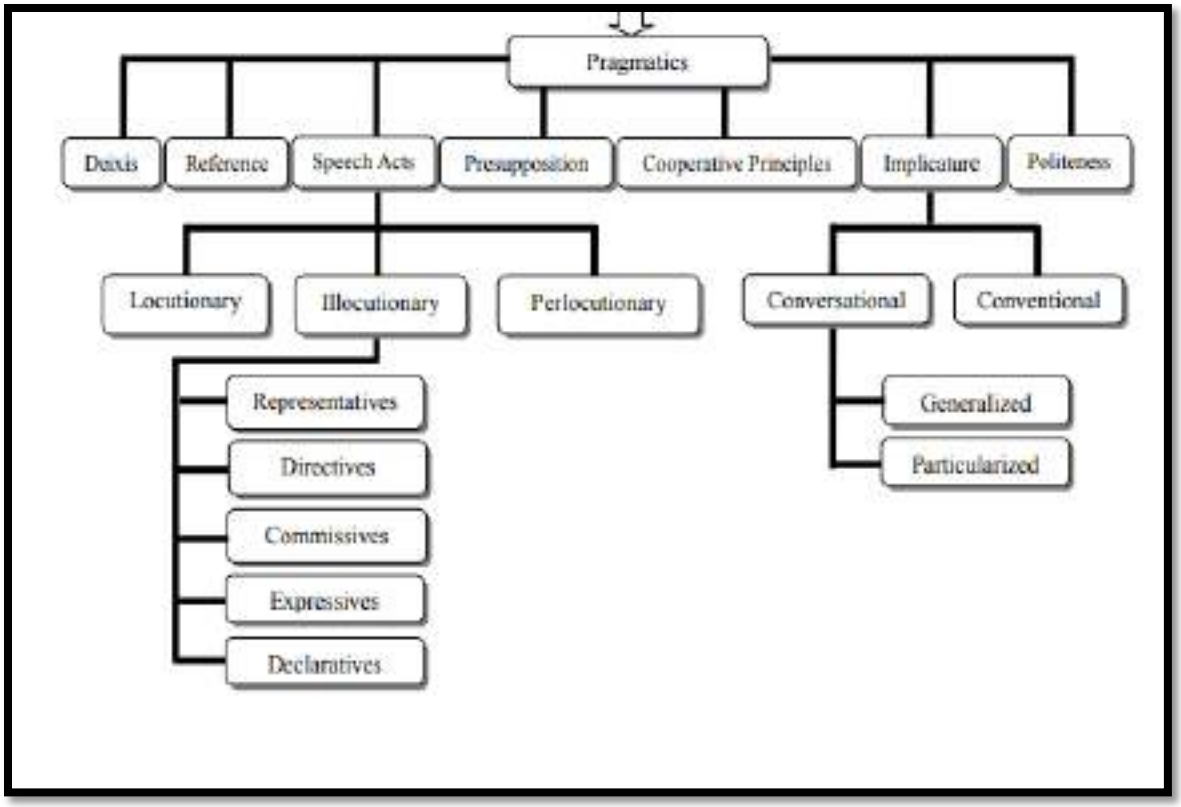

Figure 1: Analytical Construct of pragmatics [Adopted from Birner]

Pragmatics is concerned with many theories and principles of language like speech acts theory, theory of conversational implicatures and principles like cooperative, politeness, and irony. One of the most important theories is speech act theory (related to this study) is going to be explained in the next sub-sections.

2.10 Speech Acts Theory

Speech act theory appears as a reaction to a philosophical doctrine of the 1930s, called logical positivism. According to logical positivism, a sentence can be either true or false to the reality for which it stands otherwise

it is “strictly speaking meaningless” (Levinson, 1994:227). This would mean that most ethical, aesthetic, literary discourses and everyday utterances are meaningless. At the very beginning, Wittgenstein (1921-1961) is one of the fervent proponents of this doctrine, but he soon changes his stand and underlines that “meaning in use” and that utterances are explicable in relation to the role they play in different activities or language-games(Wittgenstein, 1958: 43) .

Speech acts, in general, are manifestations of language, that is, actions that are determined by doing something with language and have psychological and behavioural consequences in the interactions between the speaker and the hearer. Sometimes what is uttered by the speaker is not the same as what he/she means in certain contexts. At the same time what is said may have a specific meaning but that also means something else in certain circumstances because of certain social conventions, cultural values and social norms that exist within a specific speech community (Senft, 2014: 234). In other words, Speech act theory which is contributed to the American philosopher J. L. Austin, identifies utterances and turns of speech as real actions. It is not only concerned with the language used by the speaker but also the changes in the state of behaviour of the speaker and the listener when communicating (ibid:253).

Yule (2009:47) defines speech acts as “actions performed via utterances”. Speech Act Theory is originated as a theory within the philosophy of Language in order to clarify the ways of using language. It is used in a wide context in linguistics and more recently in computational models as well. Speech Act Theory is developed by Austin at 1962 and later by Searle at 1969. It is away in which speakers “mean more than the

linguistic meaning of words they have uttered" (Allott, 2010:79). For example, the sentence "Third battalion will retake the ridge by nightfall" may be a promise, a threat, a prediction or an order, or, with different intonation, a question. So, this theory believes that words do not just say something but they perform something as well. Saying "Silence, please! I will answer an important call" performs the action of request. It is concluded that words in isolation do not give meaning because what matter is the function not the form. It the context, the attitude of the speaker and its effect on the hearer are what give the utterance meaning and sense.

Speech Act Theory regards the nonverbal behaviors central to speaking. When someone speaks, they make certain acts like a promise, ask a question, greeting, challenging, give order or request from somebody to do something, apologizing, judging, threat someone, complaining, name something, pronounce somebody husband and wife, and so on. Such acts that have functions in communication are known as speech acts and they belong to the field of pragmatics, so their study is called speech acts theory. In performing speech acts, one has to take the cultural differences into consideration because they are important (Mey, 2009:123).

2.11 Searle's Theory

John R. Searle developes and modifies the theory of speech act after scholars like J. L. Austin, P. F. Strawson and H. P. Grice adding some innovative ideas. He believes that instead of differentiating between locutionary, illocutionary and perlocutionary utterances, a description of illocutionary acts should be presented. The force and meaning of a speech act

is also different from Austin's. If directive sentences are used to describe speech acts a speaker does to get the hearer to carry out an action, then a suggestion would carry a weak force whereas a command would carry a stronger force (Searle and Van derVeken, 1985:198).

Searle also presents four directions of fit in language stating that there are "four and only four". These are: (Green, 2018:206).

1. Word-to-World, where the utterance fits an independently existing state of affairs in the world. A statement of fact exhibits this direction of fit.

2. World-to-Word, where the world is altered to fit the propositional content of the illocution. An example of such an act would be a directive speech act, such as an order.

3.The double direction of fit is when the world is altered to fit the propositional content of the utterance by being represented as so altered. For example: I name this ship the SS Titanic".

4. The null direction of fit. Where there is no question of achieving success of fit between word and world. According to Searle expressive acts (i.e. those where the speaker is expressing his feelings) provide examples of the null direction of fit.

2.12 Searle's Taxonomy

Searle's criticizes Austin's speech act stating that he classifies illocutionary verbs not illocutionary acts. He classifies illocutionary act into the following: (Mey, 2001:143)

1. Assertives or Representatives: they put the hearer into the truth of the proposition. They include acts like asserting, concluding, affirming, believing, concluding, denying, reporting, etc. For example: "John, and his group accompanies their teacher the fields in the morning. Carry the pot of water to wash the place there."

2. Directives: the speaker action to convince the hearer to do something, perform the action. They involve ordering, requesting, asking, begging, challenging, commanding, daring, inviting, insisting, etc. For example: "Don't be afraid. Put your head against my shoulder".

3. Commissives: they commit the speaker to perform future action(s). They involve promising, offering, guarantee, pledging, swearing, vowing, undertaking, warrant, etc. For example: "I promise you this—you'll succeed in this month."

4. Expressives: they express a psychological or mental state of the speaker involving thanking, congratulating, apologizing, appreciating, deploring, detesting, regretting, thanking, welcoming etc. as in "I am glad you are not smoking. I hate smoke."

5. Declaratives: they cause change in the state of affairs of the linguistic utterance. The speaker alters the external status or condition of an object or situation by making the utterance as in: "If you are John, I am Bella—the Solitary Saint."(ibid: 144).

Searle's typology helps to classify acts clearly without any confusion; they are clearly marked and they do not overlap with each other.

Shelley (1992:45) discusses the problem of the speech acts theory and its taxonomy. Shelly states that the taxonomy's major issue is that it does not take the importance of sentence mood into consideration. In other words, the researcher tries to clarify why it is difficult to the sentence moods correspond with the types of illocutionary acts. The important suggestion of Shelly is that an anticonventionalist theory could solve such issue because the primary performatives are considered implicit in the conventionalist speech acts theory. For example, saying "I'll see you on Monday" could be a promise or a predication. So, since many statements in English could have such ambiguity, it is difficult to suggest separate moods for each sentence. In addition, Sadock and Zwicky (1985:111) also say that all languages have the same division of moods: declarative, imperative and interrogative which means that all languages share the same level of ambiguity.

2.13 Felicity Conditions

The theory of felicity conditions is proposed by Austin and later modified by other scholars. Austin specifies some general rules of felicity conditions in order for the speech act to be performed successfully:

> A1. There must exist an accepted conventional procedure having a certain conventional effect, the procedure to include the uttering of certain words by certain persons in certain circumstances…
>
> A2. The particular persons and circumstances must be appropriate for the invocation of the particular procedure invoked…
>
> B1. The procedure must be executed by all the participants correctly…

B2. …and completely…. (Saeed, 2016: 234)

Performative verb utterances can be performed felicitously or infelicitously when they cannot be applied to the truth or falsity. Cummings (2014: 5) identifies Austin's three categories of felicity condition:

> **(1) a conventional procedure which has a conventional effect in the presence of appropriate people and circumstances; (2) the conventional procedure must be performed correctly and completely; and (3) the thoughts, intentions and feelings required by the conventional procedure are present in the people involved in the speech act.**

According to Cutting (2008: 15), in order for speech acts to be appropriately and successfully performed, certain felicity conditions have to be met. Furthermore, Cutting copies Austin's statement that the felicity conditions are the context and roles of participants that must be recognized by all parties; the action must be carried out completely, and the persons must have the right intentions. For Searle, there is a general condition for all speech acts, that the hearer must hear and understand the language, and that the speaker must not be pretending or play-acting. Austin proposes three types of felicity conditions: sincerity conditions, conditions for execution and preparatory conditions. Searle develops the concept of felicity conditions and proposes three conditions as well: general conditions, content conditions, and essential conditions. To sum up, there are five main types of felicity conditions exemplified as follows: (Briner, 2013:193)

1. General Conditions: in this type, one can understand the language being used. They are not nonsensical.

2. Content Conditions: the content of the utterance is about acts done in future, that is the action is concerned with future event.

3. Preparatory Conditions: the action, here, will be carried out by itself and when this is done, the action is considered beneficial.

4. Sincerity Conditions: the action conveys or guarantees the sincerity of the promise.

5. Essential Conditions: they capture the essence of the act of apologizing, whichis precisely to obligate the speaker to perform the action.

In speech-act theory if the conditions are not satisfied then the act is either not really accomplished (misfire) or is accomplished but insincerely (abuse). For example, in a wedding ceremony, if the person who says "I now pronounce you man and wife" is not qualified to officiate, then no marriage has taken place (action will not be accomplished). But if the bride and groom only got married to meet the terms of a will and have no intention to live together as a married couple, then the marriage does come into existence but is accomplished insincerely (Allott, 2010:214).

2.14 Indirect Speech Acts

Generally, speech acts could be direct or indirect, when the form matches the function, that is, a declarative functions as statement, an interrogative functions as a question and an imperative functions as order, the act is called direct, on the other hand, when there is mismatch between the form and function, that is, a declarative functions as a request or an interrogative functions as an offer, the act is called indirect (Birner, 2013:78).

Sometimes the literal meaning of the words or sentences is not enough to understand the motives behind utterances. The intention or the underlying purpose of the speaker says should be taken into account to understand the meaning. For example, saying "could you pass the salt?" or "it is cold here" could not be understood literally only. Although the former is an interrogative but it is not asking question about ability as the literal meaning would suggest but it fulfils the function of requesting the interpreter to pass the salt. The latter is a declarative but functions as request, that is, the speaker is requesting the hearer to close a window or turn on the heat van. This is an indirect speech act which Searle defines to be an utterance in which one speech act is performed indirectly by performing another. In other words, indirect speech acts are "a combination of two acts" (Mey, 2001: 113). The indirect speech act is understood by the illocutionary force, the meaning the speaker intended to convey in performing the illocutionary act (Yule, 2006). For example, the indirect speech can be used to reject an offer as in:

-Would you like to go to the café?

-I have class.

Here, the answer is considered as a rejection but it is mentioned in indirect way. Indirect speech acts could be used to express information more politely. People tend to use indirect speech acts mainly in connection with "politeness" (Leech, 1983:108) since they diminish the unpleasant meaning (message) contained in requests and orders.

In other words, sentence structure and its function is another approach to locate illocutionary force of certain performative verb in certain speech act. Yule (1996: 54-5) distinguishes two relationships, the direct relationship

between three structure forms and three general communicative functions as follows:

Utterance	**Form**	**Function**
You wear a seat belt.	Declarative	Statement
Do you wear a seat belt?	Interrogative	Question
Wear a seat belt.	Imperative	Command/ Request

The absence of such relationship indicates an indirect illocutionary force:

Utterance	**Form**	**Function**
The door is open	Declarative	Request
You are standing in front of me.	Declarative	Order
Is there a wild animal?	Interrogative	Warning
Do you have to stand here?	Interrogative	Order

It is worth mentioning that indirect illocutionary force of an utterance is considered gentler and more polite than speech act of direct illocutionary force (ibid.: 55).

However, Birner (2013:194) illustrates in a diagram how direct and indirect speech acts used. It is known that performative verbs can be either explicit or implicit and both these types can be employed in direct and indirect speech acts although that both direct and indirect speech is more common in implicit performatives.

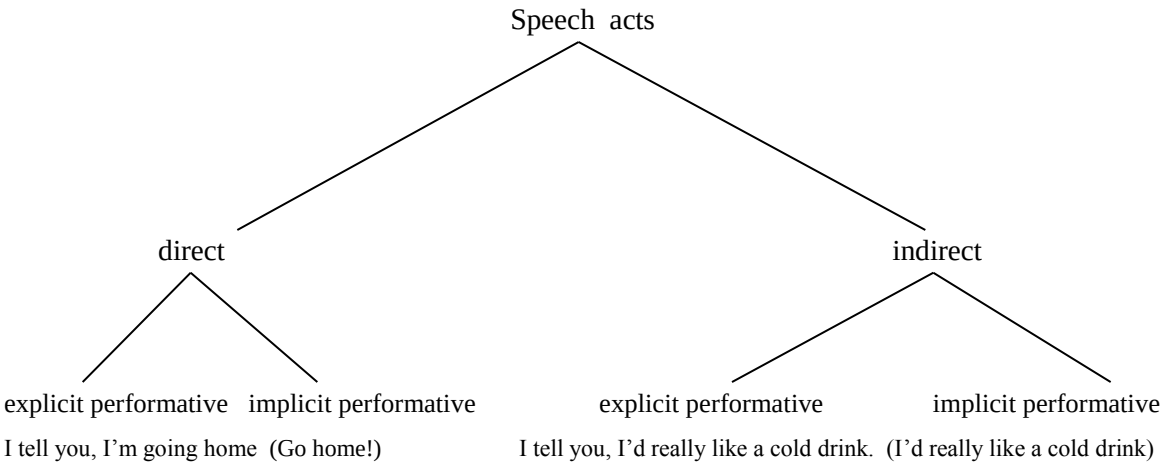

Figure 2: Division of Direct and Indirect Speech Acts [adopted from Birner]

Moreover, one needs to make a comparison between explicit and implicit statements to understand the difference clearly. For example:

1. Can you pass the salt?
2. I request you pass the salt to me.

The first is implicit and the second is explicit. There is no grammatical justification that makes the first function as a request as the second. However, they are both understood in the same way. The literal meaning of the first is understood as a question that requires yes/no answer. Saeed (2016:97) suggests a solution derived from Searle regarding how to extract non-literal meaning from an indirect speech act. According to Saeed, since linguistic communication depends on felicity and utterance conditions, then one needs to look at which conditions are made explicit in an indirect utterance. When one is performing a literal request there is a preparatory condition that assumes that the hearer is able to perform the act requested. This preparatory condition is made explicit in the first example hearer's ability to perform an action is questioned. "Indirect speech acts work because

they are systematically related to the structure of the associated direct act: they are tied to one or another of the act's felicity[and utterance] conditions" (Saeed, 2016: 232). Such kind of indirect speech acts are not only accomplished through sufficient fulfilment of Searle's utterance conditions but also because of the "cooperative principle"; which is a kind of tacit agreement between listeners and speakers to cooperate in linguistic communication. It is the cooperative principle which allows all speech acts, whether direct or not, to be achieved. So, Searle (1975: 85) states that the indirect speech acts are based on Gricean maxims, the background knowledge, and the hearer's ability to make an inference.

2.15 Some Criticism of Speech Act Theory

Speech Act Theory is criticized by some philosophers and scholars like Grice and Strawson. Strawson (1969) and Grice (1996) reject Austin's distinction of illocutionary acts and perlocutionary acts in terms of conventionality and explain the speech act in terms of intention. Grice (1996:245) distinguishes between "natural meaning" whether or not there is a "natural" connection between utterance and what is meant by the utterance, and "non-natural meaning" that does not possess any natural connection. Grice looks at speech acts theory in terms of intention, what he means is that "the meaning of a language token consists in its intentional use by the speaker to accomplish her desire to get the hearer to do something by revealing to the hearer that the speaker has this intention" (Martin, 1987: 85). On the other hand, Strawson (1969: 380) views speech acts as not necessarily dependent on conventions that function as connecting factors between

utterance and what is meant by it. In other words, a person can act without using an existing convention all the time in order to perform an act by saying something. Instead, the contention by Strawson as well as Grice is that it is "intention" that takes a role of acting by saying something. Strawson rejects the illocution-perlocution distinction of speech acts theory that is based on the existence of conventions (ibid:400).

Searle (1975:82) rejects Austin's locution/illocution distinction, which lead him to his differently structured speech acts theory. He believes that since meaning sometimes determines the force of the utterance, the distinction is not completely general. For example, the meaning of "I promise" determines the force of the act as an illocutionary act of promising. But at the same time, the utterances that are different tokens of the same locutionary type can be tokens of different illocutionary types. Therefore, "I am going to do it" may sometimes be mere prediction and at other times be a promise without changing its meaning. However, the explicit performative of this sentence would be [I hereby promise that I am going to do it]; Searle rejects that this explicit utterance has locutionary act. Searle however denies that one can abstract from the illocutionary nature of the utterance to consider it solely in terms of locutionary meaning. In other words, he believes that it can be described as an illocution but not as a locution. Although meaning determines force, the force of the utterance is not the same as meaning in all its sense. Searle shows that force can be assimilated to meaning to the extent that meaning determines force. In so far, he shows that not all speech acts can be analyzed into illocutionary and locutionary acts since sometimes the illocution cannot be abstracted from. This therefore

justifies his leaving the locutionary act out of his analysis of the speech act (Searle, 1976:23).

2.16 Speech Acts Analysis and Pragmatics

Speech acts represent a key concept in the field of pragmatics which can be broadly defined as language use in context taking into account the speaker's and the addressee's verbal and non-verbal contributions to the negotiation of meaning in interaction. Speech act theory and Pragmatics intend to study linguistic phenomena that are unexplained by the grammatical or logical analysis of language. Utterances of speech act are made for specific functions and that a certain structural arrangement of their constituents is necessary to articulate these functions. There is an agreement that pragmatics is a system of rules which defines the relationship of meaning to the context in which it occurs, that is, it matches functions with particular language choices in a particular context. Pragmatics is the branch of linguistics that deals with language and how we use it in conversation. Pragmatics deals with three major communication skills: using language, changing language, and following certain rules. Pragmatic analysis deals with utterance meaning rather than sentence meaning that deals with the truth conditional. Therefore, Speech-act theory is a subfield of pragmatics concerned with the ways in which words can be used not only to present information but also to carry out actions (Searle, Kiefer and Bierwisch, 1980:103).

According to Yule (2009:198) pragmatics is the study of meaning as it is pronounced by the speaker or writer and how the listener or reader

understands it. Therefore, pragmatics has more to do with the analysis of what people mean by their utterances than what the words or phrases in those utterances might mean by themselves Generally, pragmatics is the study that deals with speech acts and events. Baker shows that "pragmatics is the study of language in use. It is the Study of meaning, not as generated by the linguistic system but as conveyed and manipulated by participants in a communicative situation" (Baker,1992: 217). Pragmatics also explores how listeners can make influences in order to understand the speaker's intended meaning. The field of pragmatics also deals with how a great deal of unsaid is recognized as a communicated part by the listener (Yule, 2009: 3). Also, Hudson (2000: 312) defines pragmatics as the relationship between language and its context of use. The pragmatic aspect is important in understanding how language works in respect to the context .

Pragmatic reflections have emerged on the philosophical scene with what is called "Speech acts theory", which is originated by work of Austin (1911-1960). He rejects the truth conditional view of language that mainly aims at saying true things, at transmitting a certain "content" or piece of information about something from the speaker's point of view. Austin wants to emphasize pragmatic phenomena arising in speech: more precisely the fact that discourse may accomplish action. His discovery focuses on the idea that speech changes something in the course of events rather than only conveying something that is not explicitly said. He cares for what is done not for what is said. He believes that every utterance aims at doing something and thus does not only depend on truth-conditions (Ambroise, 2010). Later, scholars like Searle, Grice, Strawson and others develop Austin's and each other ideas.

CHAPTER 3

METHODOLOGY

3.1 Introduction

The current chapter presents the data collection, the model and procedures of data analysis.

3.2 Data Collection

This study attempts to investigate and analyse the pragmatic aspects on certain selected medical leaflets. The researcher collects sixty samples of medical leaflets thinking they are enough to present a well-modified pragmatic analysis that covers all the required notions. One can state that the medical leaflets are folded sheets of papers that are usually formed for the healthcare professionals and patients giving the latter some pieces of information and directions about the treatment. Thus, the data of the current work have been taken from those folded sheets of paper that are found within the packets of medicinal products. Besides, these samples of leaflets are selected randomly from different types of medicines as pills, capsules, syrups, injections, ointments, creams and lotions.

They are gathered from three main sources. First, the researcher used what she has in her possession. Second, she collected some from friends. Third, she contacted some pharmacy stores in and procured copies from them.

Most medical leaflets have the same standard design which consist of the same parts and headings to be analysed. They are:

1. Composition: This part shows the contains of the medical products. The researcher neglects analyzing it because they are merely numbers reflect medical compositions.

2. Indications of the Medicine: This part presents the pharmaceutical form and strength of the product.

3. Contraindication: It shows the interactions with other medicines, food, and information for special group of patients.

4. Side Effect: This part of the leaflet represents any effects the medical product may cause to the patient and what he should do if any of these occur.

5. Warnings: This part of information deals with any precautions and warnings to patients to avoid the mistakes in using medications.

6. Dosage and Administration: This part shows how to use or take the medicine including the method and route of administration.

7. Over Dosage and Treatment: This part shows what the patient do in the case of overdose and the risk of withdrawal effects.

8. Storage: This part of information presents the conditions to store the medical protect.

9. Additional Information may be presented depending on the nature and description of the medicinal product.

3.3 The Model of the Analysis

The pragmatic analysis of the chosen medical leaflets is carried out according to the speech acts theory of Searle (1969**) Speech Acts: An Essay in the Philosophy of Language**. In this regard, the study adopts Searle's taxonomy of speech acts that provides five categories to analyse texts which are assertives, directives, expressives, commissives and declarations. Consequently, the speech acts with their illocutionary acts are identified in each leaflet. This task is not easy due to the fact that one locutionary act might seem to have more than one illocutionary act. That is why Wierzbicka's Semantic dictionary (1987)* is relied upon. In this dictionary there is a long explanation for each illocutionary act that makes the identification of it easier and more accurate

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* Wierzbicka, Anna (1987**). English Speech act Verbs: A Semantic Dictionary**. Australia: Academic Press.

3.4 The Procedures of Data Analysis

The procedures followed in the analysis of this study are as follows:

1. Sixty medical leaflets are selected variably from different types of treatments to be the data of the present study. This data will pragmatically be investigated in terms of Searle's speech acts theory and its illocutionary acts.

2.The statistical findings of the analytical work will be presented in tables and figures. The tables calculate the frequencies and percentages of speech acts and their illocutionary acts. Figures, on the other hand, demonstrate the rates of percentages of the speech acts and their illocutionary acts.

3. Conclusions are drawn to test the validity of the hypotheses of the present work.

CHAPTER FOUR

THE PRAGMATIC ANALYSIS OF SOME MEDICAL LEAFLETS

4.1 Introduction

This chapter is devoted to the practical part of the study. It deals with the analytical aspect that presents the way by which pragmatics is applied to sixty medical patient leaflets in terms of speech acts theory. These leaflets are investigated in terms of the proposed model of John R. Searl (1969) with the help of Weirzbicka's dictionary (1987). This chapter shows the application of Searl 's speech acts theory to the language of medication which is practically represented by the selected medical leaflets. In this regard, the readers can get an obvious understanding of the most common speech acts categories in medical leaflets throughout the pragmatic analysis with its statistical aspects and manifestations.

These sixty medical patient leaflets that are chosen for the analysis almost share the same elements and classifications since the main purpose behind using them is to provide guidance, and to ensure that people can use medicine safely and appropriately. Consequently, the official wording of most leaflets conveys the impression of objectivity, avoidance of prolixity, and a certain degree of impersonality. Moreover, the language used in writing these texts do not have any social or cultural references that can be difficult to understand and translate.

4.2 The Pragmatic Analysis of Leaflet (1) entitled Motilium

Tables 1 and 2 clearly show that directive speech acts are most frequent in this leaflet, occurring (116) times and constituting (78.91%) of the (147) total speech acts (see figure 3). The highest share of directives is gained to warning (49), (42.24%). Instructing gets (41), (35.34%). Advising obtains(19), (16.38%) and the last one is asking (7) which forms (6.03%) of the total number of directives (see figure5). Assertive speech acts, on the other hand, occur (31) times, comprising (21.09%) of all speech acts in this leaflet (see figure 3). The highest share of assertives is allotted to describing (16), (51.61%) while informing obtains (15), (48.39%)out of the total number of assertives (see figure 4).

Table 1: Speech Acts in Leaflet 1

Speech Acts	NO.	Percentage
Assertives	**31**	**21.09%**
Directives	**116**	**78.91%**
Total	**147**	**100%**

Table 2: Types of Speech Acts in Leaflet 1

Leaflet 1	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**15**	**48.39%**
		Describing	**16**	**51.61%**
	Total		**31**	**100%**
2	**Directives**	**Advising**	**19**	**16.38%**
		Instructing	**41**	**35.34%**
		Warning	**49**	**42.24%**
		Asking	**7**	**6.03%**
	Total		**116**	**100%**

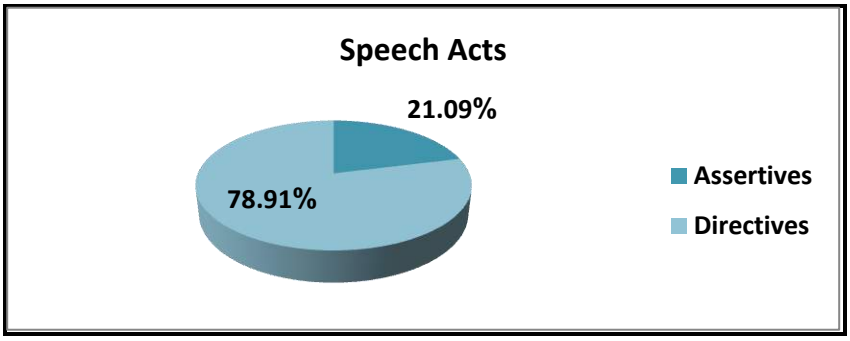

Figure 3: Percentages of Speech Acts in Leaflet 1

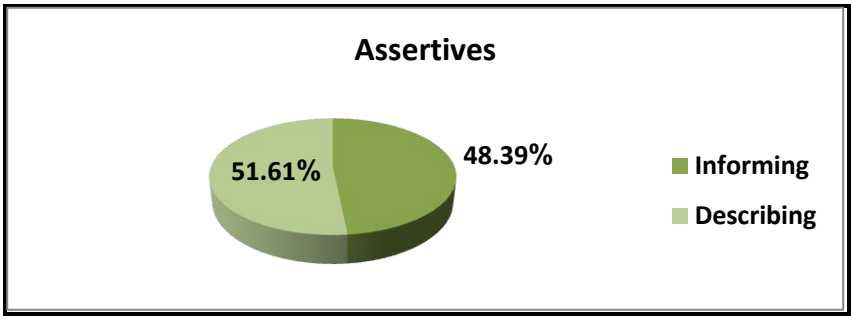

Figure 4: Percentages of Assertives in Leaflet 1

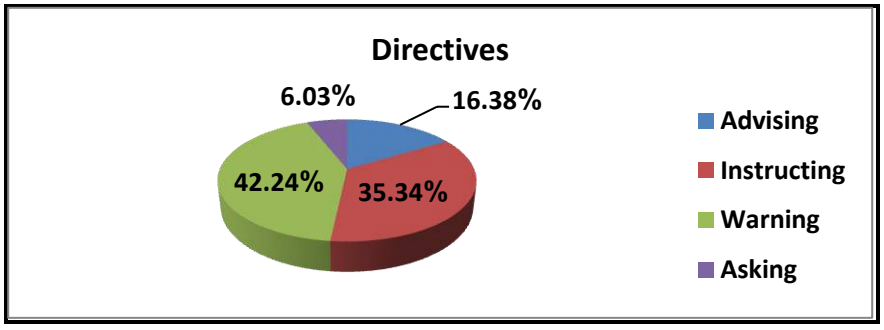

Figure 5: Percentages of Directives in Leaflet 1

4.3 The Pragmatic Analysis of Leaflet (2) entitled Negazole

Tables (3 and 4) clearly show that in this medical leaflet directive speech acts are the most dominant ones (see figure 6). They are (62), (82.67%) i. e. warning (24), (38.71%) while instructing and advising both get (18), (29.03%). The lowest share of directives is gained by requesting (2), (3.23%) (see figure 8). By contrast, assertive speech acts occur (13) times, comprising (17.33%) of all the speech acts of this leaflets (see figure 4). There are (2) assertives i.e. describing which gets (8), (61.54%) and informing obtains (5), (38.46%) (see figure 7).

Table 3: Speech Acts in Leaflet 2

Speech Acts	NO.	Percentage
Assertives	13	17.33%
Directives	62	82.67%
Total	75	100%

Table 4: Types of Speech Acts in Leaflet 2

Leaflet 2	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	38.46%
		Describing	8	61.54%
	Total		13	100%
2	Directives	Advising	18	29.03%
		Instructing	18	29.03%
		Warning	24	38.71%
		Requesting	2	3.23%
	Total		62	100%

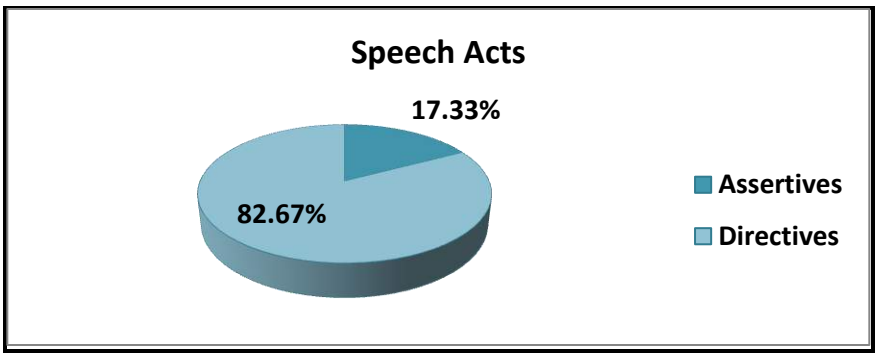

Figure 6: Percentages of Speech Acts in Leaflet 2

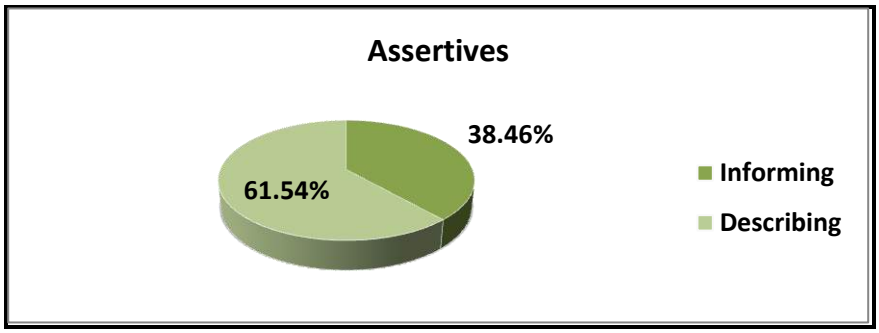

Figure 7: Percentages of Assertives in Leaflet 2

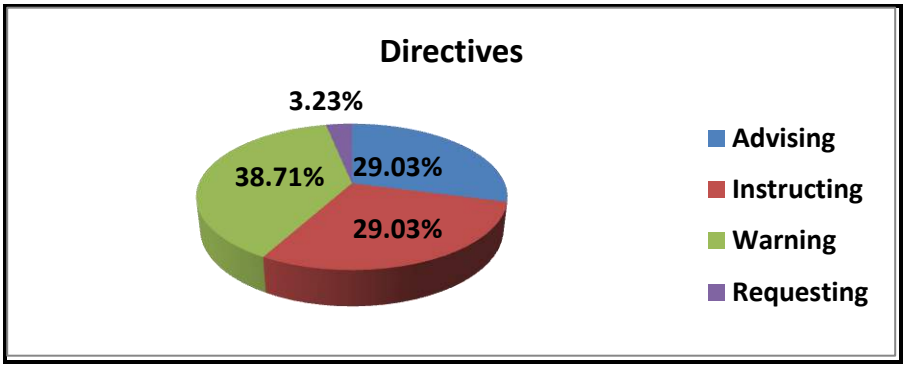

Figure 8: Percentages of Directives in Leaflet 2

4.4 The Pragmatic Analysis of Leaflet (3) entitled Uniflox

The pragmatic evaluation and analysis to this leaflet shows the following findings in table 3 and 4 which indicate that the predominant speech acts in this medical leaflet are directive speech acts (see figure 9). The frequencies are (184), (89.32%) coming from (45) advising represents (24.46%) of them, (95) warning represents (51.63%) of them, (40) instructing gets (22.28%) of them, and (3) asking, (1.36%) of the directives speech acts (see figure 11) . On the other hand, assertives constitute (22), (10.68%) coming from (14) informing which represents (63.64%) and (8) describing which represents (36.36%) of assertives (see figure 10).

Table 5: Speech Acts in Leaflet 3

Speech Acts	NO.	Percentage
Assertives	22	10.68%
Directives	184	89.32%
Total	206	100%

Table 6: Types of Speech Acts in Leaflet 3

Leaflet 3	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	14	63.64%
		Describing	8	36.36%
	Total		22	100%
2	Directives	Advising	45	24.46%
		Instructing	40	22.28%
		Warning	95	51.63%
		Asking	3	1.63%
	Total		184	100%

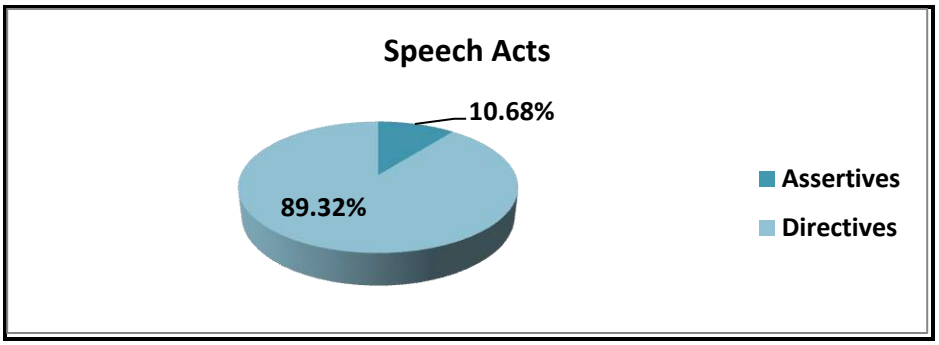

Figure 9: Percentages of Speech Acts in Leaflet 3

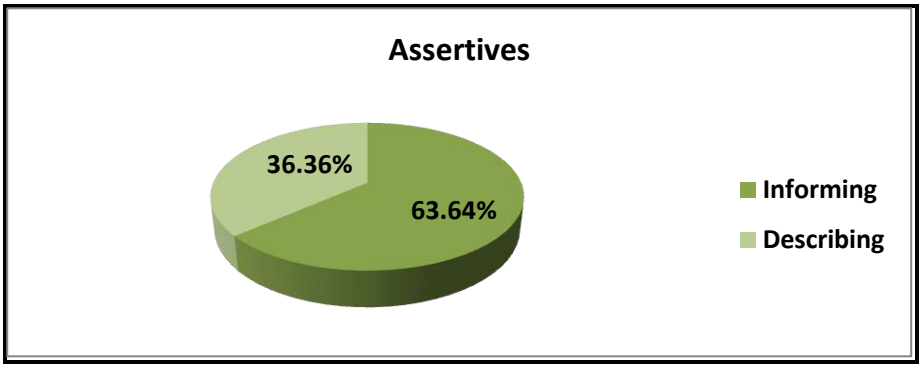

Figure 10: Percentages of Assertives in Leaflet 3

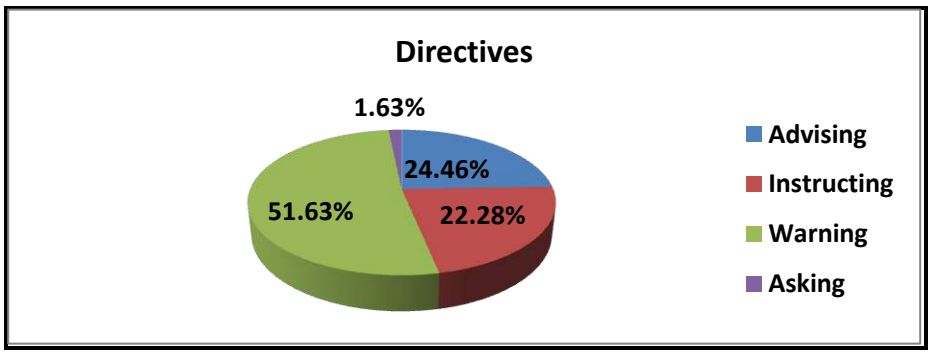

Figure 11: Percentagse of Directives in Leaflet 3

4.5 The Pragmatic Analysis of Leaflet (4) entitled Meprolol

The statistical data presented in tables 7 and 8 show the distribution of speech acts which indicates the highly dominance of directives with (116) times, (87.88%) (see figure 12). The highest share of directives is obtained by warning (49), (42.24%) while instructing gains (32), (27.59%), advising gets (29), (25%), and the lowest one is asking that constitutes (6), (5.17%) (see figure 114). On the other hand, assertives are the least numerous category of speech acts in this leaflet with (16) times and (12.12%) distributed on describing (10), (62.50%) and informing which gains (6), (37.50%) (see figure 13).

Table 7: Speech Acts in Leaflet 4

Speech Acts	NO.	Percentage
Assertives	16	12.12%
Directives	116	87.88%
Total	132	100%

Table 8: Types of Speech Acts in Leaflet 4

Leaflet 4	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	6	37.50%
		Describing	10	62.50%
	Total		16	100%
2	Directives	Advising	29	25.00%
		Instructing	32	27.59%
		Warning	49	42.24%
		Asking	6	5.17%
	Total		116	100%

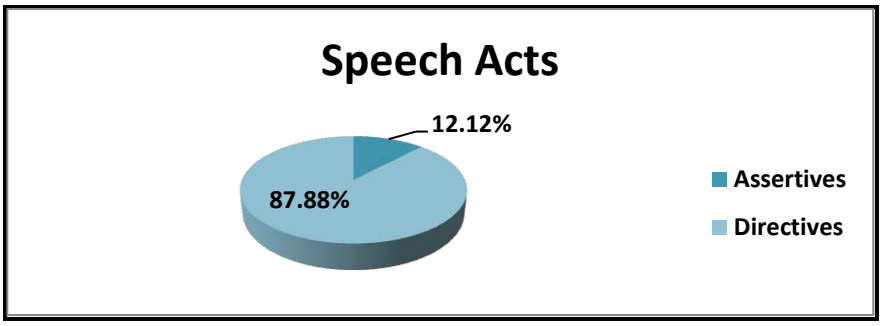

Figure 12: Percentages of Speech Acts in Leaflet 4

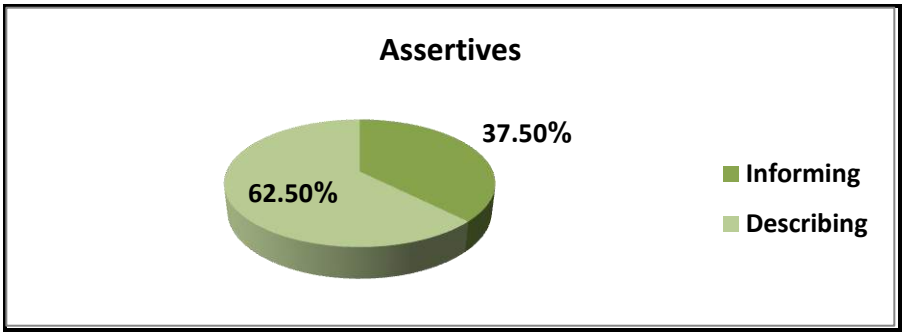

Figure 13: Percentages of Assertives in Leaflet 4

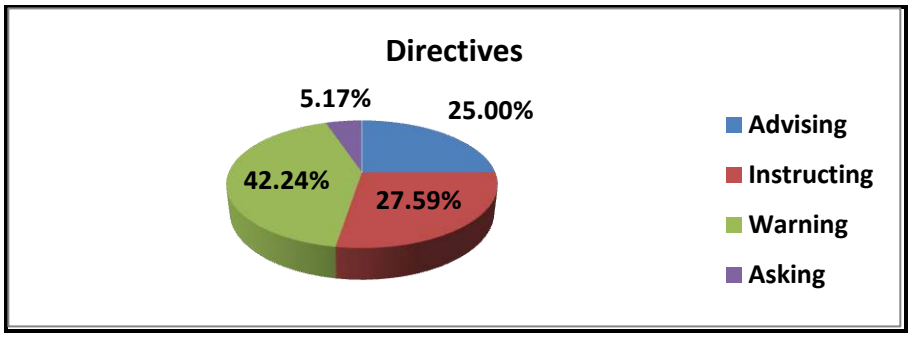

Figure 14: Percentages of Directives in Leaflet 4

4.6 The Pragmatic Analysis of Leaflet (5) entitled Brukit

Tables 9 and 10 indicate that the dominant speech acts in this medical leaflet are directives (see figure 15). Theay get (64), (74.42%) come from (6) advising represents (9%) of them, (47) warning represents (74%) of them, and (11) instructing represents (17%) of the directive speech acts (see figure 17) . On the other hand, assertives constitute (22), (25.58%) come from (5) informing which represents (22.73%), and (17) describing which represents (77.27%) (see figure16).

Table 9: Speech Acts in Leaflet 5

Speech Acts	NO.	Percentage
Assertives	22	25.58%
Directives	64	74.42%
Total	86	100%

Table 10: Types of Speech Acts in Leaflet 5

Leaflet 5	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	22.73%
		Describing	17	77.27%
	Total		22	100%
2	Directives	Advising	6	9.00%
		Instructing	11	17.00%
		Warning	47	74.00%
	Total		64	100%

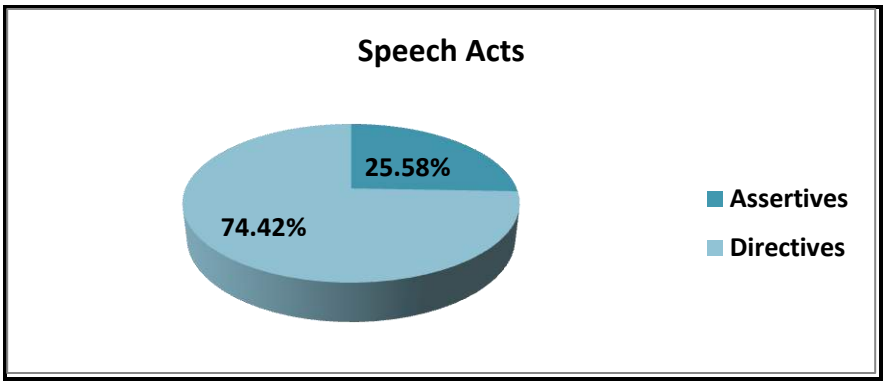

Figure 15: Percentages of Speech Acts in Leaflet 5

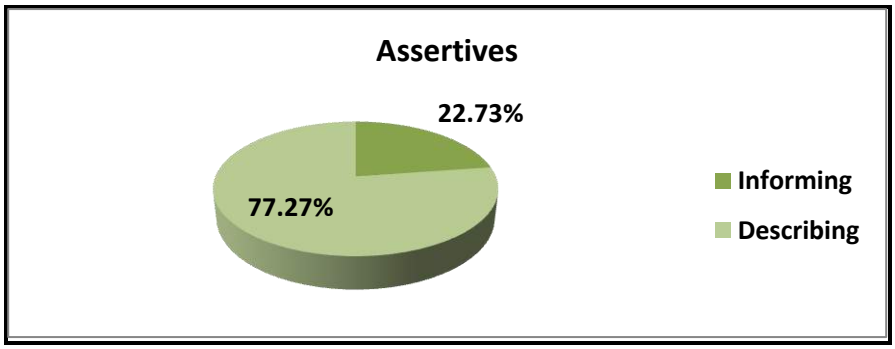

Figure 16: Percentages of Assertives in Leaflet 5

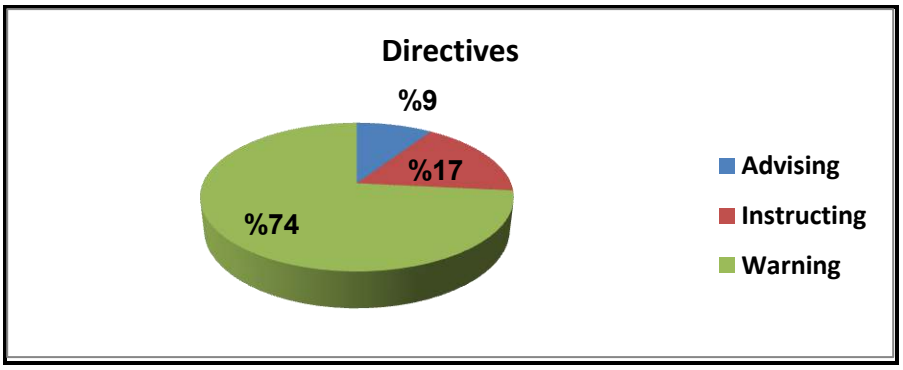

Figure 17: Percentages of Directives in Leaflet 5

4.7 The Pragmatic Analysis of Leaflet (6) entitled Cortilone

The findings in tables 11 and 12 of this leaflet demonstrate that the total number of directive speech acts are(41), (80.39%) i.e. advising shows the highest share which gets (18), (43.90%). Instructing comes the second with (12) times, (29.27%), and the last one is warning with (11) times, (26.83) (see figures 18 and 20). On the other hand, assertives get (10), (19.61%) of the total number of speech acts in this leaflet i.e. (7) explaining, (70.00%) and (3) informing, (30.00%) (see figures 16 and 19).

Table 11: Speech Acts in Leaflet 6

Speech Acts	NO.	Percentage
Assertives	10	19.61%
Directives	41	80.39%
Total	51	100%

Table 12: Types of Speech Acts in Leaflet 6

Leaflet 6	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	30.00%
		Explaining	7	70.00%
	Total		10	100%
2	Directives	Advising	18	43.90%
		Instructing	12	29.27%
		Warning	11	26.83%
	Total		41	100%

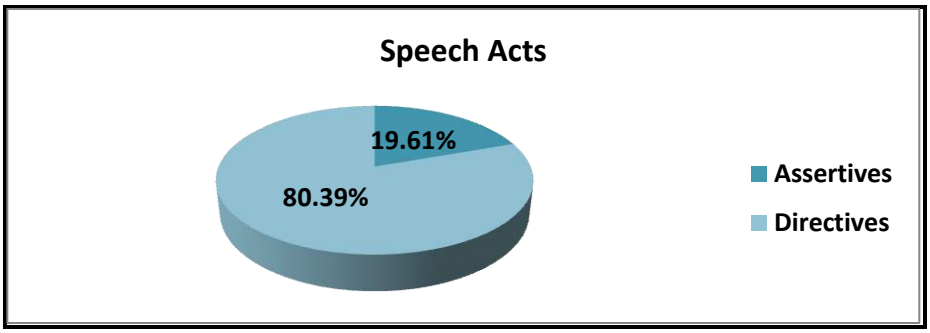

Figure 18: Percentages of Speech Acts in Leaflet 6

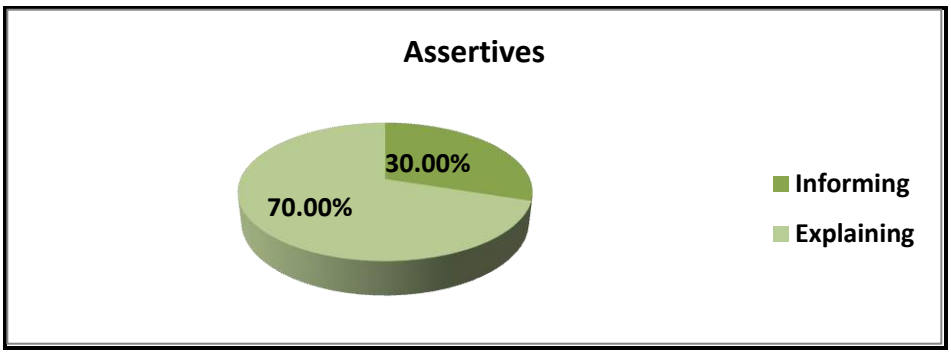

Figure 19: Percentages of Assertives in Leaflet 6

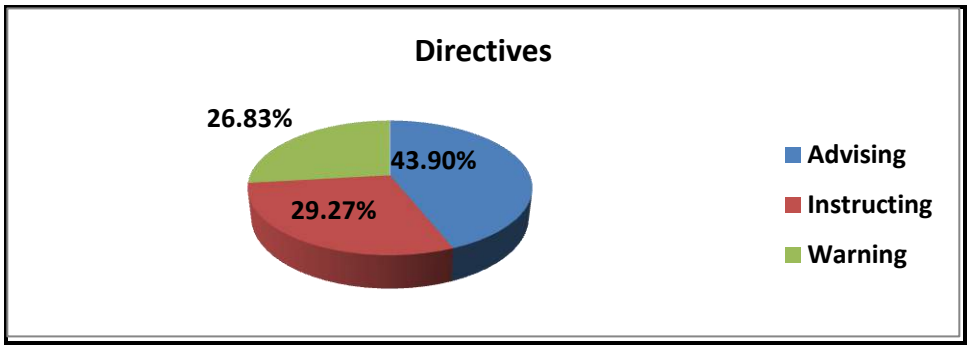

Figure 20: Percentages of Directives in Leaflet 6

4.8 The Pragmatic Analysis of Leaflet (7) entitled Ultop

As far as the illocutionary aspects of speech acts are concerned, the findings in table 13 and 14 show that directives are the most dominant one in this leaflets getting (157), (87.71%) (see figure 21). The highest share is obtained by warning (67), (42.68%). Instructing gets (49), (31.21%), and the lowest one is advising which constitutes (41), (26.11%) (see figure 23). As the above leaflets, assertives show the least numerous category of speech acts in this leaflet forming (22), (12.29%) i.e. explaining (17), (77.27%), and informing (5), (2273%) (see figure19 and 22).

Table 13: Speech Acts in Leaflet 7

Speech Acts	NO.	Percentage
Assertives	**22**	**12.29%**
Directives	**157**	**87.71%**
Total	**179**	**100%**

Table 14: Types of Speech Acts in Leaflet 7

Leaflet 7	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**5**	**22.73%**
		Explaining	**17**	**77.27%**
	Total		**22**	**100%**
2	**Directives**	**Advising**	**41**	**26.11%**
		Instructing	**49**	**31.21%**
		Warning	**67**	**42.68%**
	Total		**157**	**100%**

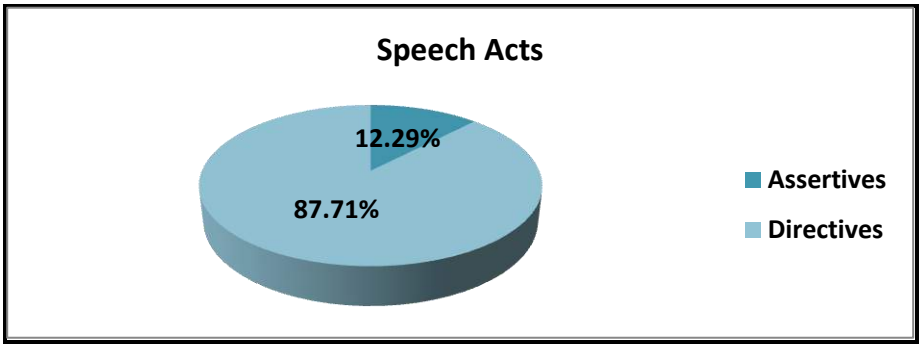

Figure 21: Percentages of Speech Acts in Leaflet 7

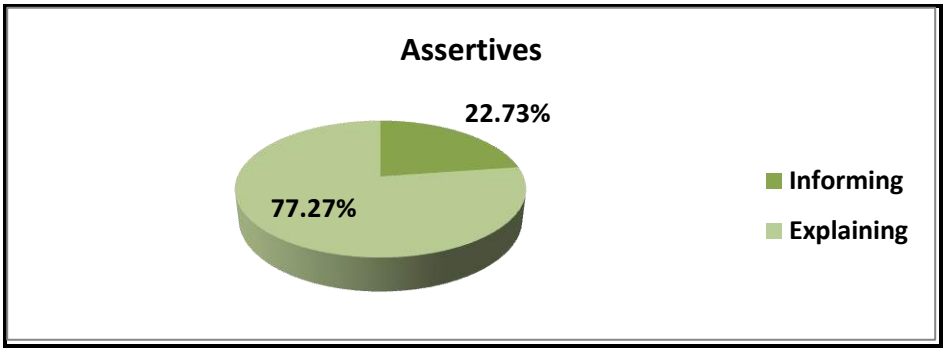

Figure 22: Percentages of Assertives in Leaflet 7

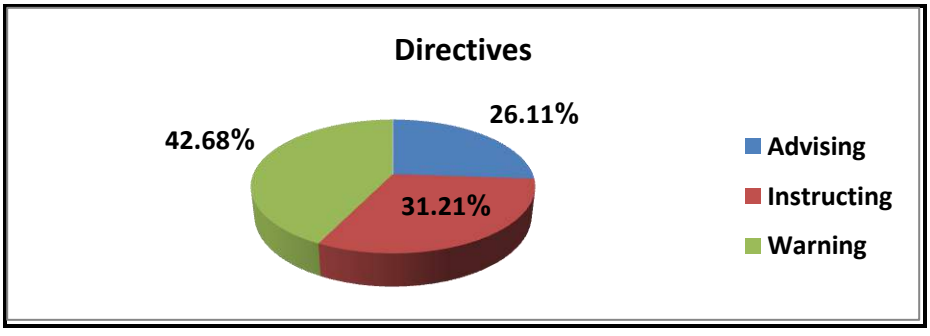

Figure 23: Percentages of Directives in Leaflet 7

4.9 The Pragmatic Analysis of Leaflet (8) entitled Largopen

As indicated in tables 15 and 16, the dominant speech acts in this medical leaflet are directives (see figure 24). The frequencies are (47), (74.60%) come from (14) advising represents (29.79%) of them, (17) warning represents (36.17%) of them, and (16) instructing represents (34.04%) of the directive speech acts in this leaflet (see figure 26) . On the other hand, assertives constitute (16), (25.40%) come from (6) informing which represents (22.73%), and (10) explaining which represents (62.50%) out of the total number of assertives (see figure 25).

Table 15: Speech Acts in Leaflet 8

Speech Acts	NO.	Percentage
Assertives	**16**	**25.40%**
Directives	**47**	**74.60%**
Total	**63**	**100%**

Table 16: Types of Speech Acts in Leaflet 8

Leaflet 8	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**6**	**37.50%**
		Explaining	**10**	**62.50%**
	Total		**16**	**100%**
2	**Directives**	**Advising**	**14**	**29.79%**
		Instructing	**16**	**34.04%**
		Warning	**17**	**36.17%**
	Total		**47**	**100%**

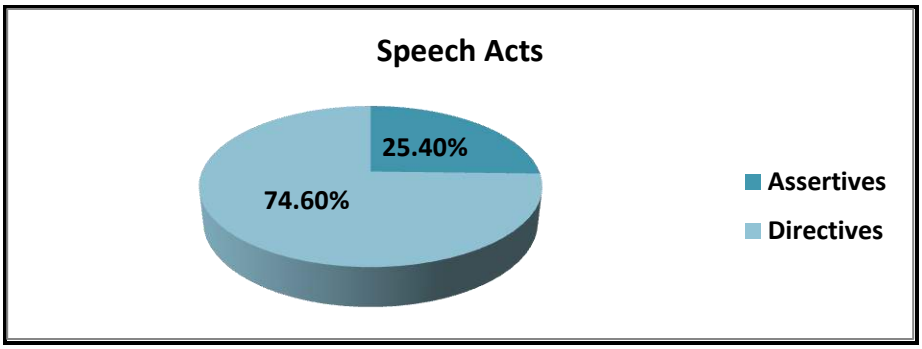

Figure 24: Percentages of Speech Acts in Leaflet 8

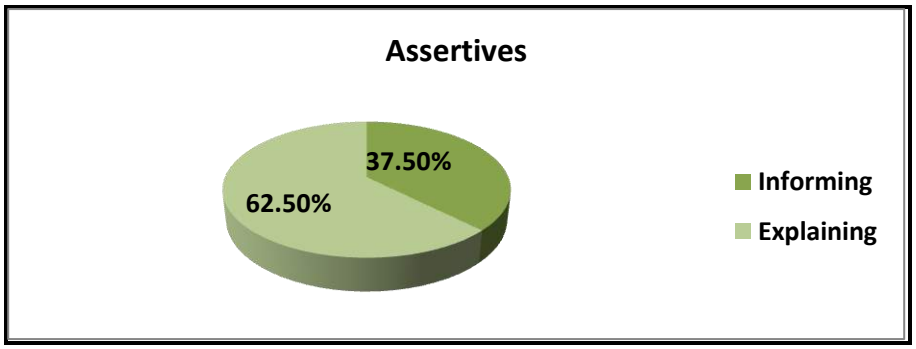

Figure 25: Percentages of Assertives in Leaflet 8

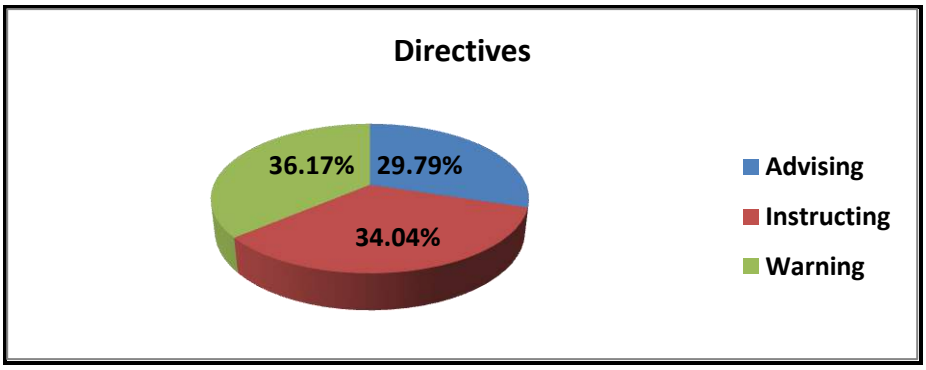

Figure 26: Percentages of Directives in Leaflet 8

4.10 The Pragmatic Analysis of Leaflet (9) entitled Meloxlap

As shown in table 17 and 18,The analysis of this leaflet tends to employ two of the selected speech act categories which are directives and assertives just like the above medical leaflets (see figure 27). Again the most frequent one is directives which obtain (73), (83.91%) i. e. (40) warning which occupies (54.79%) while instructing gets (20), (27.40%), and the lowest one is advising which gains (13), (17.81%) (see figure 29).On the other hand, assertives appeare (14), (16.09%) i.e. explaining (11), (78.57%), and informing gets (3), (21.43%) (see figure 28).

Table 17: Speech Acts in Leaflet 9

Speech Acts	NO.	Percentage
Assertives	14	16.09%
Directives	73	83.91%
Total	87	100%

Table 18: Types of Speech Acts in Leaflet 9

Leaflet 9	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	21.43%
		Explaining	11	78.57%
	Total		14	100%
2	Directives	Advising	13	17.81%
		Instructing	20	27.40%
		Warning	40	54.79%
	Total		73	100%

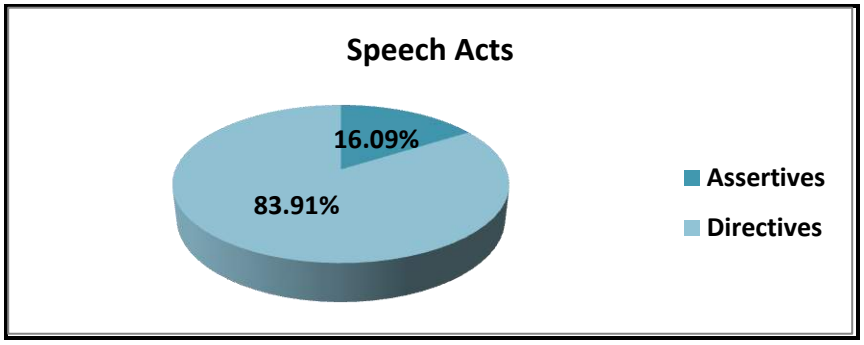

Figure 27: Percentages of Speech Acts in Leaflet 9

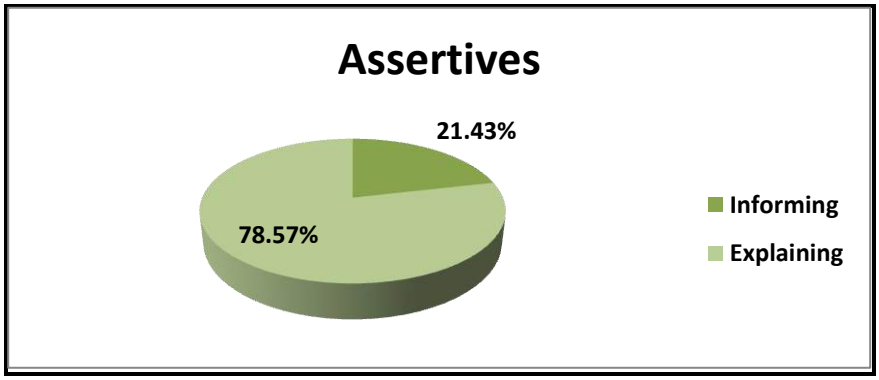

Figure 28: Percentages of Assertives in Leaflet 9

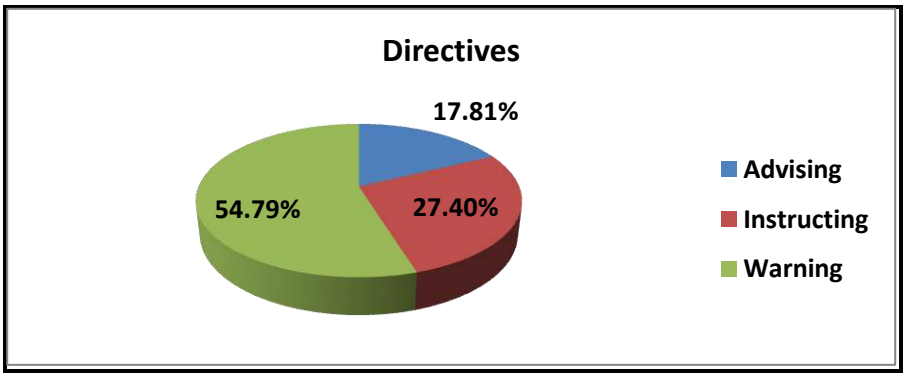

Figure 29: Percentages of Directives in Leaflet 9

4.11 The Pragmatic Analysis of Leaflet (10) entitled Apdyl-H

According to findings in tables 19 and 20, the largest number and the most frequent speech act in this leaflet can be classified as directives which gain (34) and comprise (66.67%) of the total number (see figure 30).The directive speech acts are warning which gets (13), (38.24%), instructing which obtains (11), (32.35%), advising (9), (26.47%), and the lowest one is requesting that constitutes (1) and comprises just (2.94%) of the total number of directives in this leaflet (see figure 32). The remaining type of speech acts is assertives, which are less numerous, gain (17), (33.33%) i.e. explaining (10), (58.82%), and informing (7), (41.18%) (see figure 31).

Table 19: Speech Acts in Leaflet 10

Speech Acts	NO.	Percentage
Assertives	17	33.33%
Directives	34	66.67%
Total	51	100%

Table 20: Types of Speech Acts in Leaflet 10

Leaflet 10	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	7	41.18%
		Explaining	10	58.82%
	Total		17	100%
2	Directives	Advising	9	26.47%
		Instructing	11	32.35%
		Warning	13	38.24%
		Requesting	1	2.94%
	Total		34	100%

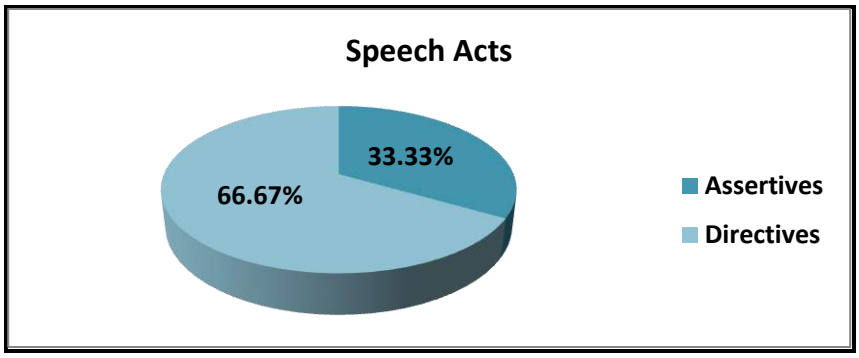

Figure 30: Percentages of Speech Acts in Leaflet 10

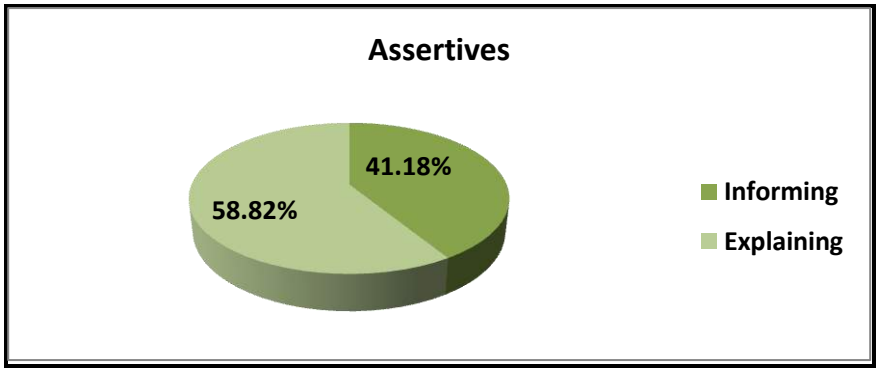

Figure 31: Percentages of Assertives in Leaflet 10

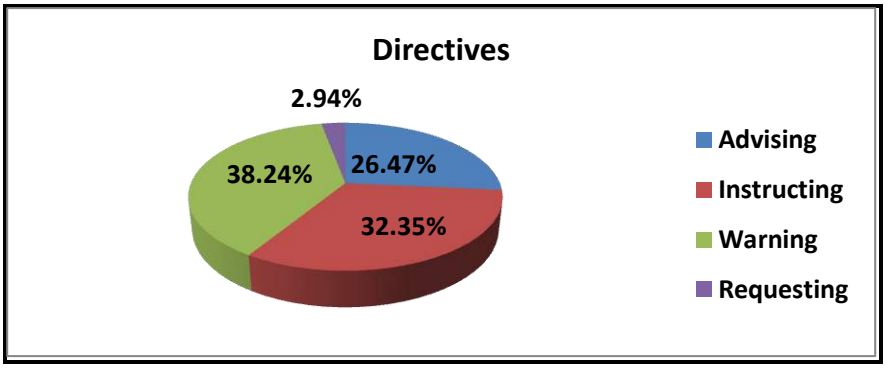

Figure 32: Percentages of Directives in Leaflet 10

4.12 The Pragmatic Analysis of Leaflet (11) entitled Piostan

The findings in tables 21 and 22 show that directives are used (37) times and gain(77.08%) i.e. warning gets (18),(48.65%), advising obtains (10),(27.03%), and the lowest one is instructing which gains (9), (24.32%) (see figure 33 and 35). As far as assertive speech act is concerned, it is used (11) times and gains (22.92%) i.e. explaining gets (6), (54.55%), and informing gains (5), (45.45%) (see figure 33 and 34).

Table 21: Speech Acts in Leaflet 11

Speech Acts	NO.	Percentage
Assertives	11	22.92%
Directives	37	77.08%
Total	48	100%

Table 22: Types of Speech Acts in Leaflet 11

Leaflet 11	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	45.45%
		Explaining	6	54.55%
	Total		11	100%
2	Directives	Advising	10	27.03%
		Instructing	9	24.32%
		Warning	18	48.65%
	Total		37	100.00%

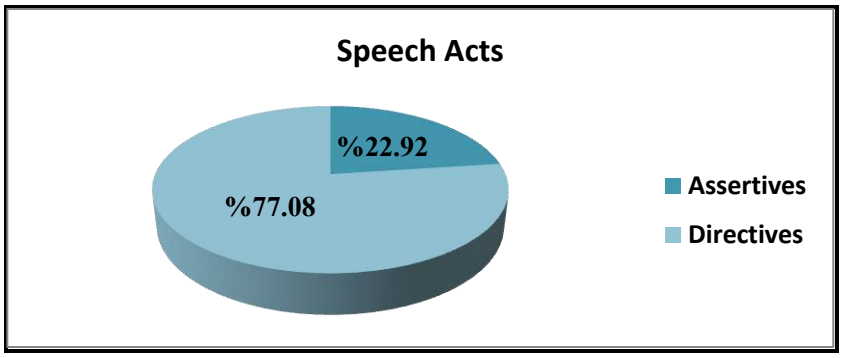

Figure 33: Percentages of Speech Acts in Leaflet 11

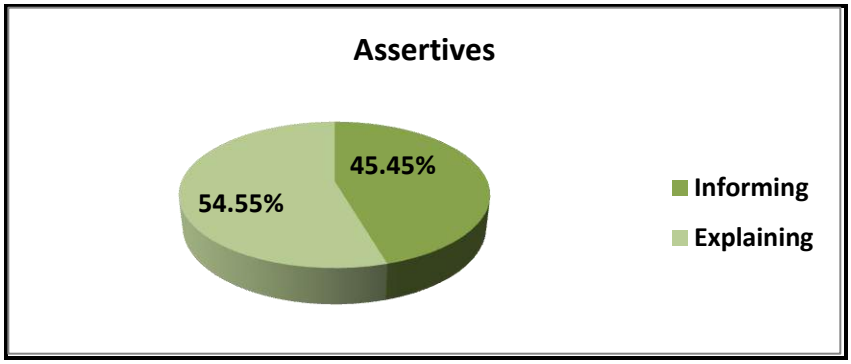

Figure 34: Percentages of Assertives in Leaflet 11

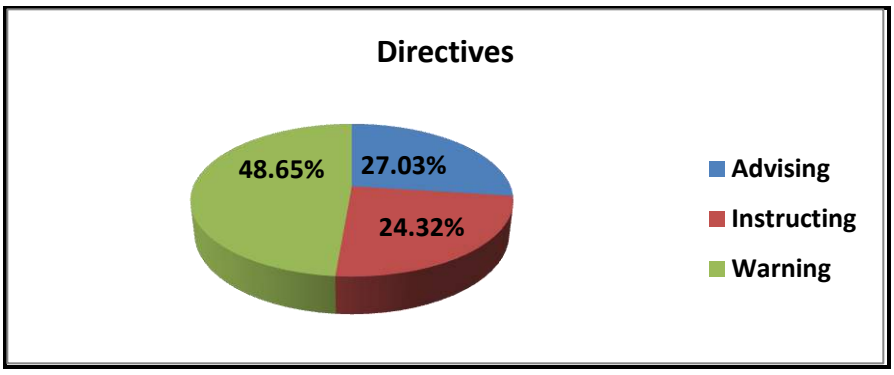

Figure 35: Percentages of Directives in Leaflet 11

4.13 The Pragmatic Analysis of Leaflet (12) entitled Ceftriaxone

As shown in table 23 and 24,The basic analysis of this leaflet tends to employ two of the selected speech act categories which are directives and assertives just like the above medical leaflets (see figure 36). Again the most frequent one is directives which obtain (44), (75.86%) i. e. (19) warning which occupies (43.18%) percentage while advising gets (13), (29.55.%), and the lowest one is instructing which gains (12), (27.27%) (see figure 38).On the other hand, assertives appeare (14), (24.14%) i.e. informing (10), (71.43%), and explaining gets (4), (28.57%) (see figure 37)

Table 23: Speech Acts in Leaflet 12

Speech Acts	NO.	Percentage
Assertives	14	24.14%
Directives	44	75.86%
Total	58	100%

Table 24: Types of Speech Acts in Leaflet 12

Leaflet 12	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	10	71.43%
		Explaining	4	28.57%
	Total		14	100%
2	Directives	Advising	13	29.55%
		Instructing	12	27.27%
		Warning	19	43.18%
	Total		44	100.00%

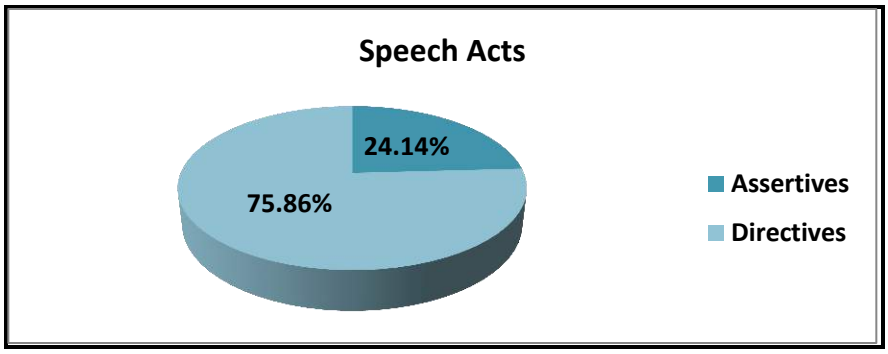

Figure 36: Percentages of Speech Acts in Leaflet 12

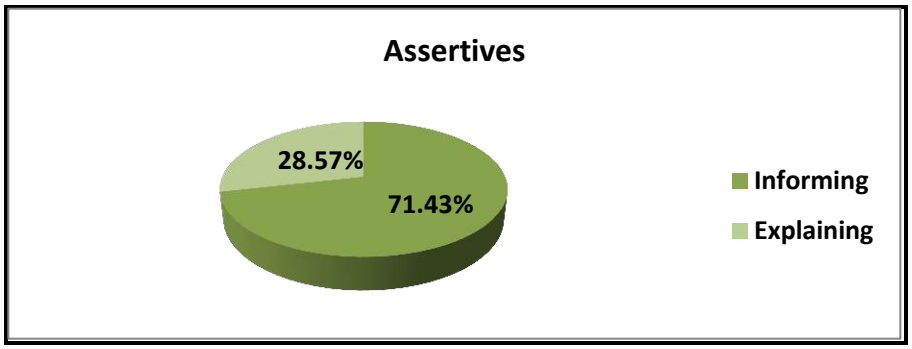

Figure 37: Percentages of Assertives in Leaflet 12

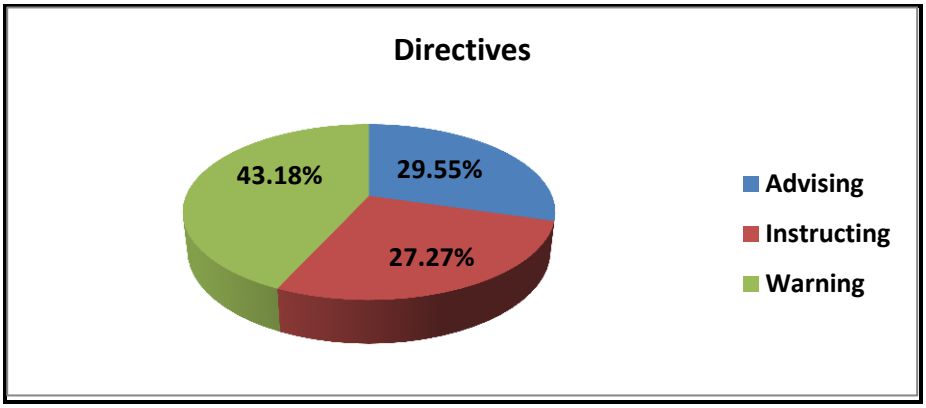

Figure 38: Percentages of Directives in Leaflet 12

4.14 The Pragmatic Analysis of Leaflet (13) entitled No Pain

The analysis in table 25 and 26 shows that directive speech act is the dominant one and it is used (35) times, (71.43%) (see figure 39), i.e. advising gets (13), (37.14%), warning gains (12), (34.29%), instructing obtains (7),(20.00%), and the lowest one is requesting (3), (8.57%) (see figure 41). The other share of speech act in this leaflet is assertive which is used (14) times and gains (28.57%) (see figure 37). The highest share of assertives is allotted to explaining which gets (10), (71.43%) while informing gets (4), (28.57%) (see figure 40).

Table 25: Speech Acts in Leaflet 13

Speech Acts	NO.	Percentage
Assertives	14	28.57%
Directives	35	71.43%
Total	49	100%

Table 26: Types of Speech Acts in Leaflet 13

Leaflet 13	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	28.57%
		Explaining	10	71.43%
	Total		14	100%
2	Directives	Advising	13	37.14%
		Instructing	7	20.00%
		Warning	12	34.29%
		Requesting	3	8.57%
	Total		35	100%

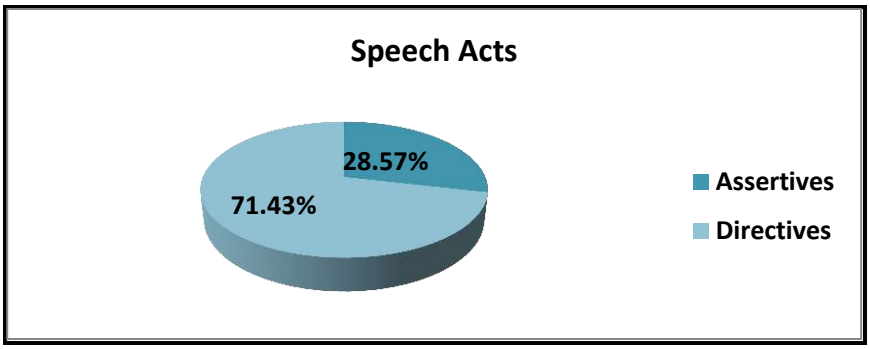

Figure 39: Percentages of Speech Acts in Leaflet 13

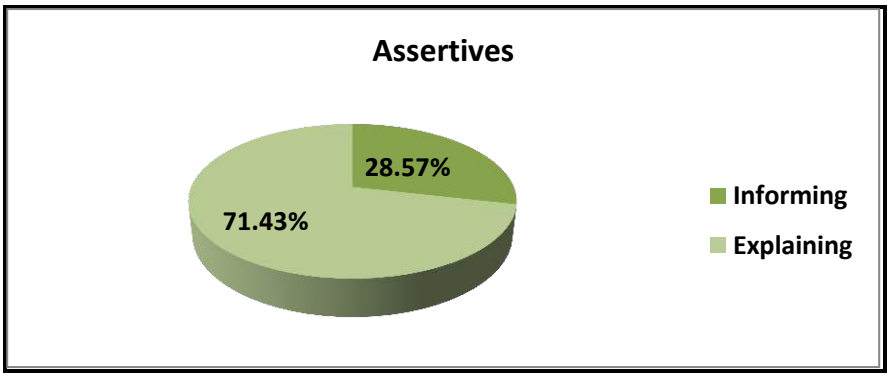

Figure 40: Percentages of Assertives in Leaflet 13

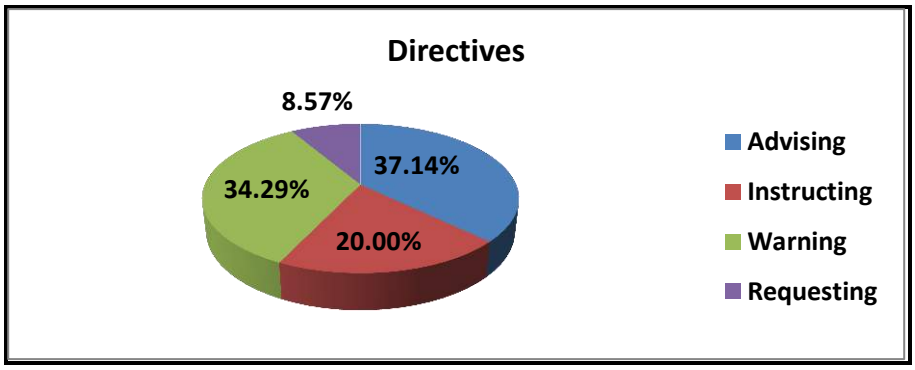

Figure 41: Percentages of Directives in Leaflet 13

4.15 The Pragmatic Analysis of Leaflet (14) entitled Ardene Sun Screen

According to the findings in tables 27 and 28, the highest number and the most frequent speech act in this leaflet can be classified as directives which gain (42) and comprise (74.14%) of the total number (see figure 43).The directive speech acts are warning which gets (16), (37.21%), advising which obtains (15), (34.88%), and the lowest one is instructing that constitutes (12) and comprises just (27.91%) of the total number of directives in this leaflet (see figure 44). The remaining type of speech acts is assertives, which are less numerous, gain (15), (25.86%) i.e. explaining (9), (60.00%), and informing (6), (40.00%) (see figure 43).

Table 27: Speech Acts in Leaflet 14

Speech Acts	NO.	Percentage
Assertives	15	25.86%
Directives	43	74.14%
Total	58	100%

Table 28: Types of Speech Acts in Leaflet 14

Leaflet 14	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	6	40.00%
		Explaining	9	60.00%
	Total		15	100%
2	Directives	Advising	15	34.88%
		Instructing	12	27.91%
		Warning	16	37.21%
	Total		43	100%

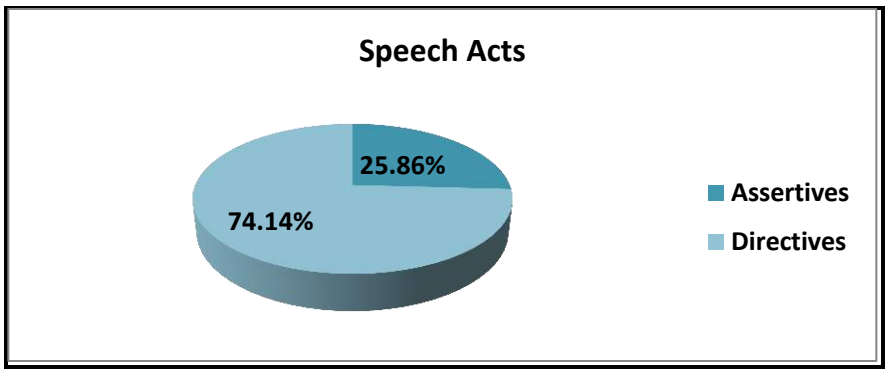

Figure 42: Percentages of Speech Acts in Leaflet 14

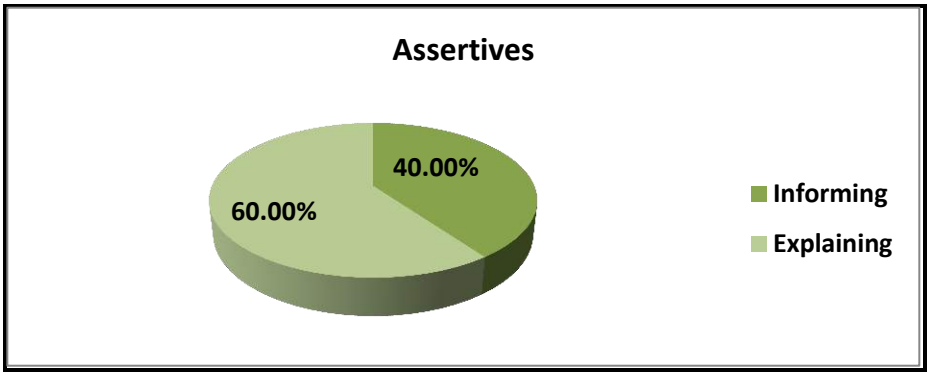

Figure 43: Percentages of Assertives in Leaflet 14

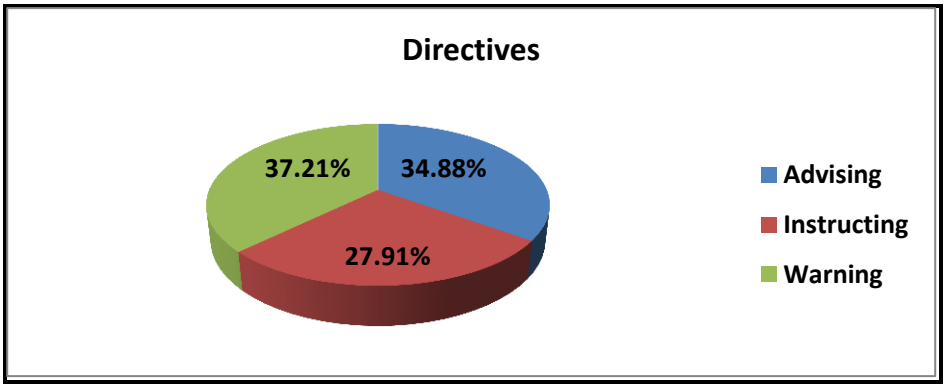

Figure 44: Percentages of Directives in Leaflet 14

4.16 The Pragmatic Analysis of Leaflet (15) entitled Aprazole

The findings in table 29 and 30 show that directive speech acts in this leaflet account an amount of about (29), (72.50%) (see figure 45), i.e. instructing gets (11), (37.93%), advising obtains (10), (34.48%), and warning gets (8), (27.59%) (see figure 47). On the other hand, assertives are used (11) times and gain (27.50%), i. e. describing gets (6), (54.55%), and informing obtains (5), (45.45%) (see figure 46).

Table 29: Speech Acts in Leaflet 15

Speech Acts	NO.	Percentage
Assertives	11	27.50%
Directives	29	72.50%
Total	40	100%

Table 30: Types of Speech Acts in Leaflet 15

Leaflet 15	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	45.45%
		Describing	6	54.55%
	Total		11	100%
2	Directives	Advising	10	34.48%
		Instructing	11	37.93%
		Warning	8	27.59%
	Total		29	100%

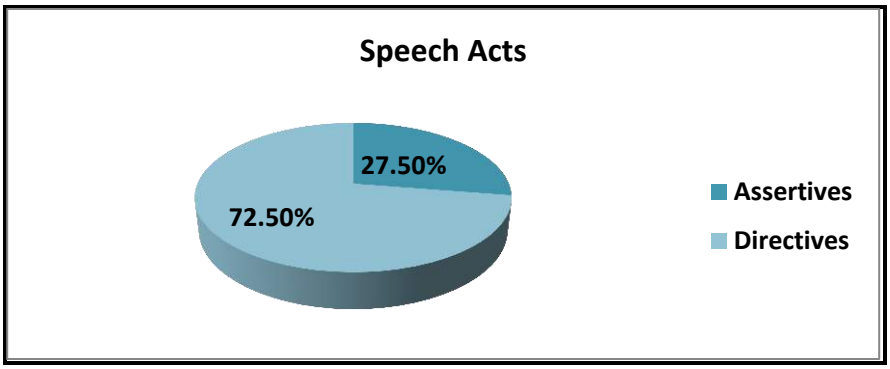

Figure 45: Percentages of Speech Acts in Leaflet 15

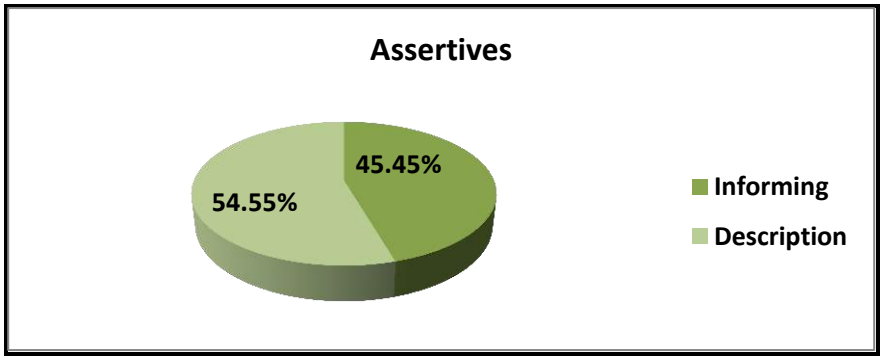

Figure 46: Percentages of Assertives in Leaflet 15

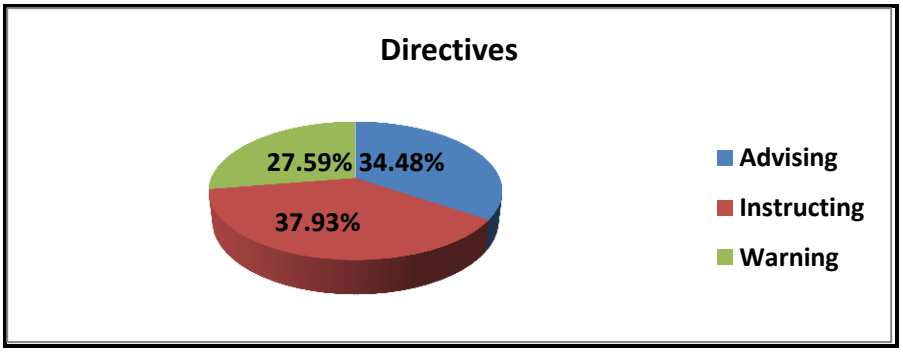

Figure 47: Percentages of Directives in Leaflet 15

4.17 The Pragmatic Analysis of Leaflet (16) entitled Vermx

The analysis uncovers that there are 2 types of speech acts in leaflet (16) directives and assertives (see table 31 and 32). The highest share of directives is (34), (77%) is allotted to instructing (10), (29%), advising gets (8), (24%), while warning obtains the highest share (16), (47%) (see figure 48 and 50). Assertives gain (10), (23%) are distributed on explaining which receives (6), (60%), and informing gets (4), (40%) (see figure 49).

Table 31: Speech Acts in Leaflet 16

Speech Acts	NO.	Percentage
Assertives	**10**	**23%**
Directives	**34**	**77%**
Total	**44**	**100%**

Table 32: Types of Speech Acts in Leaflet 16

Leaflet 16	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	40%
		Explaining	6	60%
	Total		10	100%
2	Directives	Advising	8	24%
		Instructing	10	29%
		Warning	16	47%
	Total		34	100%

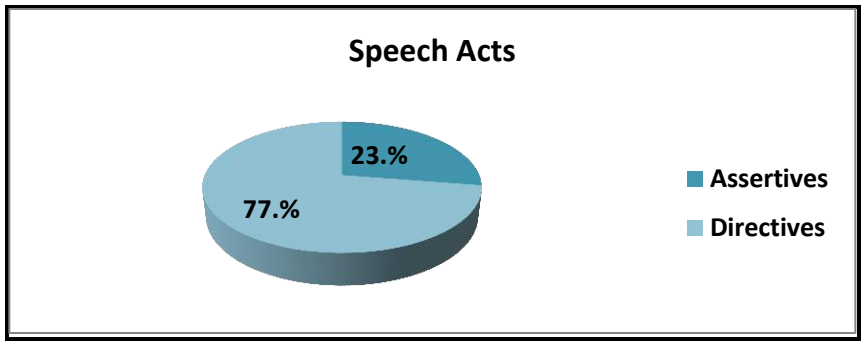

Figure 48: Percentages of Speech Acts in Leaflet 16

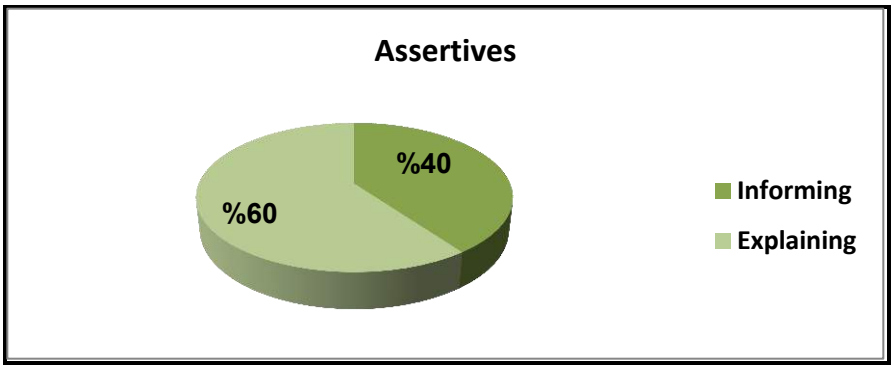

Figure 49: Percentages of Assertives in Leaflet 16

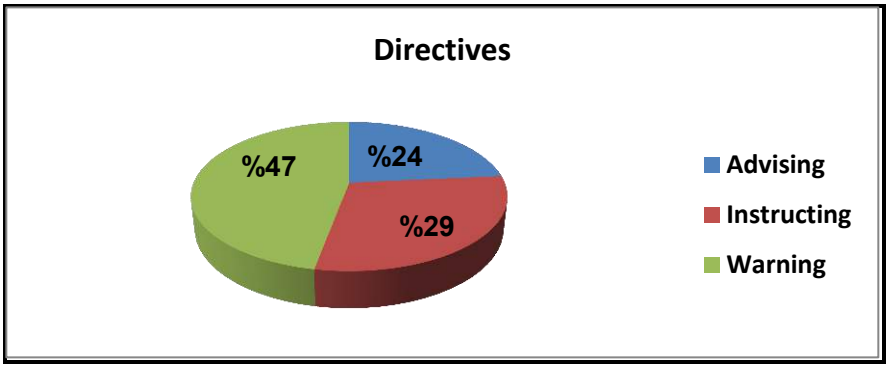

Figure 50: Percentages of Directives in Leaflet 16

4.18 The Pragmatic Analysis of Leaflet (17) entitled Adol

As illustrated in tables 33 and 34, directive speech acts score the highest number which is (66), (77.65%) i.e. warning (27), (40.90%), advising (17), (25.76%), while instructing gets (12), (18.18%), and the lowest one is requesting (10). (15.15%) (see figure 51 and 53). Assertives are used (19) times, (22.35%) distributed on explaining (11), (57.89%), and informing gets (8), (42.11%) (see figure 52).

Table 33: Speech Acts in Leaflet 17

Speech Acts	NO.	Percentage
Assertives	19	22.35%
Directives	66	77.65%
Total	85	100%

Table 34: Types of Speech Acts in Leaflet 17

Leaflet 17	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	8	42.11%
		Explaining	11	57.89%
	Total		19	100%
2	Directives	Advising	17	25.76%
		Instructing	12	18.18%
		Warning	27	40.91%
		Requesting	10	15.15%
	Total		66	85%

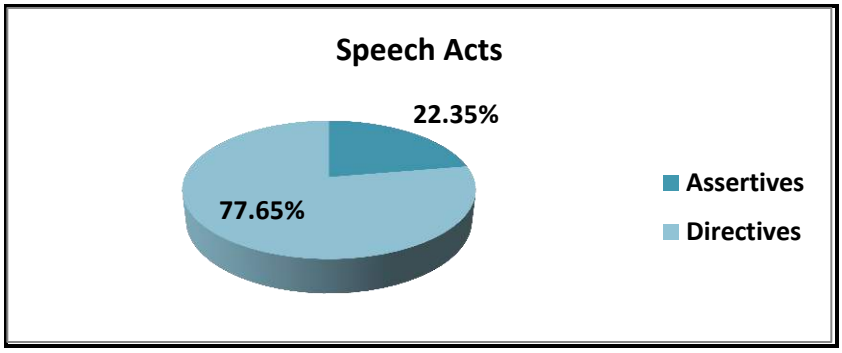

Figure 51: Percentages of Speech Acts in Leaflet 17

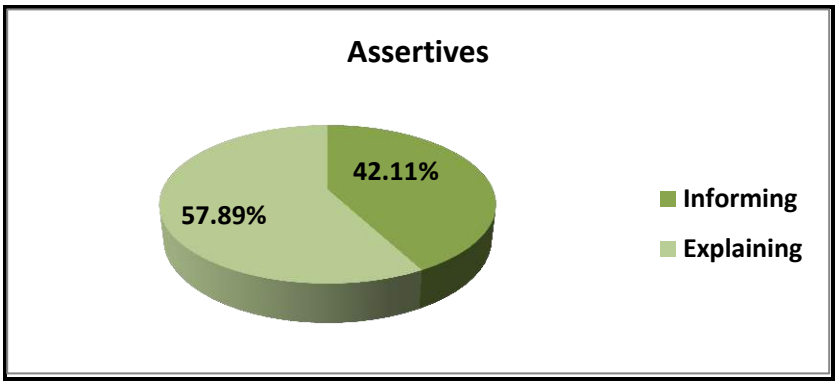

Figure 52: Percentages of Assertives in Leaflet 17

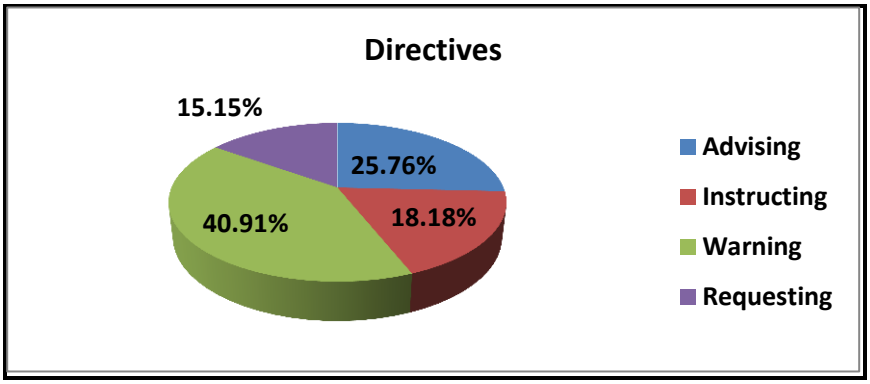

Figure 53: Percentages of Directives in Leaflet 17

4.19 The Pragmatic Analysis of Leaflet (18) entitled panadol

As shown in tables 35 and 36, the most frequent speech acts in this leaflet are directives which get (37) and form (63.79%) i.e. warning and advising both are used (14) times and gain (37. 84%) for each, and instructing gains (9), (24.32%) (see figures 54 and 56). Assertives, on the other hand, gains (21), (36.21%) distributed on explaining which gets (16), (76.19%), and informing obtains (5), (23.81%) (see figure 55).

Table 35: Speech Acts in Leaflet 18

Speech Acts	NO.	Percentage
Assertives	**21**	**36.21%**
Directives	**37**	**63.79%**
Total	**58**	**100%**

Table 36: Types of Speech Acts in Leaflet 18

Leaflet 19	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	23.81%
		Explaining	16	76.19%
	Total		21	100%
2	Directives	Advising	14	37.84%
		Instructing	9	24.32%
		Warning	14	37.84%
	Total		37	100%

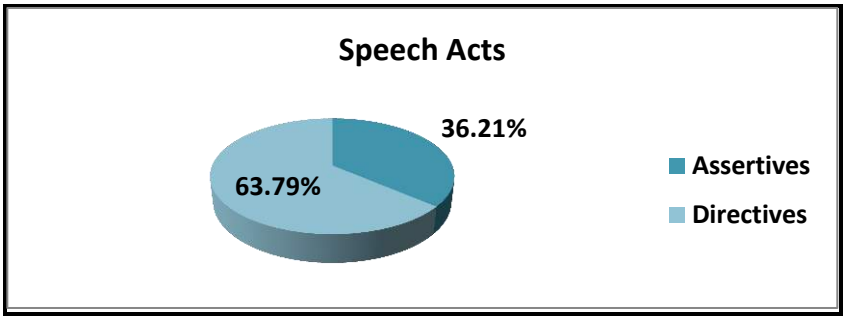

Figure 54: Percentages of Speech Acts in Leaflet 18

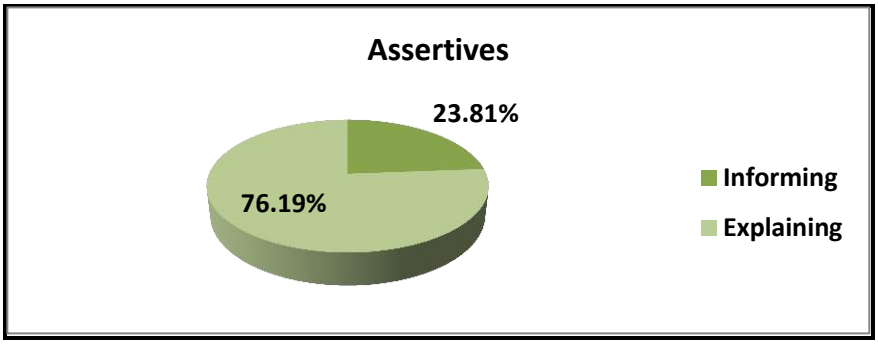

Figure 55: Percentages of Assertives in Leaflet 18

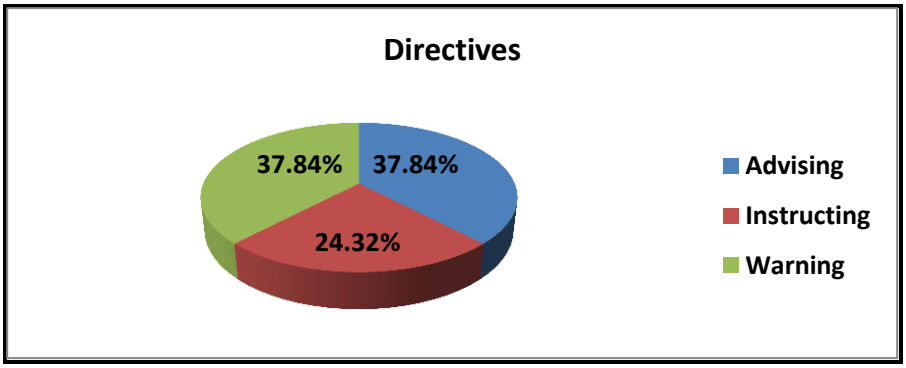

Figure 56: Percentages of Directives in Leaflet 18

4.20 The Pragmatic Analysis of Leaflet (19) entitled Metronidazole

The investigation of this leaflet in tables 37 and 38 proves that there are (86) directive speech acts which form (85 15%), and are distributed on advising that gets (33), (38.37%), warning obtains (31), (36.05%), instructing gains (21), (24.42%), and requesting that is used only (1) time and gets the lowest percentage (1.16%) (see figure 57and 59). By contrast, assertives appear (15) times and form (14.85%) i.e. explaining (8), (53.33%) while informing gains (7), (46.67%) (see figure 58).

Table 37: Speech Acts in Leaflet 19

Speech Acts	NO.	Percentage
Assertives	15	14.85%
Directives	86	85.15%
Total	101	100%

Table 38: Types of Speech Acts in Leaflet 19

Leaflet 19	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	7	46.67%
		Explaining	8	53.33%
	Total		15	100%
2	Directives	Advising	33	38.37%
		Instructing	21	24.42%
		Warning	31	36.05%
		Requesting	1	1.16%
	Total		86	100%

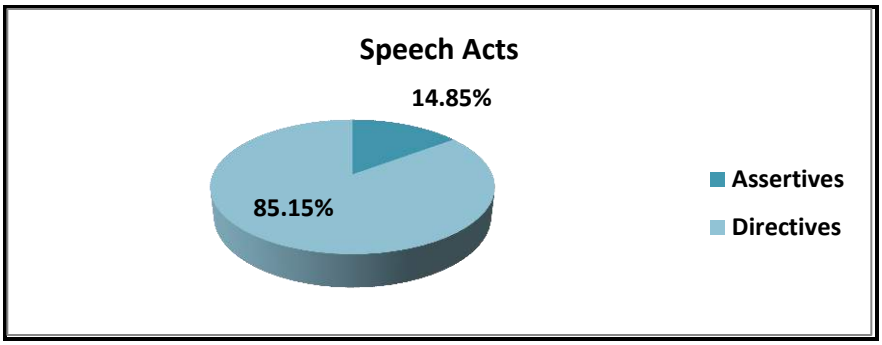

Figure 57: Percentages of Speech Acts in Leaflet 19

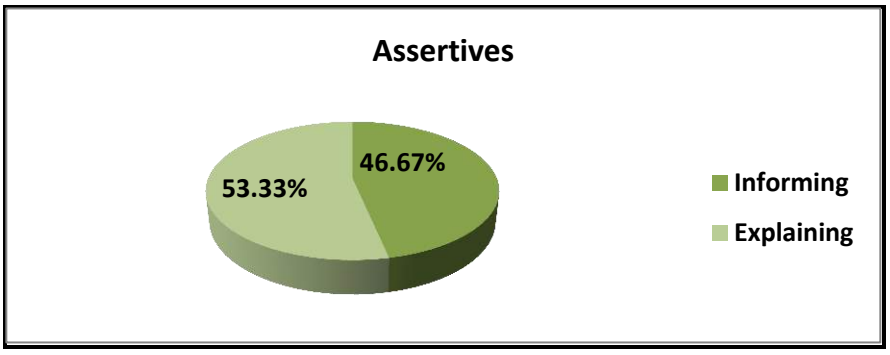

Figure 58: Percentages of Assertives in Leaflet 19

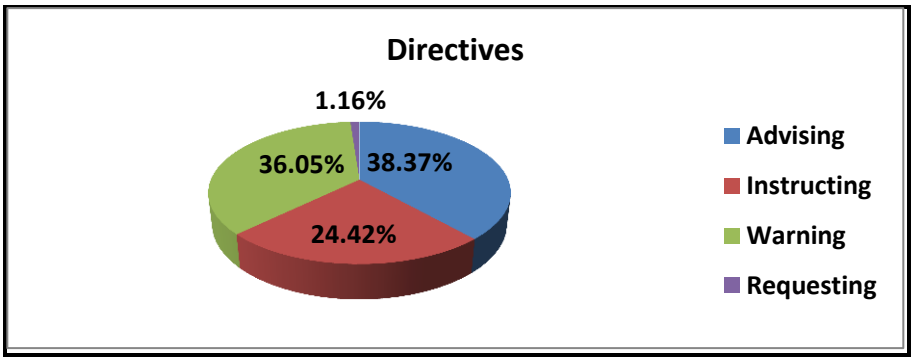

Figure 59: Percentages of Directives in Leaflet 19

4.21 The Pragmatic Analysis of Leaflet (20) entitled Elvaton Forte

As indicated in tables 39 and 40, the dominant speech acts in this medical leaflet are directives (see figure 60). The frequencies are (25), (67.57%) come from (10) warning represents (40.00%) of them, (8) instructing represents (32.00%) of them, and (7) advising represents (28.00%) of the directive speech acts (see figure 62) . On the other hand, assertives constitute (12), (32.43%) come from (10) explaining which represents (83.33%), and (2) informing which represents (16.67%) out of the total number of assertives (see figure 61).

Table 39: Speech Acts in Leaflet 20

Speech Acts	NO.	Percentage
Assertives	12	32.43%
Directives	25	67.57%
Total	37	100%

Table 40: Types of Speech Acts in Leaflet 20

Leaflet 20	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	16.67%
		Explaining	10	83.33%
	Total		12	100%
2	Directives	Advising	7	28.00%
		Instructing	8	32.00%
		Warning	10	40.00%
	Total		25	100%

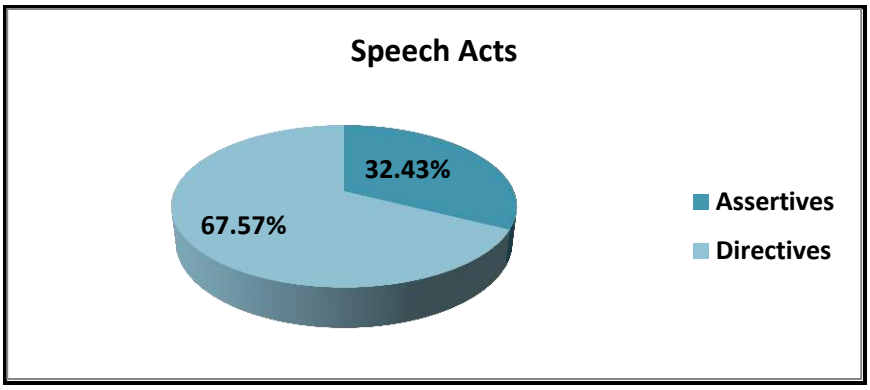

Figure 60: Percentages of Speech Acts in Leaflet 20

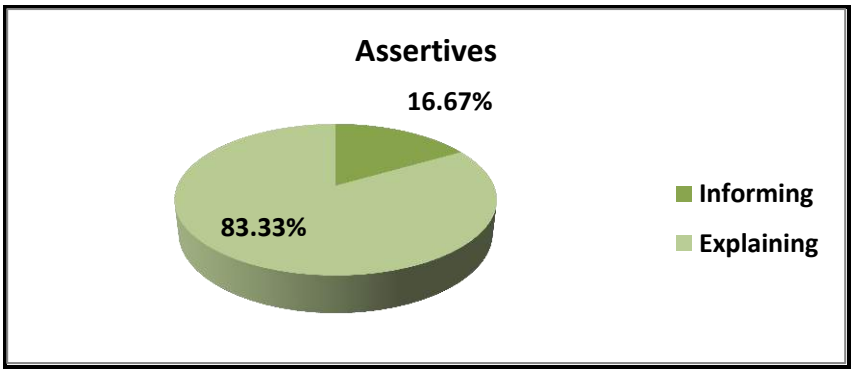

Figure 61: Percentages of Assertives in Leaflet 20

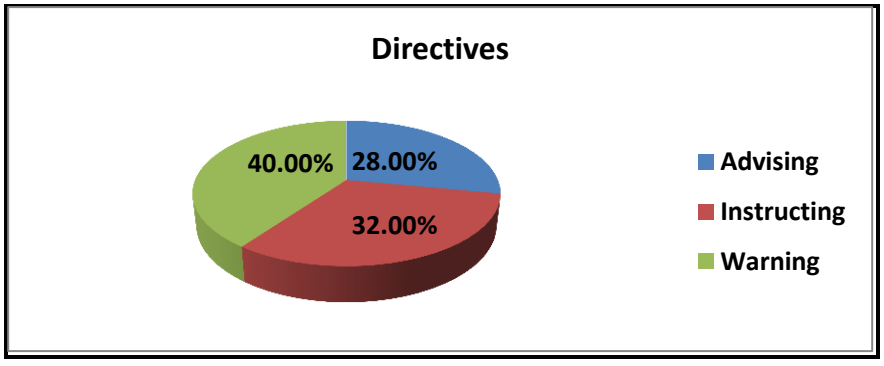

Figure 62: Percentages of Directives in Leaflet 20

4.22 The Pragmatic Analysis of Leaflet (21) entitled Congestal

As shown in tables 41 and 42 the occurrence of directive speech acts is the highest one in this leaflet which gain (39) and form (81.25%) i.e. warning (24), (61.54%), instructing (10), (25.64%), and the lowest one is advising which gets (5), (12.82%) (see figures 63 and 65). On the other hand, assertives are used (9) times and gain (18.75%) i.e. explaining (6), (66.67%), and informing (3), (33.33%) (see figure 64).

Table 41: Speech Acts in Leaflet 21

Speech Acts	NO.	Percentage
Assertives	9	18.75%
Directives	39	81.25%
Total	48	100%

Table 42: Types of Speech Acts in Leaflet 21

Leaflet 21	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	33.33%
		Explaining	6	66.67%
	Total		9	100%
2	Directives	Advising	5	12.82%
		Instructing	10	25.64%
		Warning	24	61.54%
	Total		39	100%

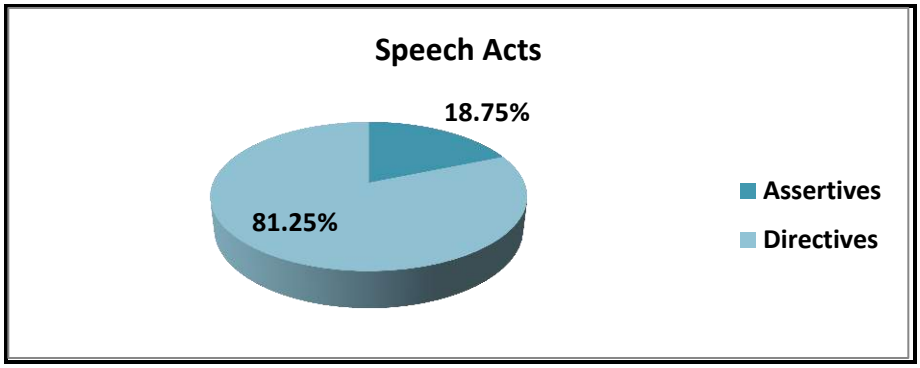

Figure 63: Percentages of Speech Acts in Leaflet 21

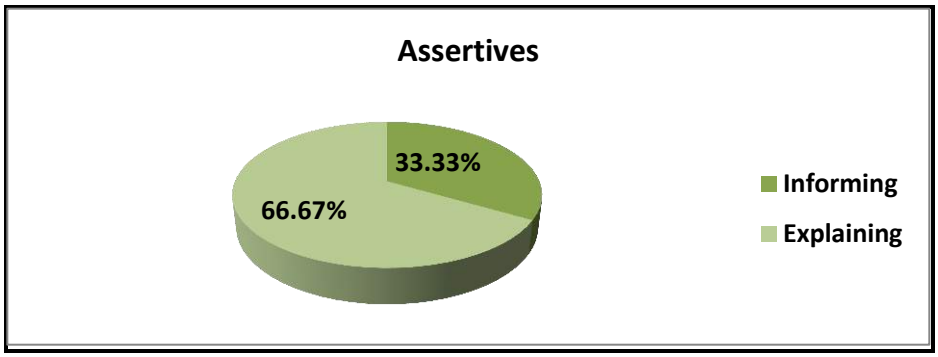

Figure 64: Percentages of Assertives in Leaflet 21

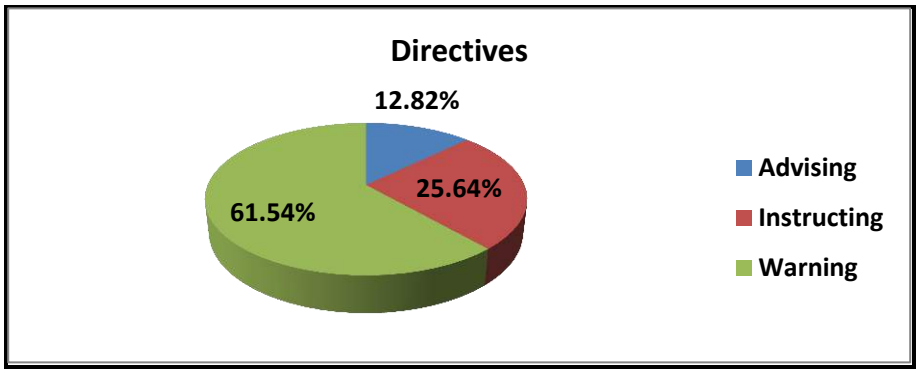

Figure 65: Percentages of Directives in Leaflet 21

4.23 The Pragmatic Analysis of Leaflet (22) entitled Asmafort

Findings in tables 43 and 44 show that directives are used (38) times and gain(77.55%) i.e. warning gets (17),(44.73%), advising obtains (11),(28.95%), and the lowest one is instructing which gains (10), (26.32%) (see figures 66 and 68). As far as assertive speech acts are concerned, they are used (11) times and gain (22.45%) i.e. explaining gets (6), (54.55%), and informing gains (5), (45.45%) (see figure 67).

Table 43: Speech Acts in Leaflet 22

Speech Acts	NO.	Percentage
Assertives	**11**	**22.45%**
Directives	**38**	**77.55%**
Total	**49**	**100%**

Table 44: Types of Speech Acts in Leaflet 22

Leaflet 22	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**5**	**45.45%**
		Explaining	**6**	**54.55%**
	Total		**11**	**100%**
2	**Directives**	**Advising**	**11**	**28.95%**
		Instructing	**10**	**26.32%**
		Warning	**17**	**44.73%**
	Total		**38**	**100%**

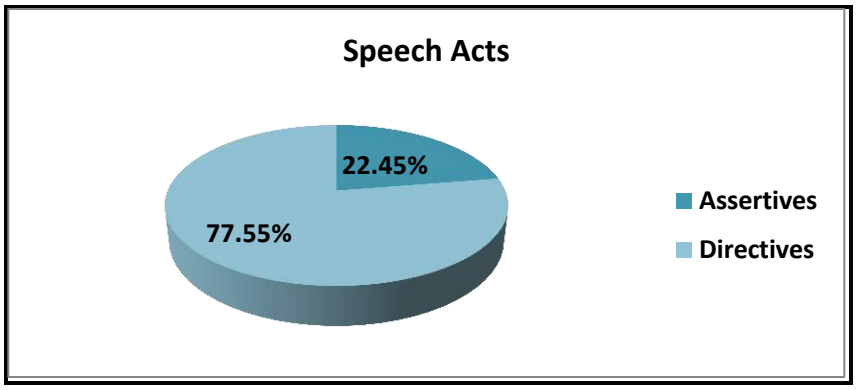

Figure 66: Percentages of Speech Acts in Leaflet 22

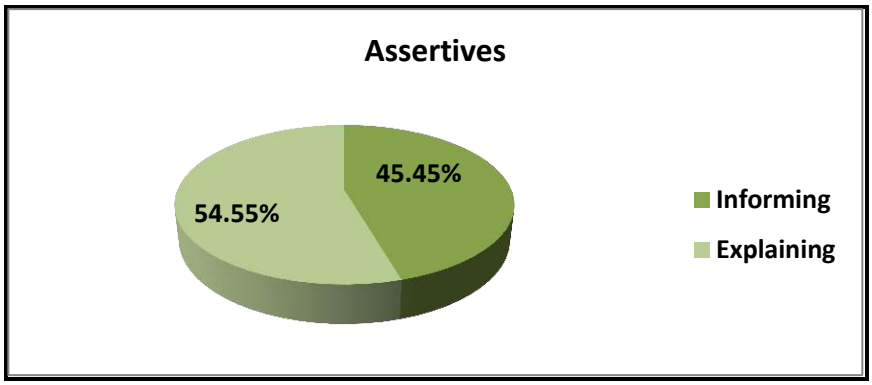

Figure 67: Percentagse of Assertives in Leaflet 22

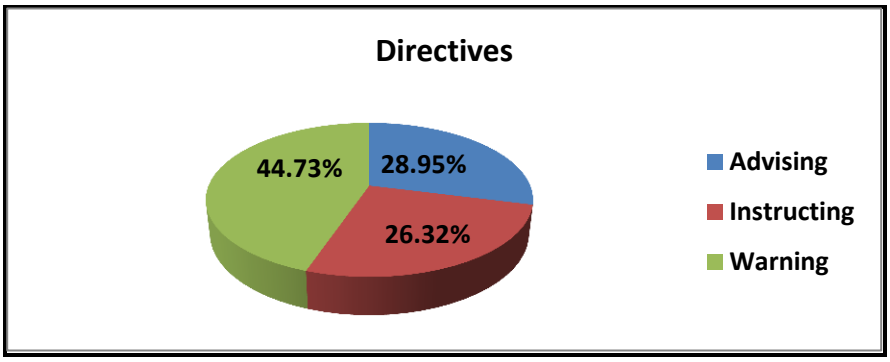

Figure 68: Percentages of Directives in Leaflet 22

4.24 The Pragmatic Analysis of Leaflet (23) entitled Soolan

As shown in tables 45 and 46, directive speech acts are the most dominant one in this leaflet (see figure 69). They are used (40), (81. 63%) i.e. warning (19), (47.50%), instructing (10), (25.00%), advising (9), (22.50%), and requesting is used only (2) times and gains the lowest percentage (5.00%) (see figure 71). On the other hand, there are (9) assertives and form (18.37%) i.e. explaining (5), (55.56%), and informing gains (4), (44.44%) (see figure 70).

Table 45: Speech Acts in Leaflet 23

Speech Acts	NO.	Percentage
Assertives	**9**	**18.37%**
Directives	**40**	**81.63%**
Total	**49**	**100%**

Table 46: Types of Speech Acts in Leaflet 23

Leaflet 23	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**4**	**44.44%**
		Explaining	**5**	**55.56%**
	Total		**9**	**100%**
2	**Directives**	**Advising**	**9**	**22.50%**
		Instructing	**10**	**25.00%**
		Warning	**19**	**47.50%**
		Requesting	**2**	**5.00%**
	Total		**40**	**100%**

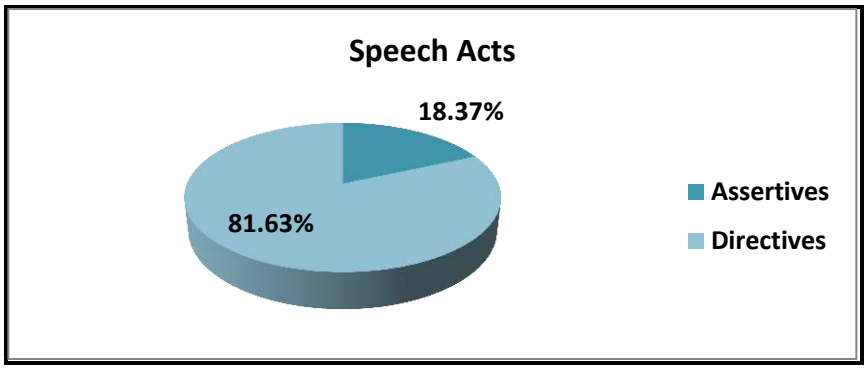

Figure 69: Percentages of Speech Acts in Leaflet 23

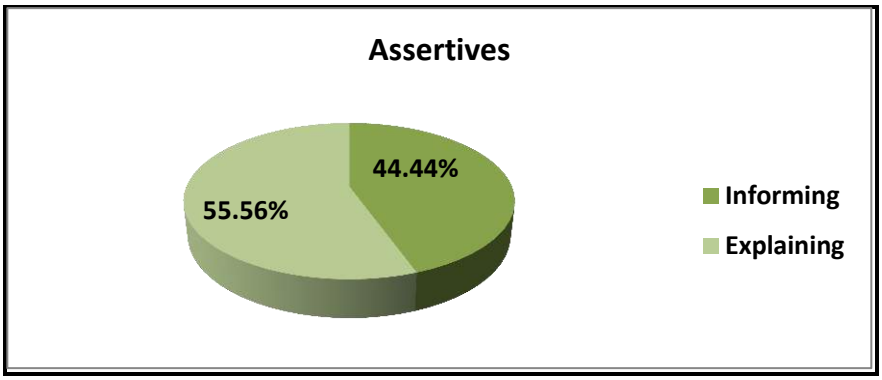

Figure 70: Percentages of Assertives in Leaflet 23

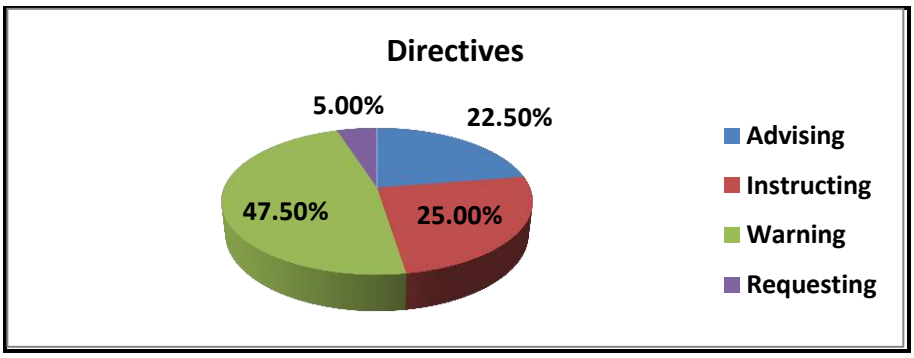

Figure 71: Percentage of Directives in Leaflet 23

4.25 The Pragmatic Analysis of Leaflet (24) entitled Piotrim

As tables 47 and 48 present, there are (49) directives, (81.67%) i.e. warning (19), (38.78%), advising (18), (36.73%), and instructing (12), (24.49%) (see figures 72 and 74). Assertives come in the second place. They are used (11) and gain (18.33%) of the total number of the speech acts in this leaflet (see figure 71) i.e. explaining (6), (54.55%), and informing (5), (45.45%) (see figure 73).

Table 47: Speech Acts in Leaflet 24

Speech Acts	NO.	Percentage
Assertives	**11**	**18.33%**
Directives	**49**	**81.67%**
Total	**60**	**100%**

Table 48: Types of Speech Acts in Leaflet 24

Leaflet 24	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**5**	**45.45%**
		Explaining	**6**	**54.55%**
	Total		**11**	**100%**
2	**Directives**	**Advising**	**18**	**36.73%**
		Instructing	**12**	**24.49%**
		Warning	**19**	**38.78%**
	Total		**49**	**100%**

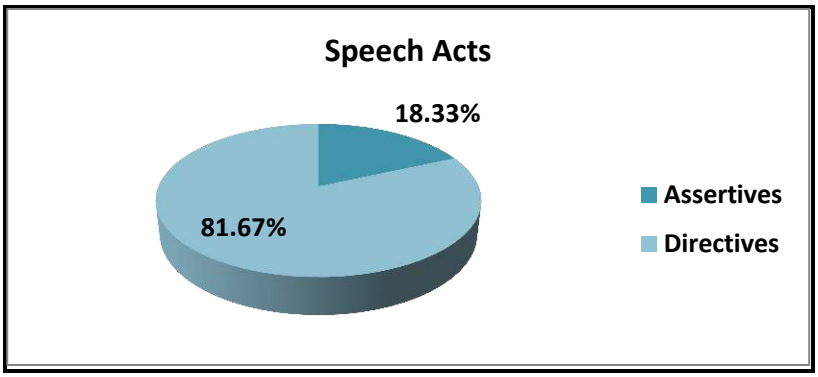

Figure 72: Percentages of Speech Acts in Leaflet 24

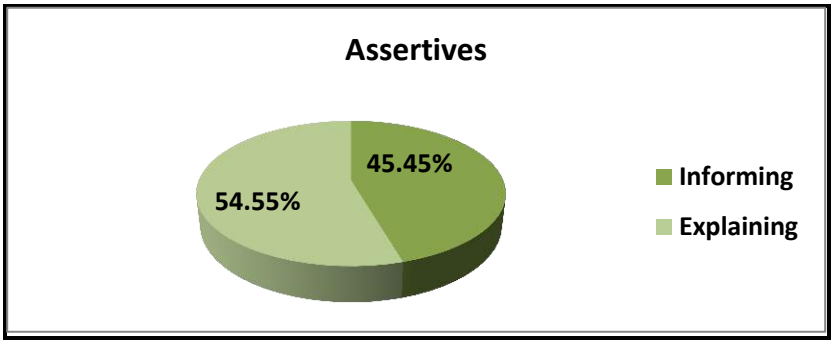

Figure 73: Percentages of Assertives in Leaflet 24

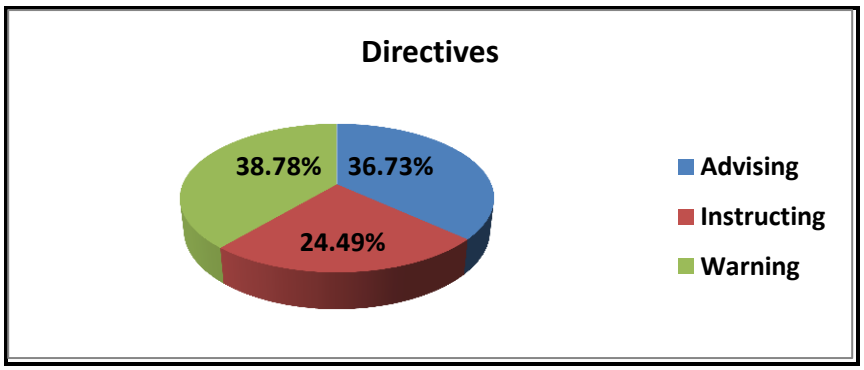

Figure 74: Percentages of Directives in Leaflet 24

4.26 The Pragmatic Analysis of Leaflet (25) entitled Fucine

Tables 49 and 50 display that there are (34) directives, (77.27%) i.e. warning (16), (47.06%) while advising and instructing both are used (9) times and each one comprises (26.47%) of the total number of directives (see figure 75 and 77). Then assertives come in the second place which gain (10), and form (22.73%) (see figure 73) i.e. explaining (7), (70.00%), and informing (3), (30.00%) (see figure 76).

Table 49: Speech Acts in Leaflet 25

Speech Acts	NO.	Percentage
Assertives	10	22.73%
Directives	34	77.27%
Total	44	100%

Table 50: Types of Speech Acts in Leaflet 25

Leaflet 25	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	30.00%
		Explaining	7	70.00%
	Total		10	100%
2	Directives	Advising	9	26.47%
		Instructing	9	26.47%
		Warning	16	47.06%
	Total		34	100%

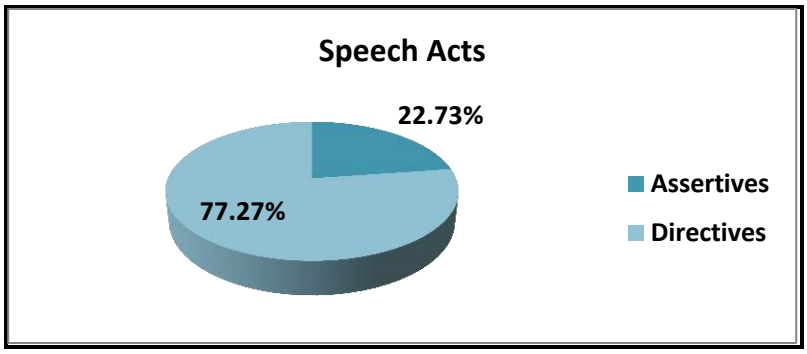

Figure 75: Percentages of Speech Acts in Leaflet 25

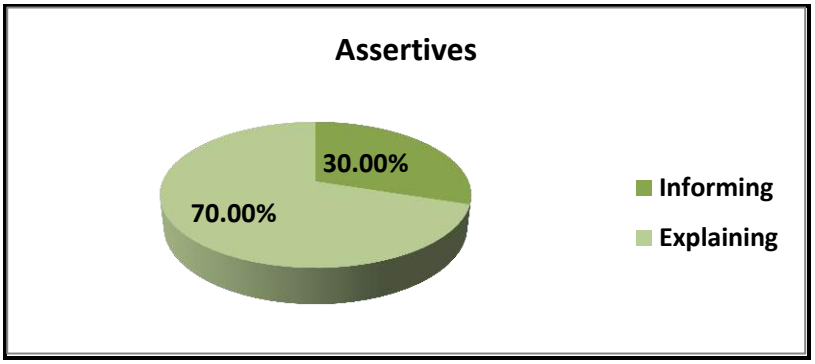

Figure 76: Percentages of Assertives in Leaflet 25

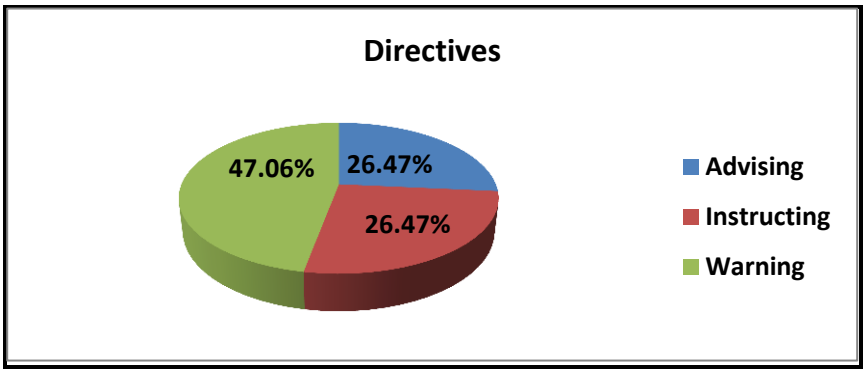

Figure 77: Percentages of Directives in Leaflet 25

4.27 The Pragmatic Analysis of Leaflet (26) entitled Optilone

As can be seen, tables 51 and 52 illustrate that directive and assertive speech acts are used in this leaflet as the above leaflets (see figure 78). The highest share of directives is (33),(80.49%) which is respectively distributed on warning (16), (48.48%), advising (9), (27.28%), and instructing (8), (24.24%) (see figure 80). While the total occurrence of assertives is (8), (19.51%) i.e. explaining (5), (62.50%), and informing (3), (37.50%) (see figure 79).

Table 51: Speech Acts in Leaflet 26

Speech Acts	NO.	Percentage
Assertives	**8**	**19.51%**
Directives	**33**	**80.49%**
Total	**41**	**100%**

Table 52: Types of Speech Acts in Leaflet 26

Leaflet 26	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**3**	**37.50%**
		Explaining	**5**	**62.50%**
	Total		**8**	**100%**
2	**Directives**	**Advising**	**9**	**27.28%**
		Instructing	**8**	**24.24%**
		Warning	**16**	**48.48%**
	Total		**33**	**100%**

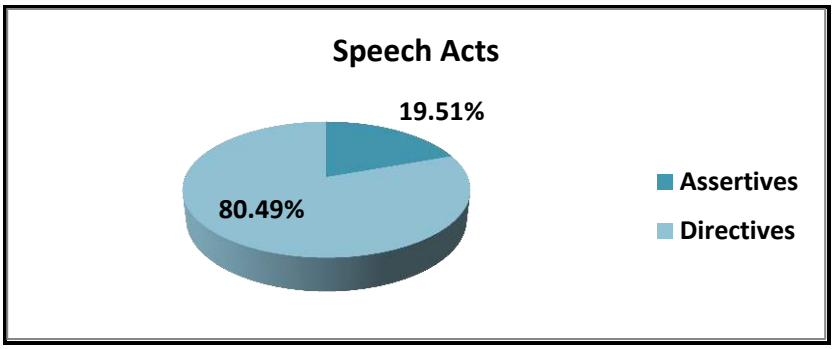

Figure 78: Percentages of Speech Acts in Leaflet 26

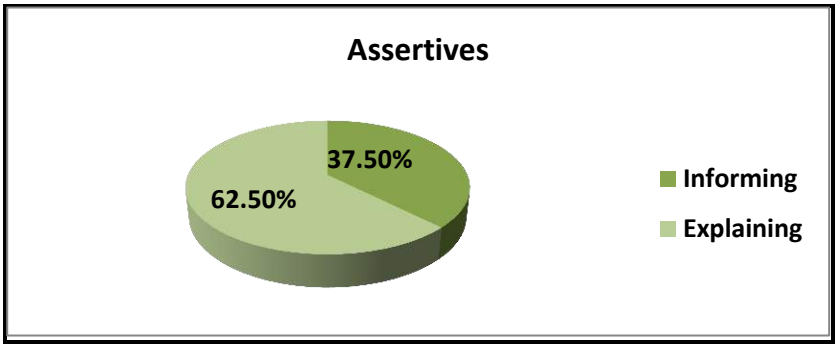

Figure 79: Percentages of Assertives in Leaflet 26

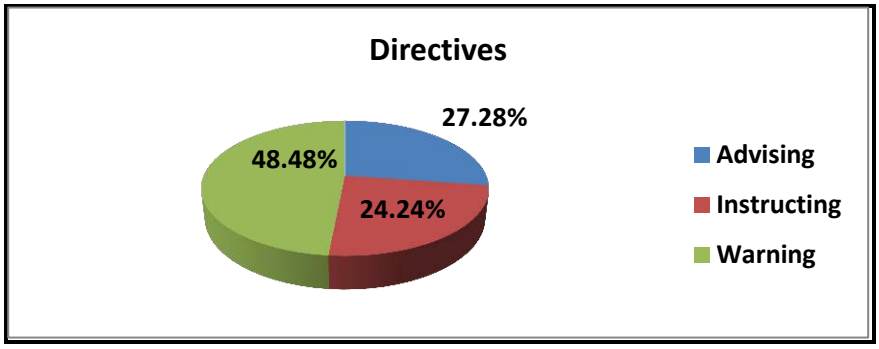

Figure 80: Percentages of Directives in Leaflet 2

4.28 The Pragmatic Analysis of Leaflet (27) entitled Ponamec

Findings in tables 53 and 54 show that directive speech acts obtain (28), (63.64%) which are the most frequent ones in this leaflet (see figure 81) i.e. warning (13), (46.43%), advising (10), (35.71%), and instructing (5), (17.86%) (see figure 83). By contrast, assertives gain the lowest share in this leaflet (16), (36.36%) which are distributed on explaining (7), (43.75%), stating (6), (37.50%), and informing (3), (18.75%) (see figure 82).

Table 53: Speech Acts in Leaflet 27

Speech Acts	NO.	Percentage
Assertives	16	36.36%
Directives	28	63.64%
Total	44	100%

Table 54: Types of Speech Acts in Leaflet 27

Leaflet 27	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	18.75%
		Stating	6	37.50%
		Explaining	7	43.75%
	Total		16	100%
2	Directives	Advising	10	35.71%
		Instructing	5	17.86%
		Warning	13	46.43%
	Total		28	100%

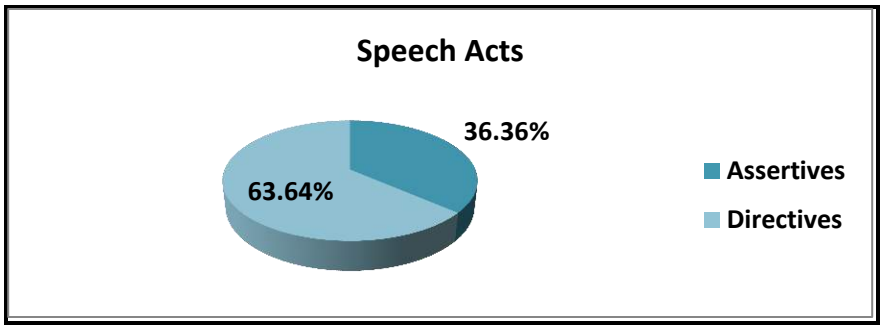

Figure 81: Percentages of Speech Acts in Leaflet 27

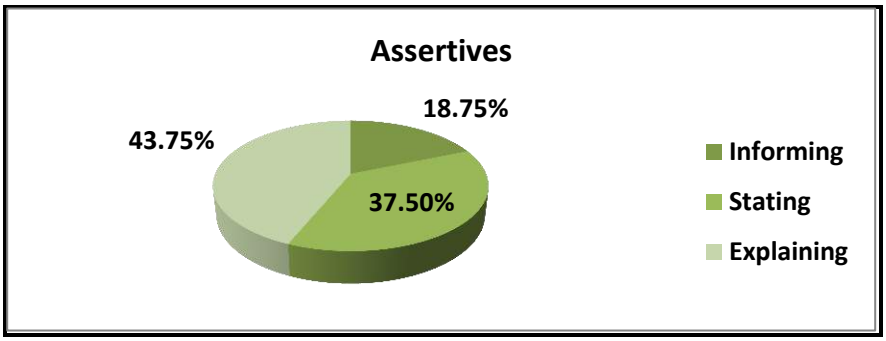

Figure 82: Percentages of Assertives in Leaflet 27

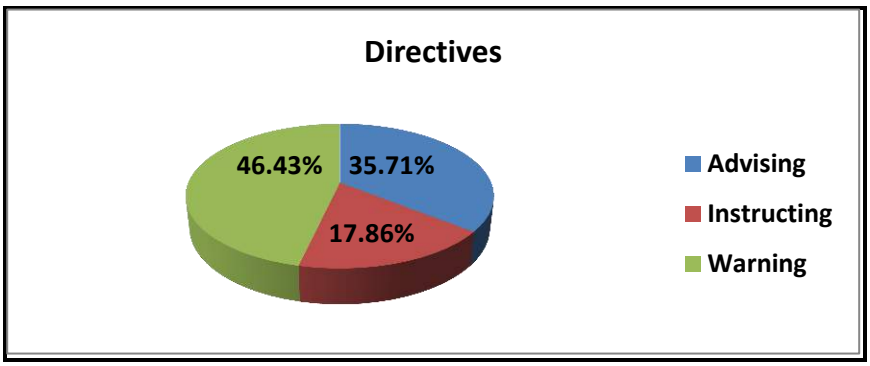

Figure 83: Percentages of Directives in Leaflet 27

4.29 The Pragmatic Analysis of Leaflet (28) entitled Piodal

Tables 55 and 56 show that directive speech acts get (34), (82.93%) and their illocutionary acts are warning (15), (44.12%), advising (12), (35.29%), and instructing (7), (20.59%) (see figures 84 and 86). By contrast, assertives gain (7) and form (17.07%) of the total number of speech acts in this leaflet i.e. explaining (4). (57.14%), and informing (3), (42.86%) (see figure 85).

Table 55: Speech Acts in Leaflet 28

Speech Acts	NO.	Percentage
Assertives	7	17.07%
Directives	34	82.93%
Total	41	100%

Table 56: Types of Speech Acts in Leaflet 28

Leaflet 28	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	42.86%
		Explaining	4	57.14%
	Total		7	100%
2	Directives	Advising	12	35.29%
		Instructing	7	20.59%
		Warning	15	44.12%
	Total		34	100%

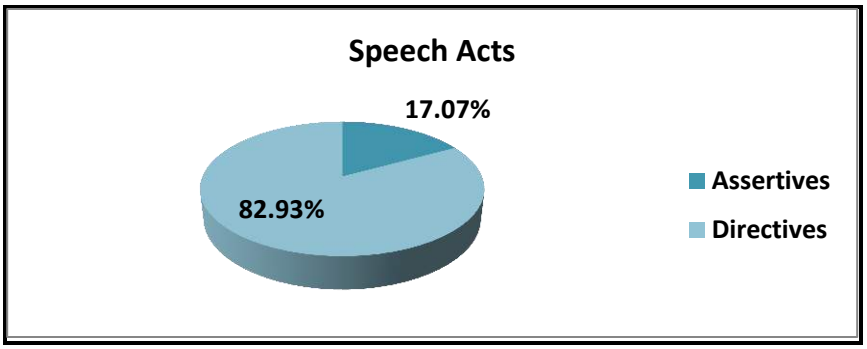

Figure 84: Percentages of Speech Acts in Leaflet 28

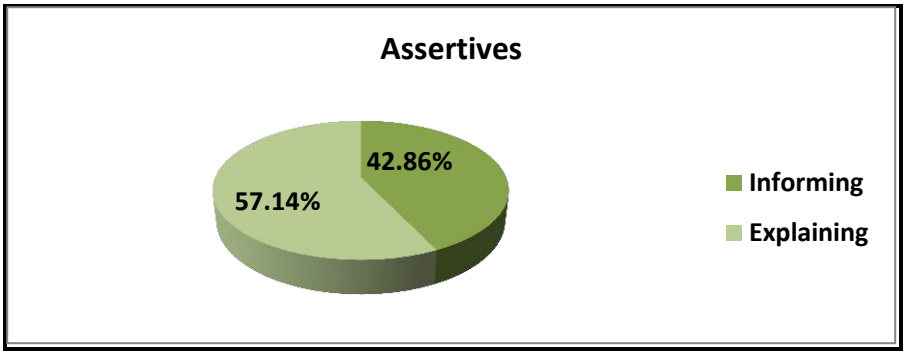

Figure 85: Percentages of Assertives in Leaflet 28

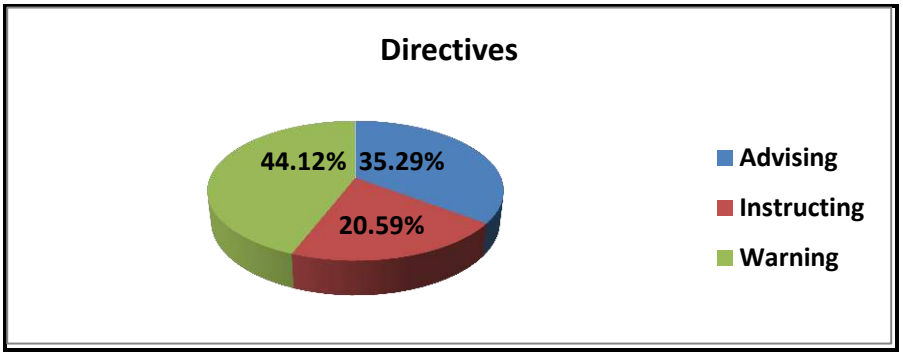

Figure 86: Percentages of Directives in Leaflet 28

4.30 The Pragmatic Analysis of Leaflet (29) entitled Bioflex

It is evident from tables 57 and 58 that the distribution of speech acts is not equal in this leaflet (see figure 87). Directive speech acts occur (18) times, constituting (66.67%) of the total number of speech acts i.e. advising (8), (44.44%), instructing (6), (33.34%), and warning (4), (22.22%) (see figure 89). Assertives, on the other hand, occur (9) times, comprising (22.22%) i.e. explaining (6), (66.67%), and informing (3), (33.33%) (see figure 88).

Table 57: Speech Acts in Leaflet 29

Speech Acts	NO.	Percentage
Assertives	9	33.33%
Directives	18	66.67%
Total	27	100%

Table 58: Types of Speech Acts in Leaflet 29

Leaflet 29	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	33.33%
		Explaining	6	66.67%
	Total		9	100%
2	Directives	Advising	8	44.44%
		Instructing	6	33.34%
		Warning	4	22.22%
	Total		18	100%

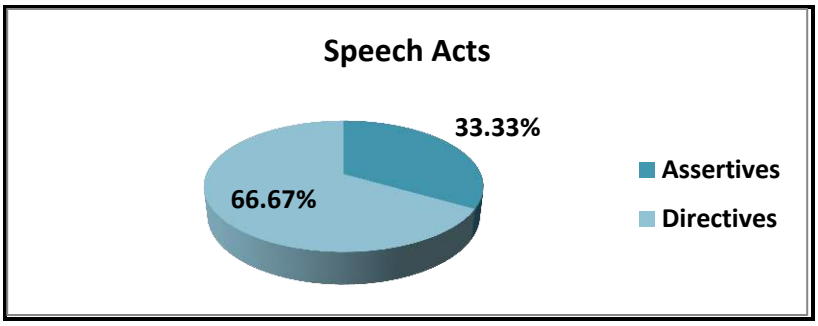

Figure 87: Percentages of Speech Acts in Leaflet 29

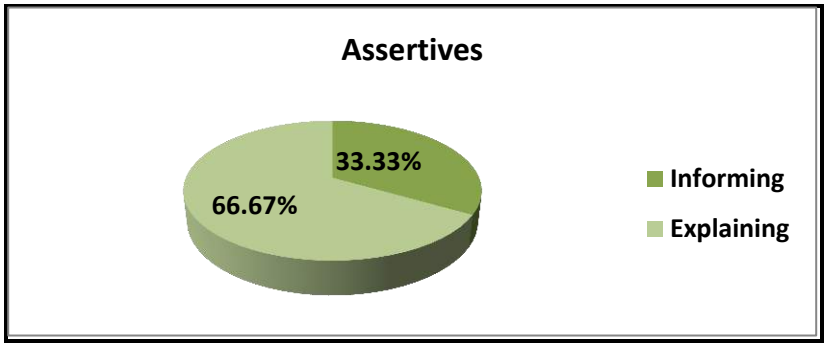

Figure 88: Percentages of Assertives in Leaflet 29

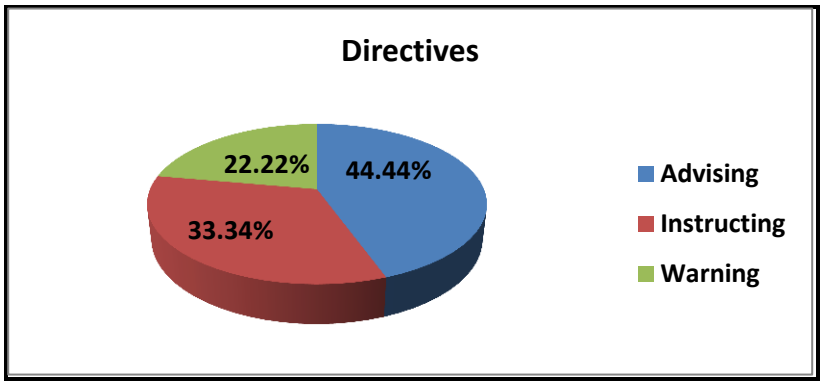

Figure 89: Percentages of Directives in Leaflet 29

4.31 The Pragmatic Analysis of Leaflet (30) entitled Paradol

The data presented in tables 59 and 60 show that directives are the most dominant speech acts in this leaflet which gain (51), (83. 61%) i.e. warning (26), (50.98%), instructing (15), (29.41%), and advising (10), (19.61%) (see figures 90 and 92). As far as assertive speech acts are concerned, they show the lowest share (10), (16.39%) which are distributed on explaining (6), (60.00%), and informing (4), (40.00%) (see figure 91).

Table 59: Speech Acts in Leaflet 30

Speech Acts	NO.	Percentage
Assertives	10	16.39%
Directives	51	83.61%
Total	61	100%

Table 60: Types of Speech Acts in Leaflet 30

Leaflet No.1	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	40.00%
		Explaining	6	60.00%
	Total		10	100%
2	Directives	Advising	10	19.61%
		Instructing	15	29.41%
		Warning	26	50.98%
	Total		51	100%

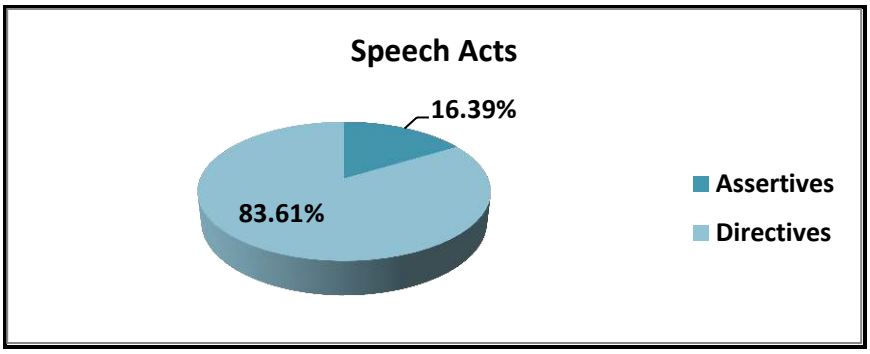

Figure 90: Percentages of Speech Acts in Leaflet 30

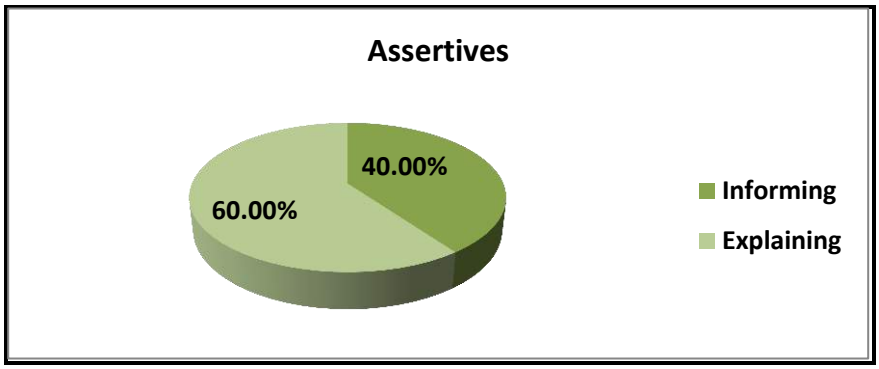

Figure 91: Percentages of Assertives in Leaflet 30

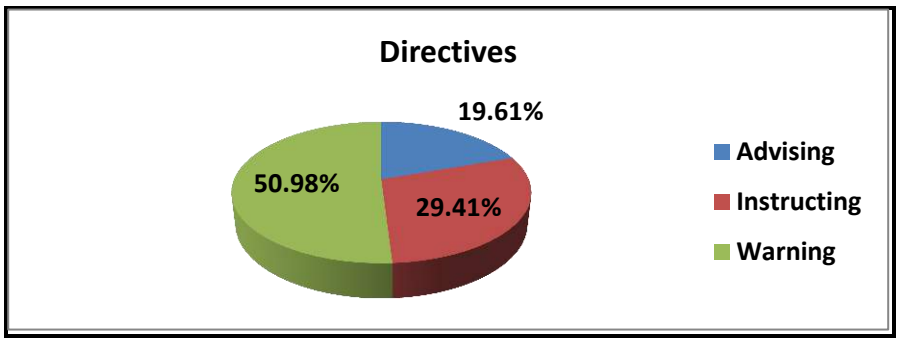

Figure 92: Percentages of Directives in Leaflet 30

4.32 The Pragmatic Analysis of Leaflet (31) entitled Tullin-D

Tables 61 and 62 clearly show that directive speech acts are the most frequent in this leaflet, occurring (25) and constituting (80.65%) i.e. warning (14) (56.00%), instructing (6), (24.00%), and advising (5), (20.00%) (see figures 93 and 95). While the number of assertive speech acts is a mere (6), representing just (19.35%) of the total number of speech acts i.e. informing and explaining both are used (3) times and gain (50%) (see figure 94).

Table 61: Speech Acts in Leaflet 31

Speech Acts	NO.	Percentage
Assertives	6	19.35%
Directives	25	80.65%
Total	31	100%

Table 62: Types of Speech Acts in Leaflet 31

Leaflet 31	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	50.00%
		Explaining	3	50.00%
	Total		6	100%
2	Directives	Advising	5	20.00%
		Instructing	6	24.00%
		Warning	14	56.00%
	Total		25	100%

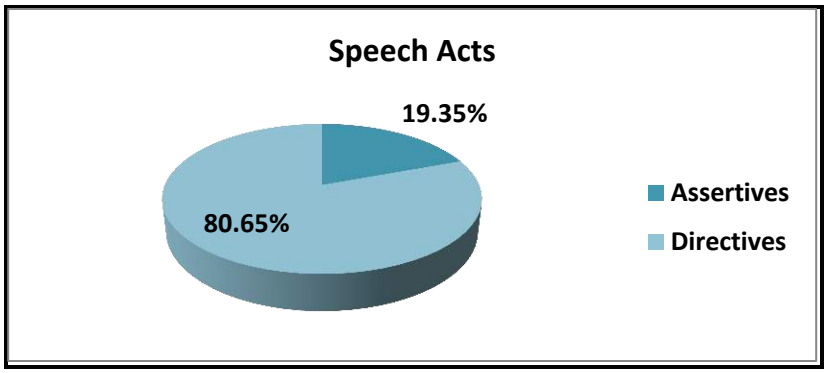

Figure 93: Percentages of Speech Acts in Leaflet 31

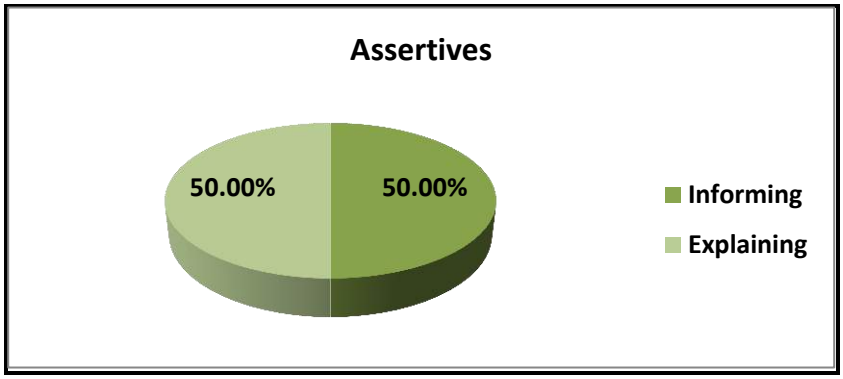

Figure 94: Percentages of Assertives in Leaflet 31

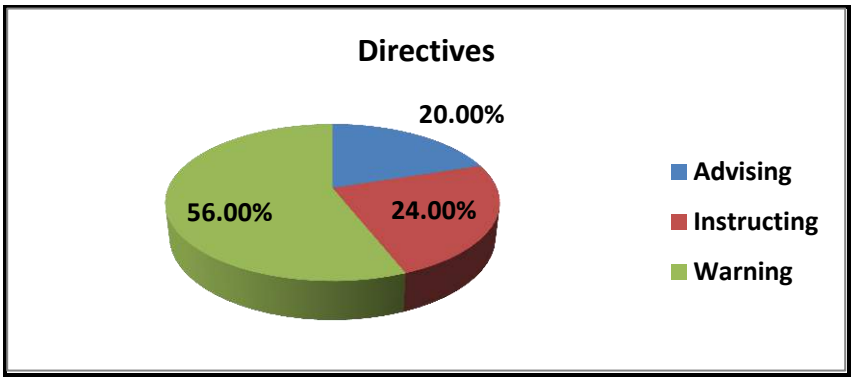

Figure 95: Percentages of Directives in Leaflet 31

4.33 The Pragmatic Analysis of Leaflet (32) entitled Phenadone

Tables 63 and 64 illustrate that directives and assertives are the only speech acts used in this leaflet as the above leaflets (see figure 96). The highest share of directives is (26),(72.22%) which is respectively distributed on warning (10), (38.46%), instructing (9), (34.62%), and advising (7), (26.92%) (see figure 98). While the total occurrence of assertives is (10), (27.78%) i.e. explaining (8), (80.00%), and informing (2), (20.00%) (see figure 97).

Table 63: Speech Acts in Leaflet 32

Speech Acts	NO.	Percentage
Assertives	**10**	**27.78%**
Directives	**26**	**72.22%**
Total	**36**	**100%**

Table 64: Types of Speech Acts in Leaflet 32

Leaflet 32	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**2**	**20.00%**
		Explaining	**8**	**80.00%**
	Total		**10**	**100%**
2	**Directives**	**Advising**	**7**	**26.92%**
		Instructing	**9**	**34.62%**
		Warning	**10**	**38.46%**
	Total		**26**	**100%**

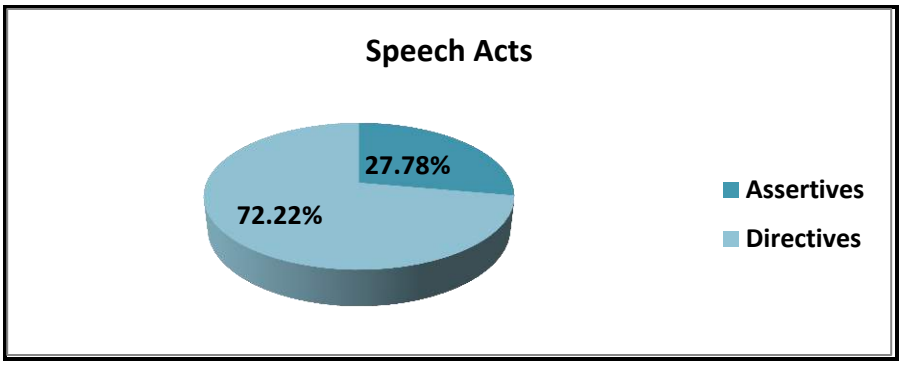

Figure 96: Percentages of Speech Acts in Leaflet 32

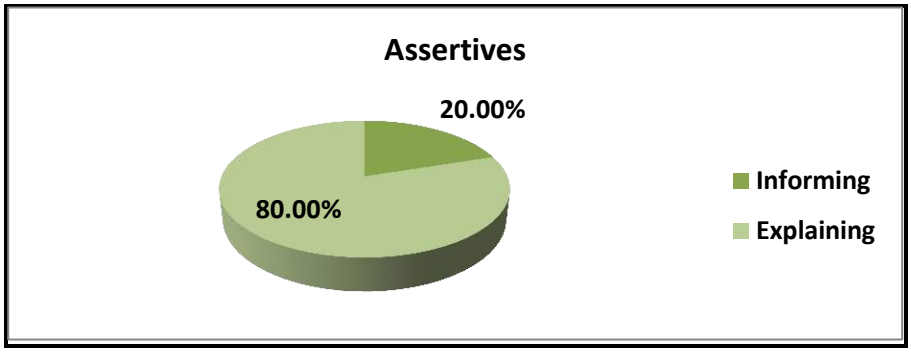

Figure 97: Percentages of Assertives in Leaflet 32

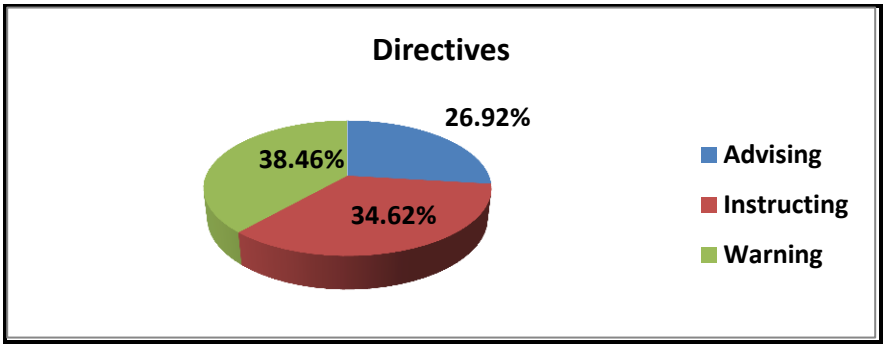

Figure 98: Percentages of Directives in Leaflet 32

4.34 The Pragmatic Analysis of Leaflet (33) entitled Feroglobin

Tables 65 and 66 show that directives are the most dominant speech acts in this leaflet which gain (30), (78.95%) i.e. warning (11), (36.67%), instructing (6), (20.00%), advising gains the highest share of directive speech acts (12), (40.00%), and requesting obtains only (1) which forms (3.33%) of the total percentage of directives in this leaflet (see figures 99 and 101). As far as assertive speech acts are concerned, they show the lowest share (8), (21.05%) which are distributed on explaining (6), (75.00%), and informing gets only (2), (25.00%) (see figure 100).

Table 65: Speech Acts in Leaflet 33

Speech Acts	NO.	Percentage
Assertives	8	21.05%
Directives	30	78.95%
Total	38	100%

Table 66: Types of Speech Acts in Leaflet 33

Leaflet 33	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	25.00%
		Explaining	6	75.00%
	Total		8	100%
2	Directives	Advising	12	40.00%
		Instructing	6	20.00%
		Warning	11	36.67%
		Requesting	1	3.33%
	Total		30	100%

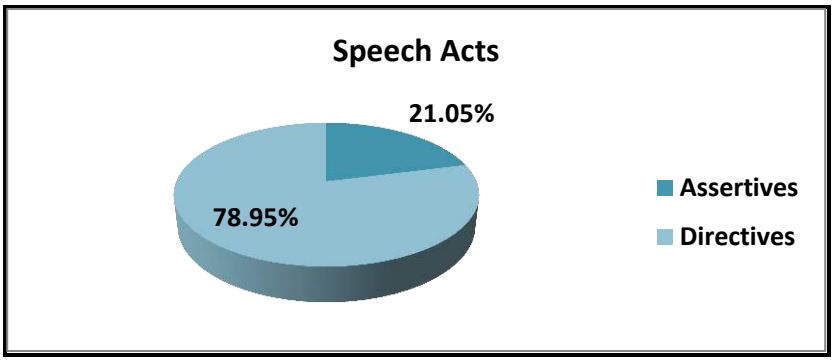

Figure 99: Percentages of Speech Acts in Leaflet 33

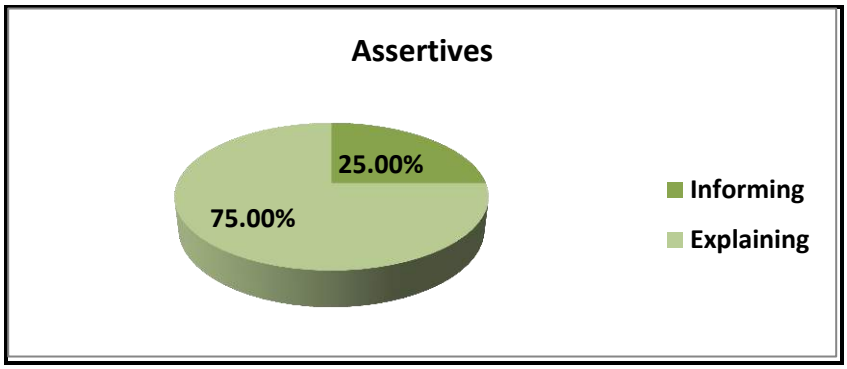

Figure 100: Percentages of Assertives in Leaflet 33

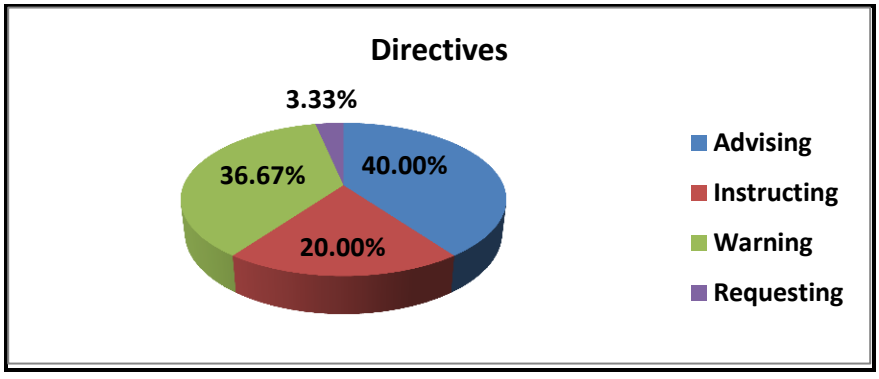

Figure 101: Percentages of Directives in Leaflet 33

4.35 The Pragmatic Analysis of Leaflet (34) entitled Omega 3

Tables 67 and 68 show that there are (20) directives, (64.52%) i.e. instructing (6), (30.00%) while advising and warning both are used (7) times and each one comprises (35.00%) of the total number of directives (see figures 102 and 104). Then assertives come in the second place which gain (10), and form (35.48%) (see figure 101) i.e. explaining (7), (63.64%), and informing (4), (36.36%) (see figure 103).

Table 67: Speech Acts in Leaflet 34

Speech Acts	NO.	Percentage
Assertives	11	35.48%
Directives	20	64.52%
Total	31	100%

Table 68: Types of Speech Acts in Leaflet 34

Leaflet 34	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	36.36%
		Explaining	7	63.64%
	Total		11	100%
2	Directives	Advising	7	35.00%
		Instructing	6	30.00%
		Warning	7	35.00%
	Total		20	100%

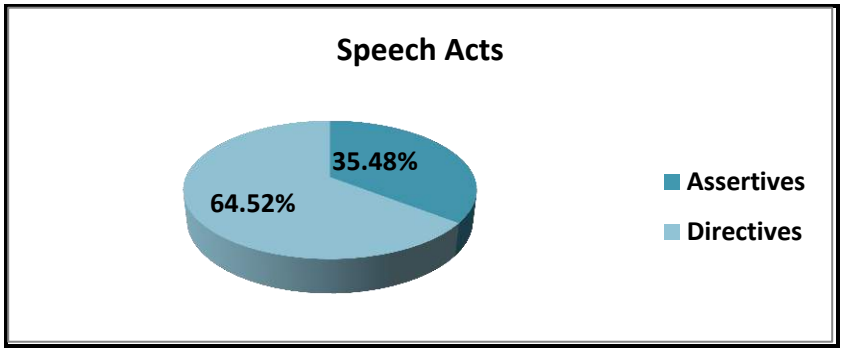

Figure 102: Percentages of Speech Acts in Leaflet 34

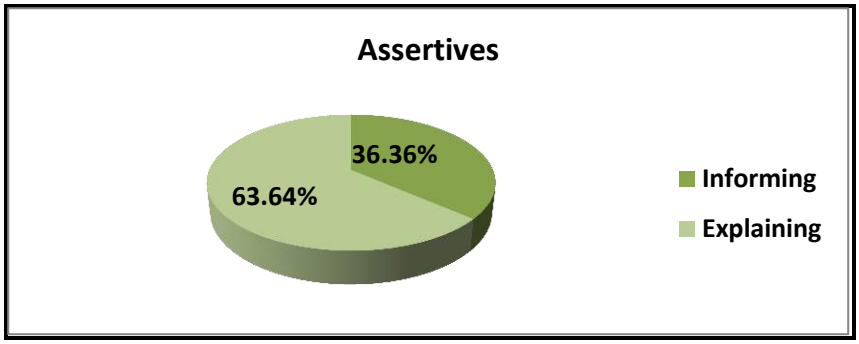

Figure 103: Percentages of Assertives in Leaflet 34

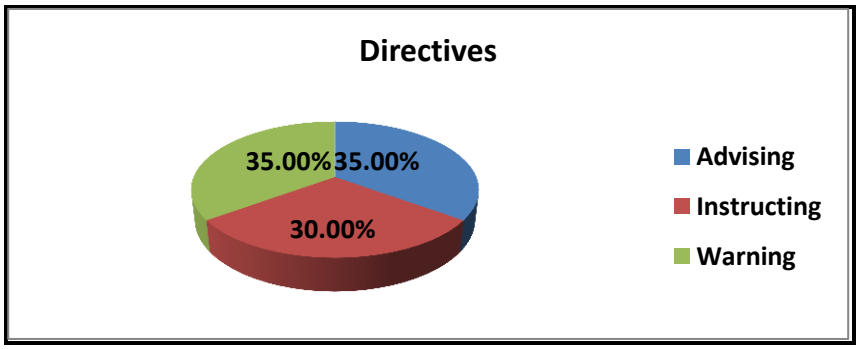

Figure 104: Percentages of Directives in Leaflet 34

4.36 The Pragmatic Analysis of Leaflet (35) entitled Kanagesic Kanawati

Tables 69 and 70 clearly show that directive speech acts are the most frequent in this leaflet, occurring (29) and constituting (78.38%) i.e. warning (11) (37.93%), instructing (6), (20.69%), and advising (12), (41.38%) (see figures 105 and107). While the number of assertive speech acts is (8), representing just (21.62%) of the total number of speech acts i.e. informing (2), (25.00%), and explaining is used (2) times and gain (25.00%) (see figure 106).

Table 69: Speech Acts in Leaflet 35

Speech Acts	NO.	Percentage
Assertives	8	21.62%
Directives	29	78.38%
Total	37	100%

Table 70: Types of Speech Acts in Leaflet 35

Leaflet 35	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	25.00%
		Explaining	6	75.00%
	Total		8	100%
2	Directives	Advising	12	41.38%
		Instructing	6	20.69%
		Warning	11	37.93%
	Total		29	100%

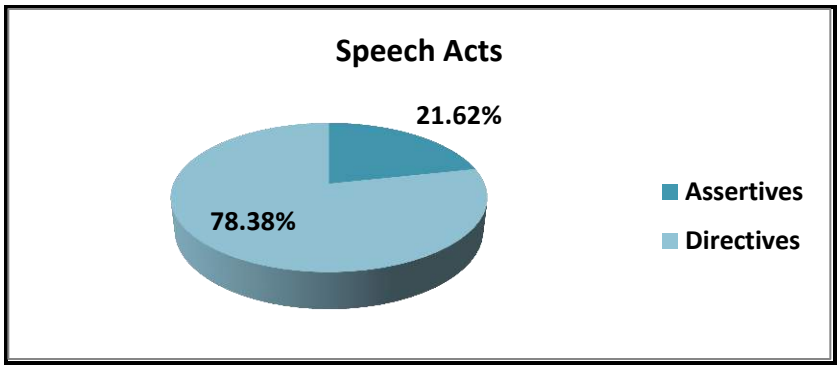

Figure 105: Percentages of Speech Acts in Leaflet 35

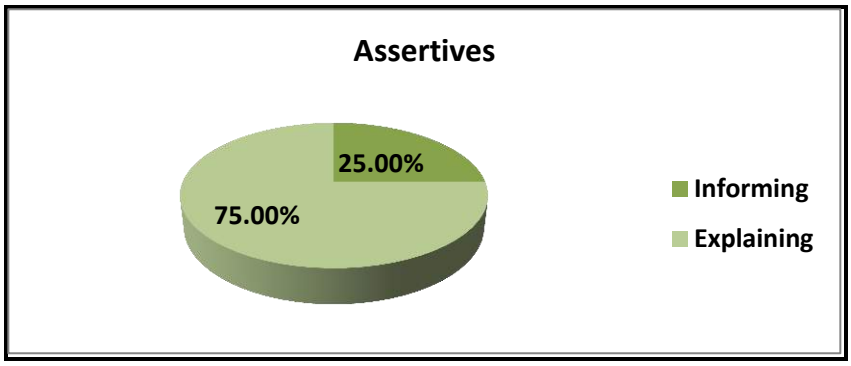

Figure 106: Percentages of Assertives in Leaflet 35

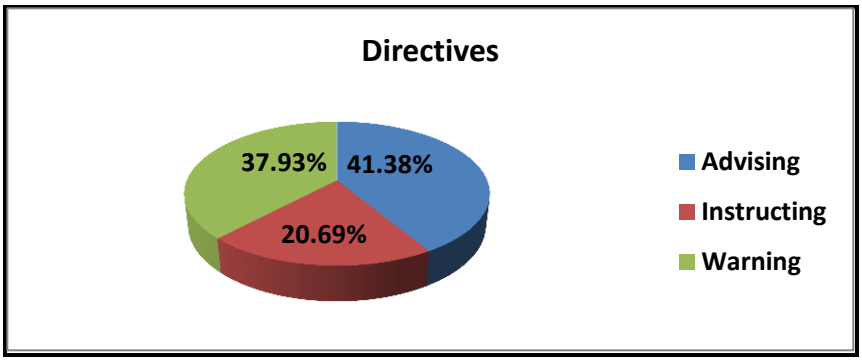

Figure 107: Percentages of Directives in Leaflet 35

4.37 The Pragmatic Analysis of Leaflet (36) entitled Apidone

The analysis in tables 71 and 72 reveals that directive speech acts are most frequently used in this leaflet and gain (26) which form (68.42%) of the total percentage of speech acts i.e. advising (8), (30.76%) while warning and instructing both are used (9) times and gain (34.62%) for each one of them (see figures 108 and 110). While assertivs account for only (12), (31.58%) out of the whole speech acts in this leaflet, and are distributed on explaining (10), (83.33%) while informing and stating both are used (2) times and gain (14%) for each one of them (see figure 109).

Table 71: Speech Acts in Leaflet 36

Speech Acts	NO.	Percentage
Assertives	**12**	**31.58%**
Directives	**26**	**68.42%**
Total	**38**	**100%**

Table 72: Types of Speech Acts in Leaflet 36

Leaflet 36	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	14%
		Explaining	10	72%
		Stating	2	14%
	Total		12	100.00%
2	Directives	Advising	8	30.76%
		Instructing	9	34.62%
		Warning	9	34.62%
	Total		26	100%

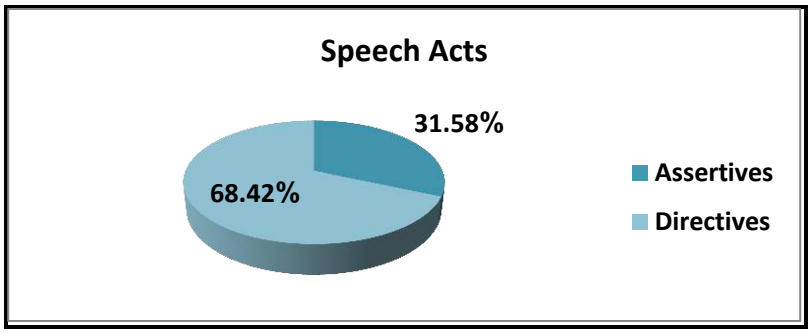

Figure 108: Percentages of Speech Acts in Leaflet 36

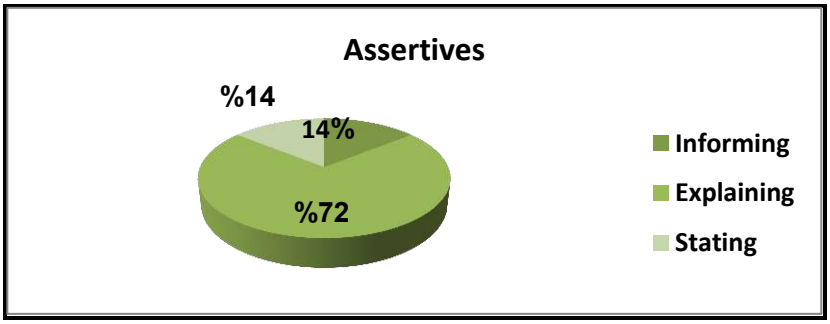

Figure 109: Percentages of Assertives in Leaflet 36

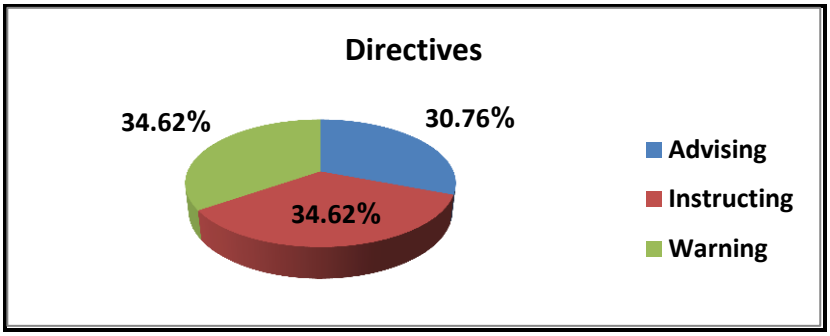

Figure 110: Percentages of Directives in Leaflet 36

4.38 The Pragmatic Analysis of Leaflet (37) entitled Mebo

Tables 73 and 74 clarify that the highest share of speech acts is allotted to directives which obtain (41), (66.00%) are distributed on advising (13), (32.00%), instructing (16), (39.00%), warning (11), (27.00%), and requesting which is used only (1) time and gain (2.00%) (see figures 111 and 113). On the other hand, there are (21) assertives which comprise (34.00%) of the total percentage of speech acts in this leaflet i.e. informing (5), (24.00%), explaining (6), (28.00%), and stating which show remarkably the highest share of assertive speech acts in this leaflet (10), (48.00%) (see figure112).

Table 73: Speech Acts in Leaflet 37

Speech Acts	NO.	Percentage
Assertives	**21**	**34.00%**
Directives	**41**	**66.00%**
Total	**52**	**100%**

Table 74: Types of Speech Acts in Leaflet 37

Leaflet 37	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	24.00%
		Explaining	6	28.00%
		Stating	10	48.00%
	Total		21	100.00%
2	Directives	Advising	13	32.00%
		Instructing	16	39.00%
		Warning	11	27.00%
		Requesting	1	2.00%
	Total		41	100%

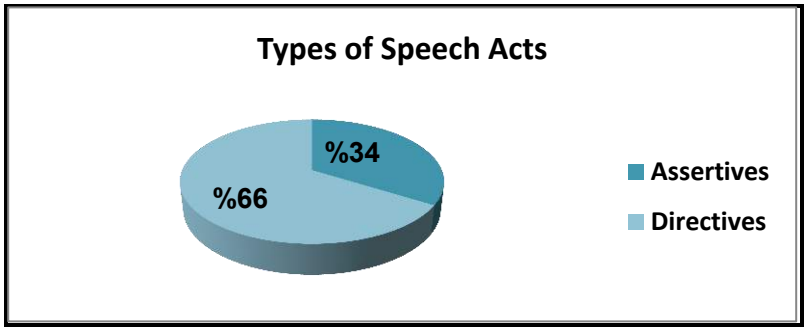

Figure 111: Percentages of Speech Acts in Leaflet 37

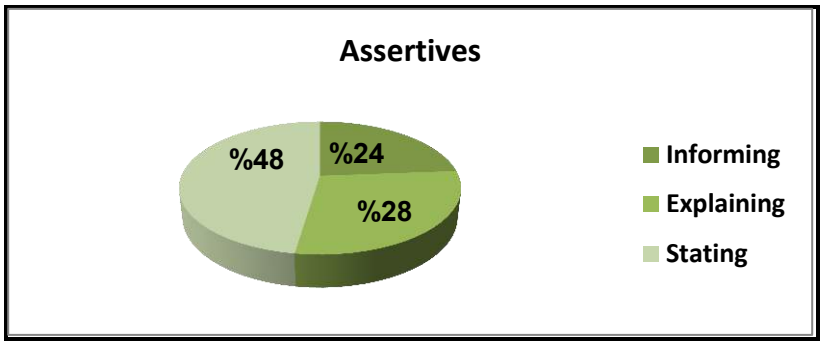

Figure 112: Percentages of Assertives in Leaflet 37

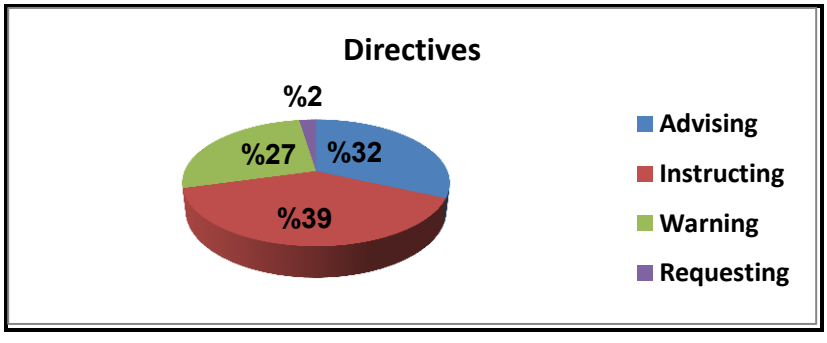

Figure 113: Percentages of Directives in Leaflet 37

4.39 The Pragmatic Analysis of Leaflet (38) entitled Bruzolin

Tables 75 and 76 display that directive speech acts are the most frequent in this leaflet, occurring (50) and constituting (81.97%) i.e. warning (19) (38.00%), instructing (15), (30.00%), and advising (16), (32.00%) (see figures 114 and 116). While the number of assertive speech acts is (11), representing just (18.03%) of the total number of speech acts i.e. explaining (6), (54.55%), and informing is used (5) times and gain (45.45%) (see figure 115).

Table 75: Speech Acts in Leaflet 38

Speech Acts	NO.	Percentage
Assertives	**11**	**18.03%**
Directives	**50**	**81.97%**
Total	**61**	**100%**

Table 76: Types of Speech Acts in Leaflet 38

Leaflet.38	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	45.45%
		Explaining	6	54.55%
	Total		11	100.00%
2	Directives	Advising	16	32.00%
		Instructing	15	30.00%
		Warning	19	38.00%
	Total		50	100%

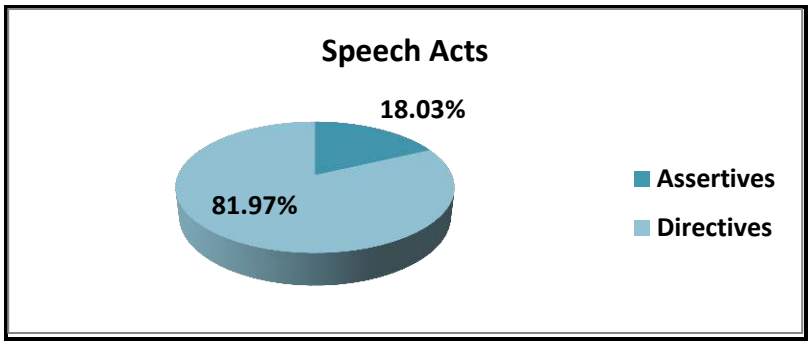

Figure 114: Percentages of Speech Acts in Leaflet 38

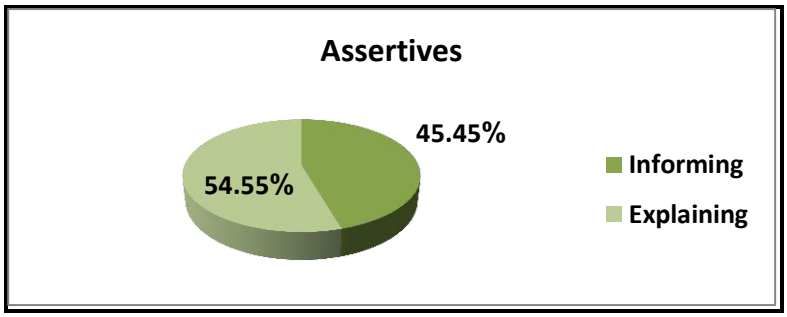

Figure 115: Percentages of Assertives in Leaflet 38

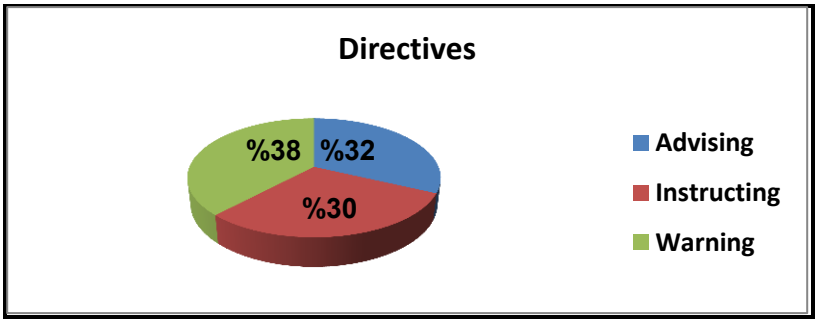

Figure 116: Percentages of Directives in Leaflet 38

4.40 The Pragmatic Analysis of Leaflet (39) entitled Brogyl

After analyzing this leaflet , it is found that most speech acts belong to directives which gain (41) and form (75.93%) of the total percentage of speech acts in this leaflet (see tables 77 and 78) i.e. warning (17), (41.46%), instructing (16), (39.02%), and the lowest one is advising (8), (19.51%) (see figures 117 and 119). The second share of speech acts in this leaflet belongs to assertives, as the above leaflets, which are used (13) times and constitute (24.07%) i.e. informing (6), (46.15%), explaining (4), (30.77%), and stating gets (3), (23.08%) (see figure figure118).

Table 77: Speech Acts in Leaflet 39

Speech Acts	NO.	Percentage
Assertives	**13**	**24.07%**
Directives	**41**	**75.93%**
Total	**54**	**100%**

Table 78: Types of Speech Acts in Leaflet 39

Leaflet 39	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**6**	**46.15%**
		Explaining	**4**	**30.77%**
		Stating	**3**	**23.08%**
	Total		**13**	**100.00%**
2	**Directives**	**Advising**	**8**	**19.51%**
		Instructing	**16**	**39.02%**
		Warning	**17**	**41.46%**
	Total		**41**	**100%**

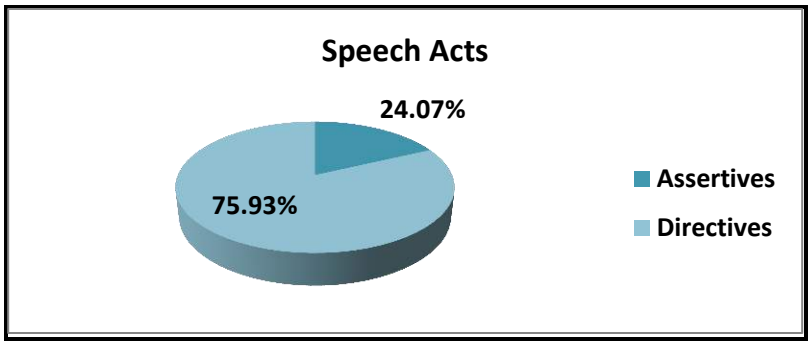

Figure 117: Percentages of Speech Acts in Leaflet 39

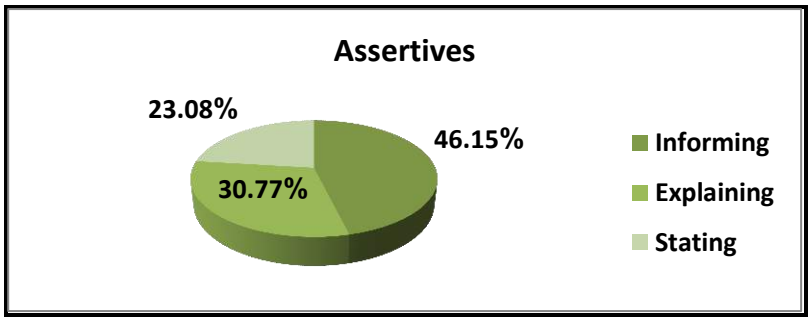

Figure 118: Percentages of Assertives in Leaflet 39

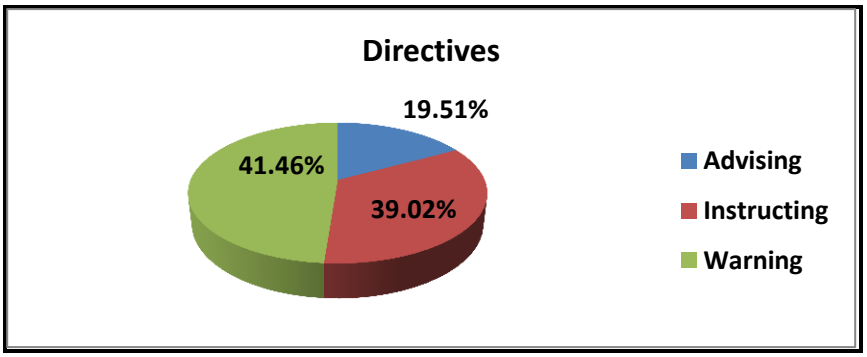

Figure 119: Percentages of Directives in Leaflet 39

4.41 The Pragmatic Analysis of Leaflet (40) entitled Chloramphenical

Findings in tables 79 and 80 illustrate that directive speech acts obtain (29), (85.29%) which are the most frequent one in this leaflet (see figure 120) i.e. warning (13), (44.83%), advising (6), (20.69%), and instructing (10), (34.48%) (see figure 122). By contrast, assertives gain the lowest share in this leaflet (5), (14.71%) which are distributed on explaining (3), (60.00%), and informing (2), (40.00%) (see figure 121).

Table 79: Speech Acts in Leaflet 40

Speech Acts	NO.	Percentage
Assertives	5	14.71%
Directives	29	85.29%
Total	34	100%

Table 80: Types of Speech Acts in Leaflet 40

Leaflet 40	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	40.00%
		Explaining	3	60.00%
	Total		5	100.00%
2	Directives	Advising	6	20.69%
		Instructing	10	34.48%
		Warning	13	44.83%
	Total		29	100%

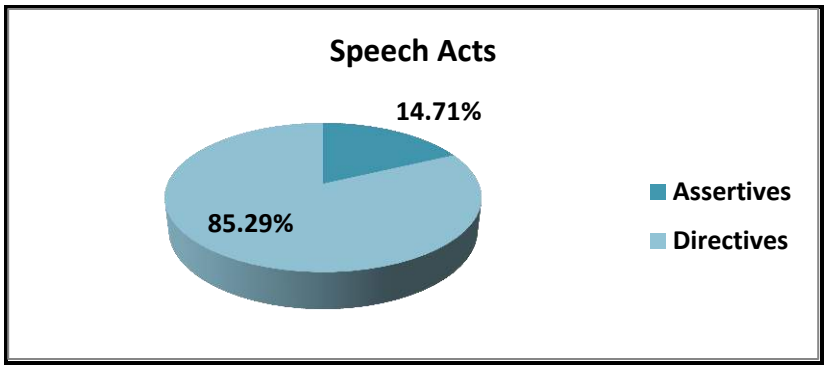

Figure 120: Percentages of Speech Acts in Leaflet 40

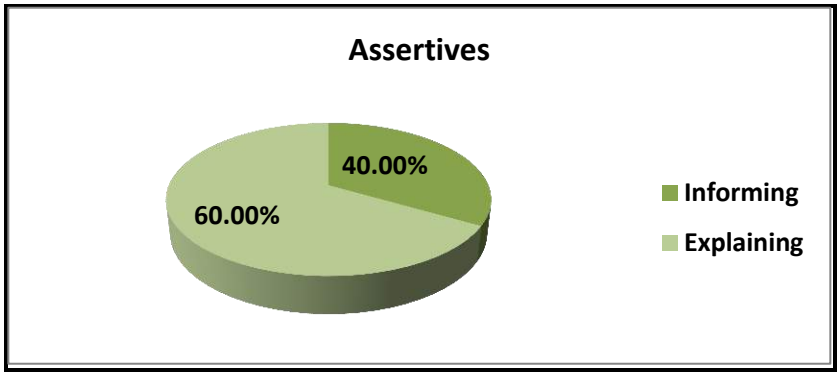

Figure 121: Percentages of Assertives in Leaflet 40

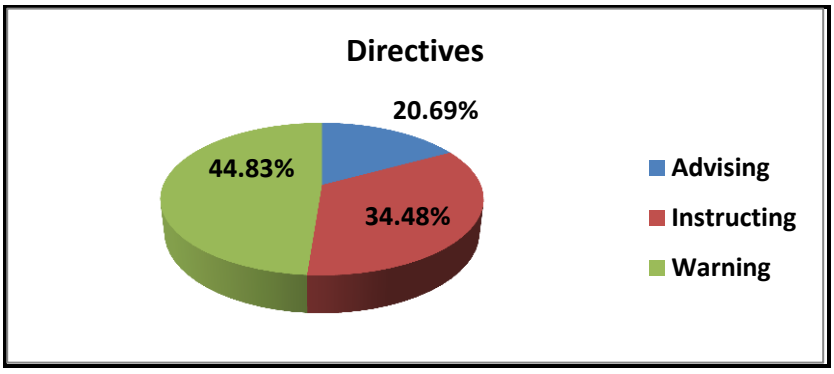

Figure 122: Percentages of Directives in Leaflet 40

4.42 The Pragmatic Analysis of Leaflet (41) entitled Amoxydine

Findings in tables 81 and 82 show that directives are used (39) times and gain(78.00%) i.e. warning gets (19),(48.72%), instructing obtains (11),(28.21%), and the lowest one is advising which gains (9), (23.08%) (see figures123 and 125). As far as assertive speech acts are concerned, they are used (11) times and gain (22.00%) i.e. explaining gets (7), (63.64%), and informing gains (4), (36.36%) (see figure 124).

Table 81: Speech Acts in Leaflet 41

Speech Acts	NO.	Percentage
Assertives	**11**	**22.00%**
Directives	**39**	**78.00%**
Total	**50**	**100%**

Table 82: Types of Speech Acts in Leaflet 41

Leaflet 41	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	36.36%
		Explaining	7	63.64%
	Total		11	100.00%
2	Directives	Advising	9	23.08%
		Instructing	11	28.21%
		Warning	19	48.72%
	Total		39	100%

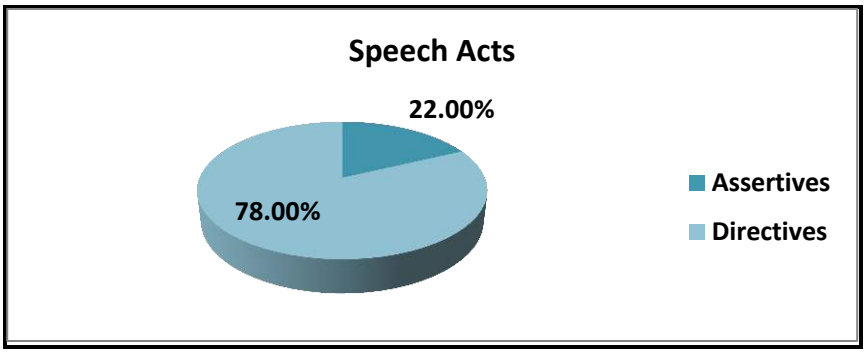

Figure 123: Percentages of Speech Acts in Leaflet 41

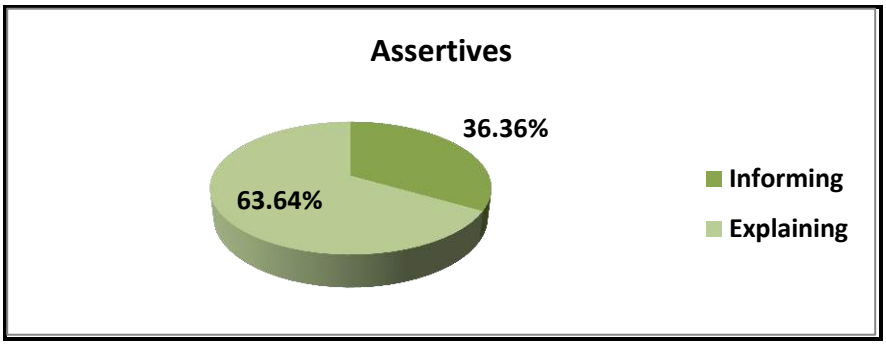

Figure 124: Percentages of Assertives in Leaflet 41

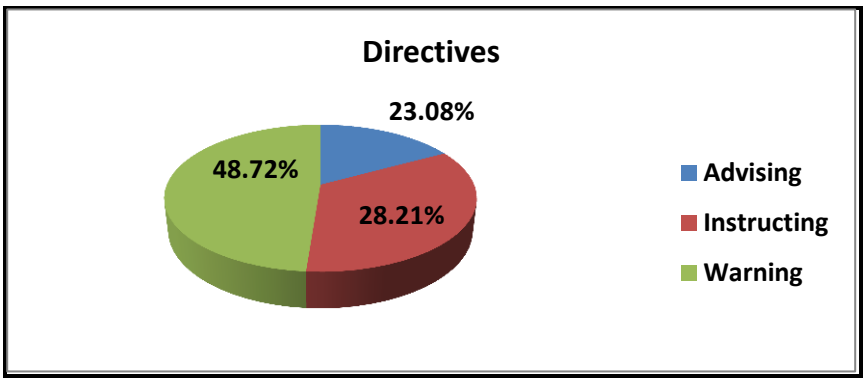

Figure 125: Percentages of Directives in Leaflet 41

4.43 The Pragmatic Analysis of Leaflet (42) entitled Sider Al Folic

As indicated in tables 83 and 84 , the dominant speech acts in this medical leaflet are directives (see figure 124). The frequencies are (19), (76.00%) come from (9) warning represents (47.37%) of them, (6) instructing represents (31.58%) of them, and (4) advising represents (21.05%) of the directive speech acts in this leaflet (see figure 126) . On the other hand, assertives constitute (6), (24.00%) i.e. informing and explaining both are used (3) times and gain (50%) for each one of them (see figure 125).

Table 83: Speech Acts in Leaflet 42

Speech Acts	NO.	Percentage
Assertives	6	24.00%
Directives	19	76.00%
Total	25	100%

Table 84: Types of Speech Acts in Leaflet 42

Leaflet 42	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	50.00%
		Explaining	3	50.00%
	Total		6	100.00%
2	Directives	Advising	4	21.05%
		Instructing	6	31.58%
		Warning	9	47.37%
	Total		19	100%

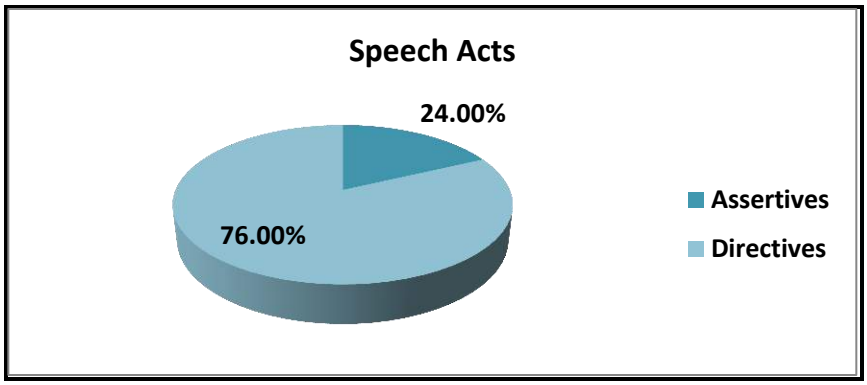

Figure 126: Percentages of Speech Acts in Leaflet 42

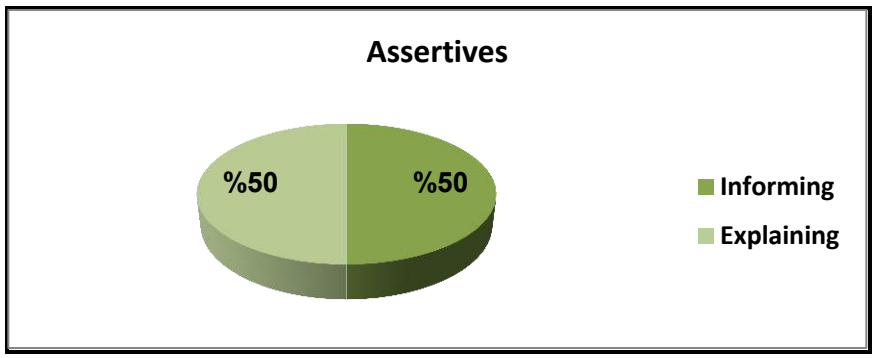

Figure 127: Percentages of Assertives in Leaflet 42

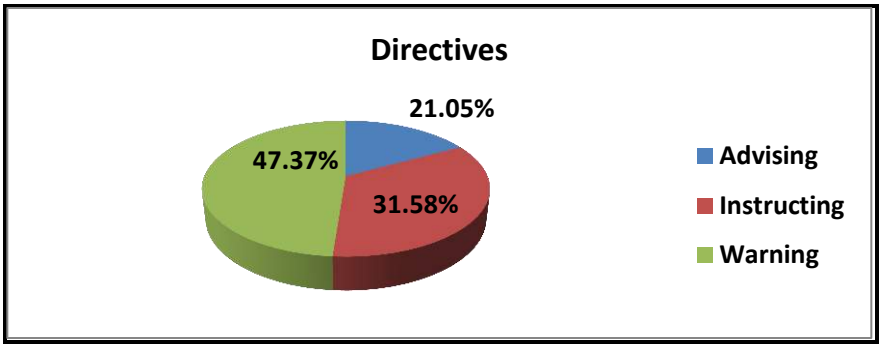

Figure 128: Percentages of Directives in Leaflet 42

4.44 The Pragmatic Analysis of Leaflet (43) entitled Amrin's Omega-3

Findings in tables 85 and 86 show that directives are used (20) times and gain(67.00%) i.e. warning gets (9),(64.00%), instructing obtains (7), (23.00%), and the lowest one is advising which gains (4), (13.00%) (see figures129 and 131). As far as assertive speech acts are concerned, they are used (10) times and gain (33.00%) i.e. explaining gets (7), (70%), and informing gains (3), (30.00%) (see figure 130).

Table 88: Speech Acts in Leaflet 43

Speech Acts	NO.	Percentage
Assertives	10	33.00%
Directives	20	67.00%
Total	36	100%

Table 86: Types of Speech Acts in Leaflet 43

Leaflet 43	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	30.00%
		Explaining	7	70.00%
	Total		10	100.00%
2	Directives	Advising	4	13.00%
		Instructing	7	23.00%
		Warning	9	64.00%
	Total		20	100%

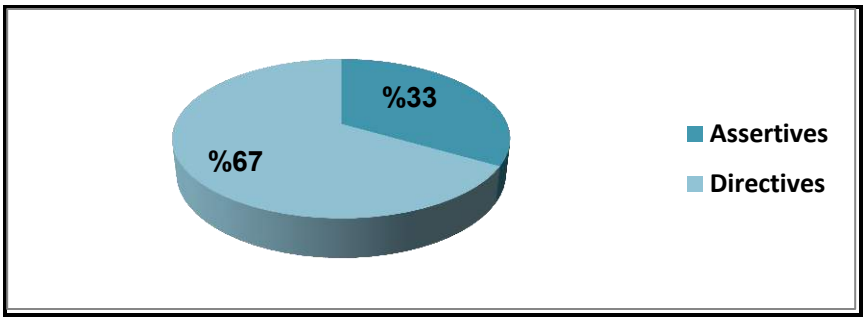

Figure 129: Percentages of Speech Acts in Leaflet 43

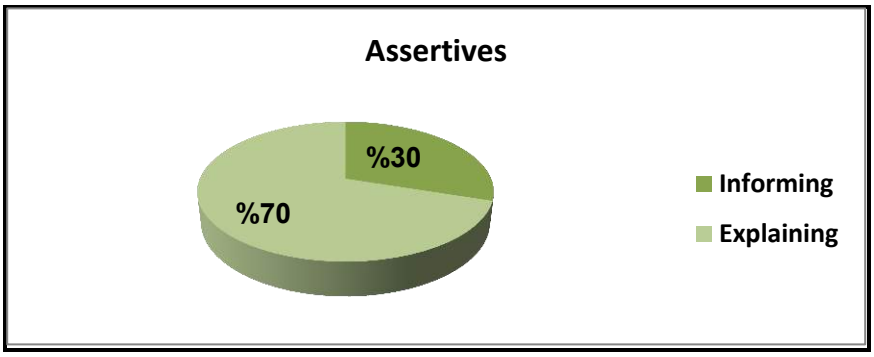

Figure 130: Percentages of Assertives in Leaflet 43

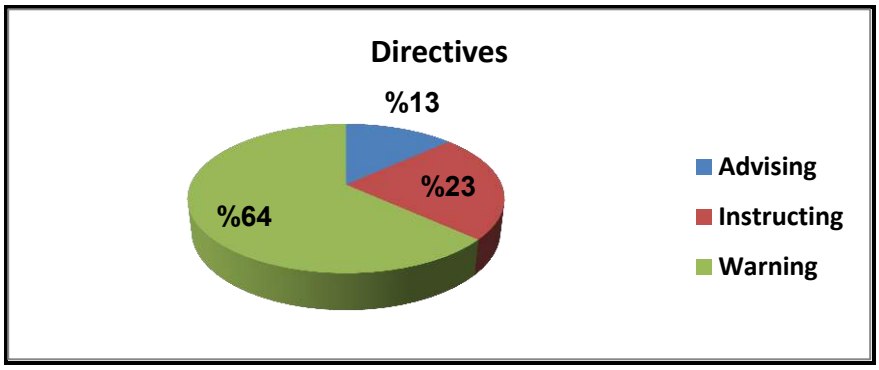

Figure 131: Percentages of Directives in Leaflet 43

4.45 The Pragmatic Analysis of Leaflet (44) entitled Detronin

Tables 87 and 88 show that directive speech acts get (25), (69.44%) and their illocutionary acts are warning (10), (40.00%), advising (8), (32.00%), and instructing (7), (28.00%) (see figures132 and 134). By contrast, assertives gain (11) and form (30.56%) of the total number of speech acts in this leaflet i.e. explaining (7). (63.64%), and informing (4), (36.36%) (see figure 133).

Table 87: Speech Acts in Leaflet 44

Speech Acts	NO.	Percentage
Assertives	**11**	**30.56%**
Directives	**25**	**69.44%**
Total	**36**	**100%**

Table 88: Types of Speech Acts in Leaflet 44

Leaflet 44	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**4**	**36.36%**
		Explaining	**7**	**63.64%**
	Total		**11**	**100.00%**
2	**Directives**	**Advising**	**8**	**32.00%**
		Instructing	**7**	**28.00%**
		Warning	**10**	**40.00%**
	Total		**25**	**100%**

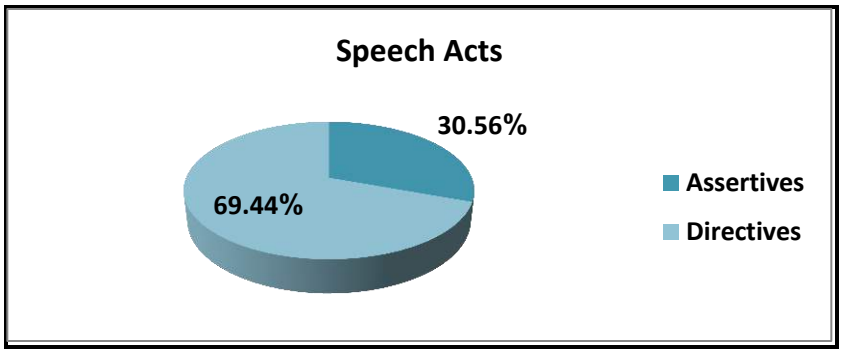

Figure 132: Percentages of Speech Acts in Leaflet 44

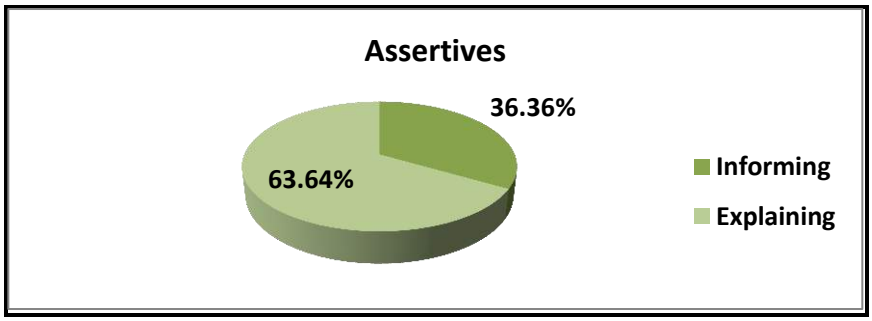

Figure 133: Percentages of Assertives in Leaflet 44

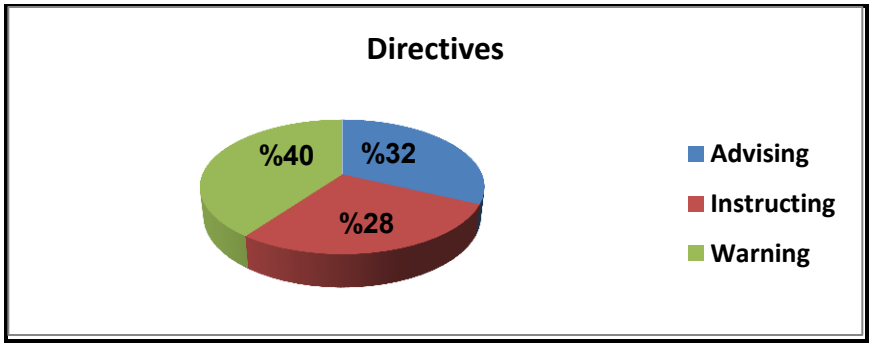

Figure 134: Percentages of Directives in Leaflet 44

4.46 The Pragmatic Analysis of Leaflet (45) entitled Women Care

As far as speech acts types are concerned, the findings in tables 89 and 90 show that the highest share in this leaflet is for directives (13), (56.52%) which is allotted to advising (7), (53.85%). While instructing and warning both are used (3) times and gain (23.08%) for each one of them (see figures 135 and 137). Assertives obtain (10), (43.48%) i.e. explaining (6), (60.00%), and informing (4), (40.00%) (see figure 136).

Table 89: Speech Acts in Leaflet 45

Speech Acts	NO.	Percentage
Assertives	10	43.48%
Directives	13	56.52%
Total	23	100%

Table 90: Types of Speech Acts in Leaflet 45

Leaflet 45	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	40.00%
		Explaining	6	60.00%
	Total		10	100.00%
2	Directives	Advising	7	53.85%
		Instructing	3	23.08%
		Warning	3	23.08%
	Total		13	100%

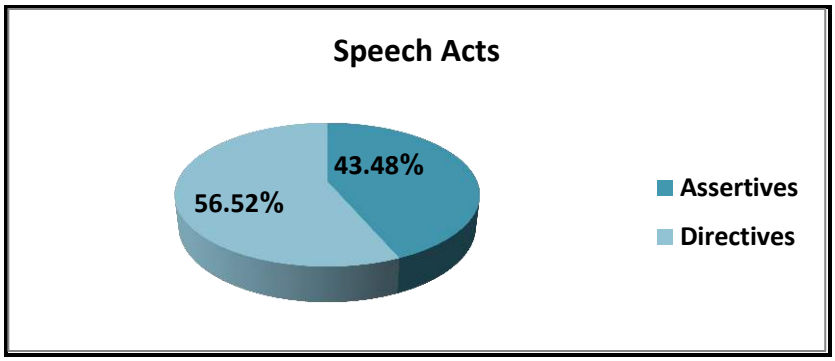

Figure 135: Percentages of Speech Acts in Leaflet 45

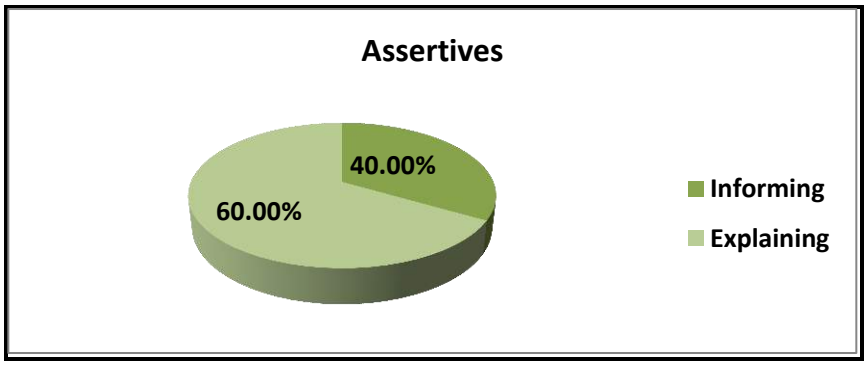

Figure 136: Percentages of Assertives in Leaflet 45

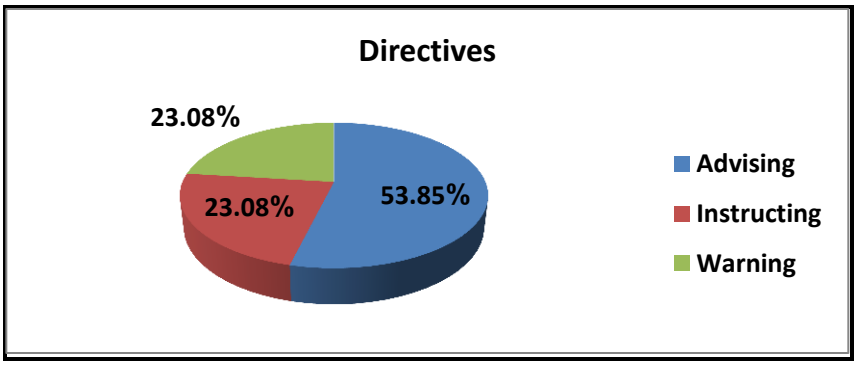

Figure 137: Percentages of Directives in Leaflet 45

4.47 The Pragmatic Analysis of Leaflet (46) entitled Children's Dry Cough Syrup

As shown in tables 91 and 92, the analysis demonstrates that the occurrences of directives are (28), (70.00%) i.e. warning (13), (46.43%), instructing (9), (32.14%), and advising (6), (21.43%) (see figures 138 and 140). By contrast, assertives gain (12), (30.00%) i.e. informing (7), (58.33%), and explaining (5), (41.67%) (see figure 139).

Table 91: Speech Acts in Leaflet 46

Speech Acts	NO.	Percentage
Assertives	12	30.00%
Directives	28	70.00%
Total	40	100%

Table 92: Types of Speech Acts in Leaflet 46

Leaflet 46	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	7	58.33%
		Explaining	5	41.67%
	Total		12	100.00%
2	Directives	Advising	6	21.43%
		Instructing	9	32.14%
		Warning	13	46.43%
	Total		28	100%

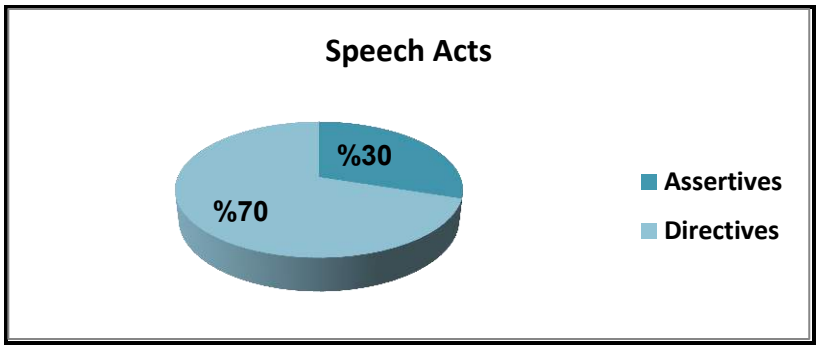

Figure 138: Percentages of Speech Acts in Leaflet 46

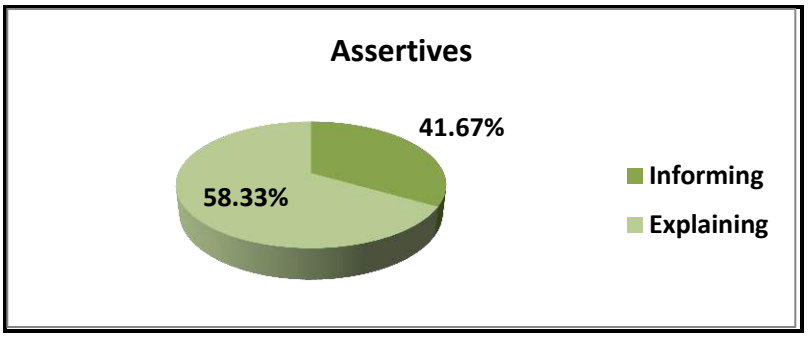

Figure 139: Percentages of Assertives in Leaflet 46

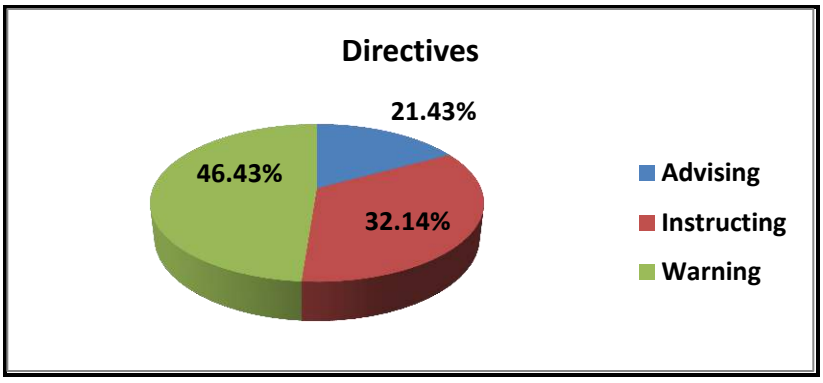

Figure 140: Percentages of Directives in Leaflet 46

4.48 The Pragmatic Analysis of Leaflet (47) entitled Vitaminat

Findings in tables 93 and 94 show that directives are used (21) times and gain(61.76%) i.e. advising gets (8),(38.10%), warning obtains (7),(33.33%), and the lowest one is instructing which gains (6), (28.57%) (see figures141and 143). As far as assertive speech acts are concerned, they are used (13) times and gain (38.24%) i.e. explaining gets (7), (53.85%), and informing gains (6), (46.15%) (see figure 142).

Table 93: Speech Acts in Leaflet 47

Speech Acts	NO.	Percentage
Assertives	**13**	**38.24%**
Directives	**21**	**61.76%**
Total	**34**	**100%**

Table 94: Types of Speech Acts in Leaflet 47

Leaflet 47	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	6	46.15%
		Explaining	7	53.85%
	Total		13	100.00%
2	Directives	Advising	8	38.10%
		Instructing	6	28.57%
		Warning	7	33.33%
	Total		21	100%

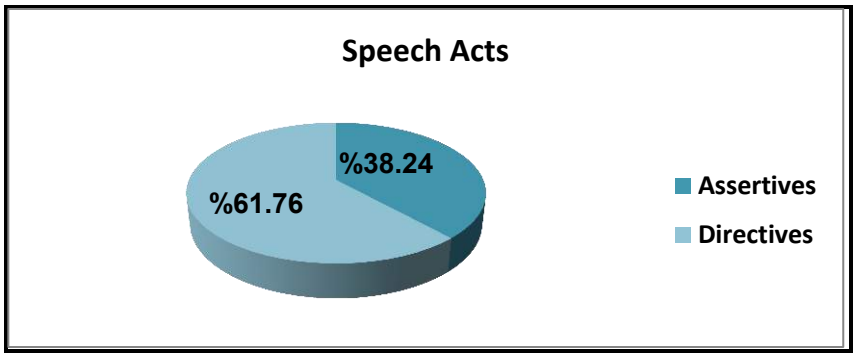

Figure 141: Percentages of Speech Acts in Leaflet 47

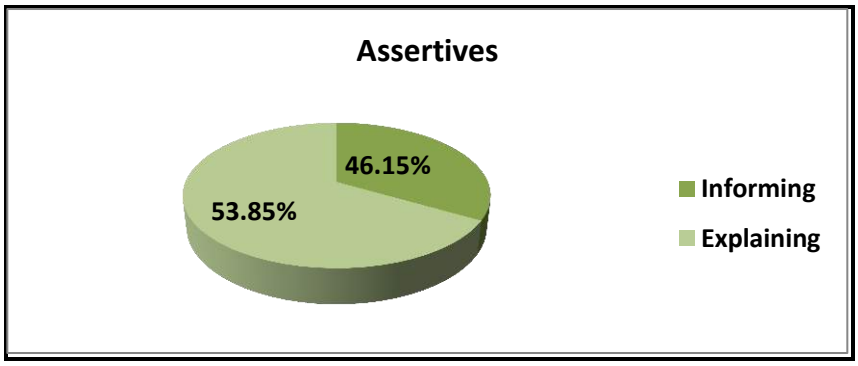

Figure 142: Percentages of Assertives in Leaflet 47

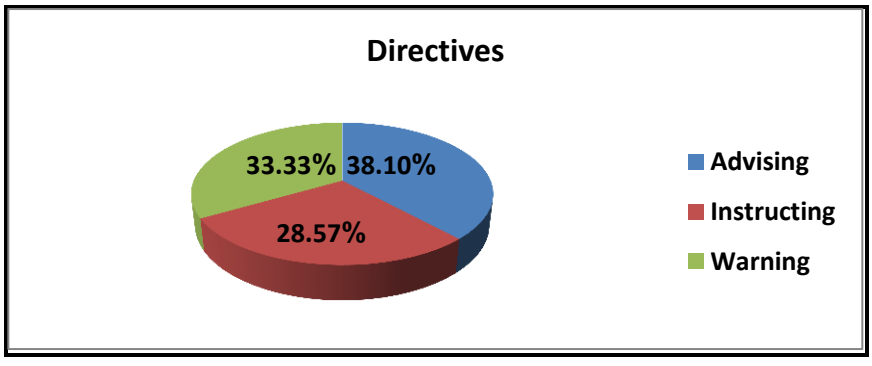

Figure 143: Percentages of Directives in Leaflet 47

4.49 The Pragmatic Analysis of Leaflet (48) entitled Rouza

From tables 95 and 96, it is clear that directive speech acts have the highest appearance in this leaflet which represent (41) and form (82.00%) out of the total percentage of speech acts in this leaflet (see figures 144) i.e. warning (20), (48.78%), instructing (14), (34.15%), and advising (7), (17.07%) (see figure 146). Assertives, On the other hand, obtain (9), (18.00) i.e. explaining (6) (66.67%), and informing (3), (33.33%) (see figure145).

Table 95: Speech Acts in Leaflet 48

Speech Acts	NO.	Percentage
Assertives	**9**	**18.00%**
Directives	**41**	**82.00%**
Total	**50**	**100%**

Table 96: Types of Speech Acts in Leaflet 48

Leaflet 48	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	33.33%
		Explaining	6	66.67%
	Total		9	100.00%
2	Directives	Advising	7	17.07%
		Instructing	14	34.15%
		Warning	20	48.78%
	Total		41	100%

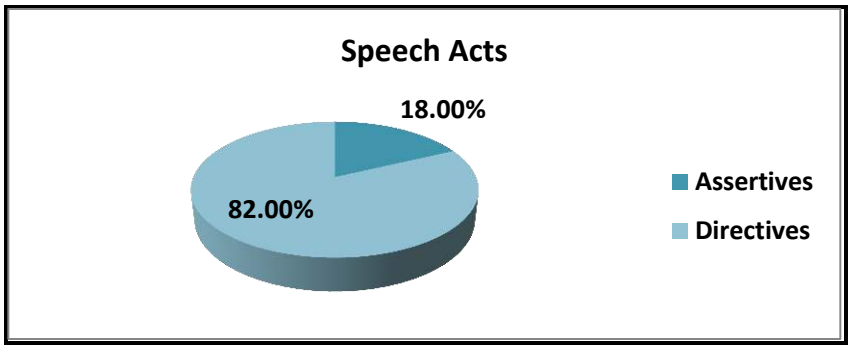

Figure 144: Percentages of Speech Acts in Leaflet 48

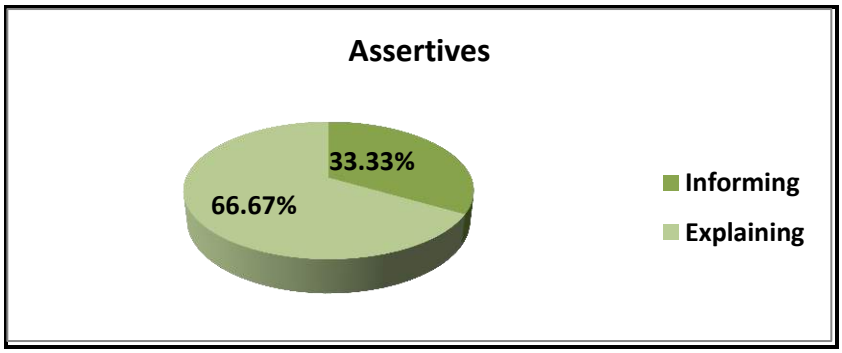

Figure 145: Percentages of Assertives in Leaflet 48

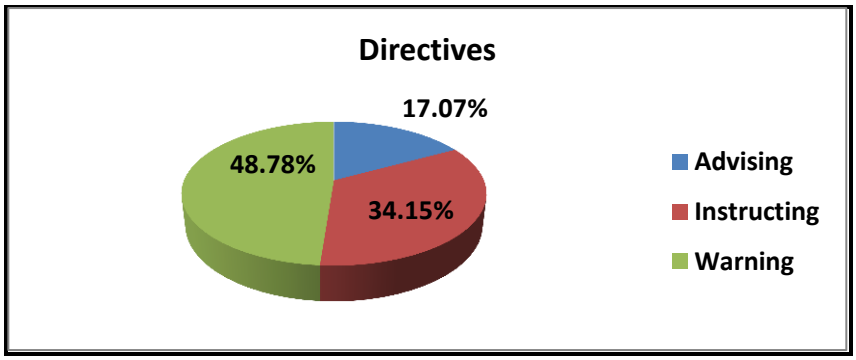

Figure 146: Percentages of Directives in Leaflet 48

4.50 The Pragmatic Analysis of Leaflet (49) entitled Maximmun

Tables 96 and 97 clarify that directive speech acts have the highest share which represent (16) and form (61.54%) out of the total percentage of speech acts in this leaflet (see figure 147) i.e. advising (4), (25.00%) while instructing and warning both are used (6) and gain (37.50%) for each one of them (see figure 149). Assertives, On the other hand, obtain (10), (38.46%) i.e. explaining (6) (60.00%), and informing (4), (40.00%) (see figure148).

Table 97: Speech Acts in Leaflet 49

Speech Acts	NO.	Percentage
Assertives	**10**	**38.46%**
Directives	**16**	**61.54%**
Total	**26**	**100%**

Table 98: Types of Speech Acts in Leaflet 49

Leaflet 49	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	40.00%
		Explaining	6	60.00%
	Total		10	100.00%
2	Directives	Advising	4	25.00%
		Instructing	6	37.50%
		Warning	6	37.50%
	Total		16	100%

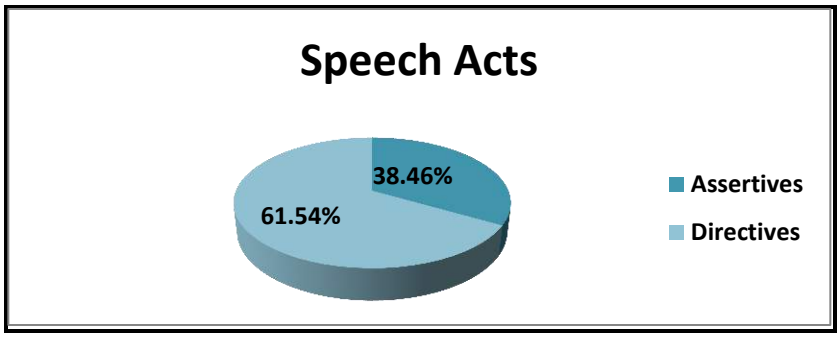

Figure 147: Percentages of Speech Acts in Leaflet 49

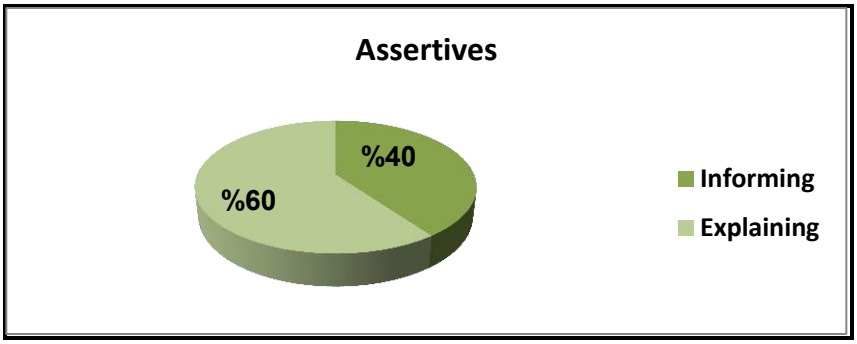

Figure 148: Percentages of Assertives in Leaflet 49

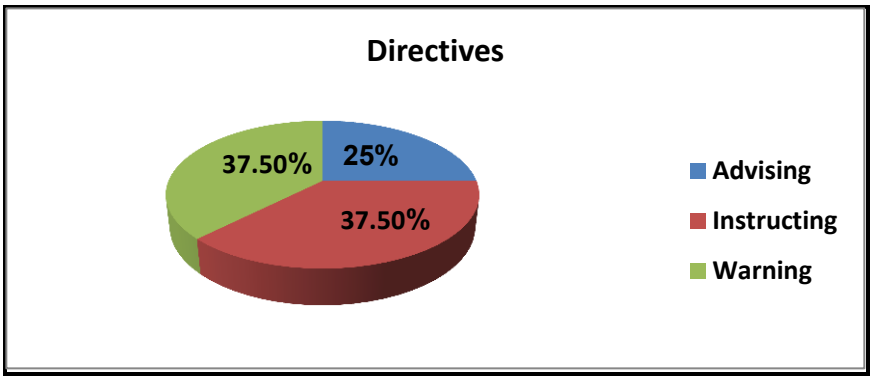

Figure 149: Percentages of Directives in Leaflet 49

4.51 The Pragmatic Analysis of Leaflet (50) entitled Ferrocell Liquid Tonic

Findings in tables 99 and 100 illustrate that directives are used (17) times and gain(77.27%) i.e. warning gets (8),(47.06%), instructing obtains (5),(29.41%), and the lowest one is advising which gains (4), (23.53%) (see figures150 and 152). As far as assertive speech acts are concerned, they are used (5) times and gain (22.73%) i.e. explaining gets (3), (60.00%), and informing gains (2), (40.00%) (see figure 151).

Table 99: Speech Acts in Leaflet 50

Speech Acts	NO.	Percentage
Assertives	5	22.73%
Directives	17	77.27%
Total	22	100%

Table 100: Types of Speech Acts in Leaflet 50

Leaflet 50	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	40.00%
		Explaining	3	60.00%
	Total		5	100.00%
2	Directives	Advising	4	23.53%
		Instructing	5	29.41%
		Warning	8	47.06%
	Total		17	100%

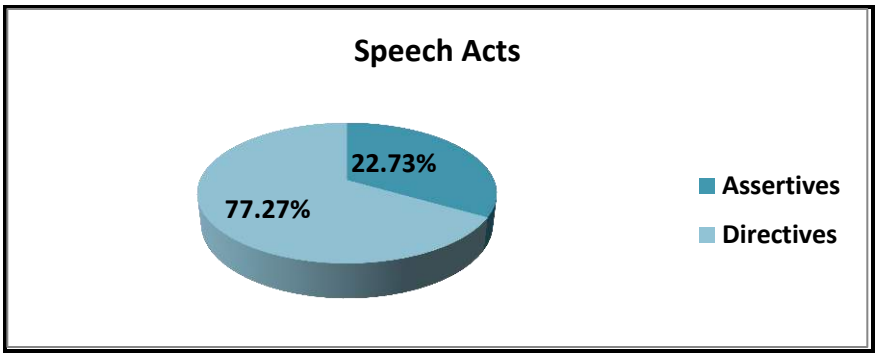

Figure 150: Percentages of Speech Acts in Leaflet 50

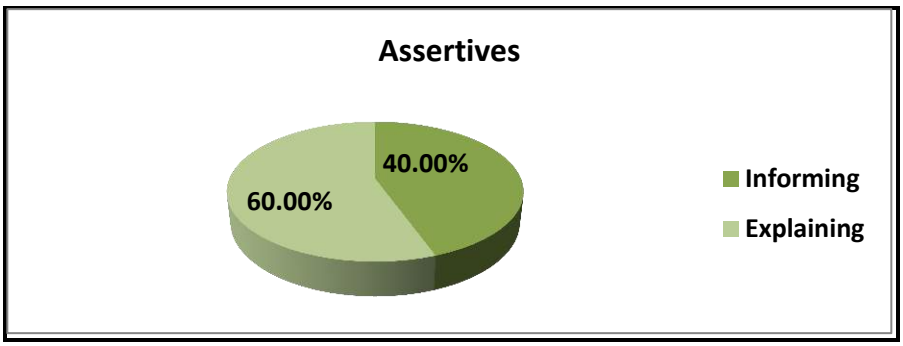

Figure 151: Percentages of Assertives in Leaflet 50

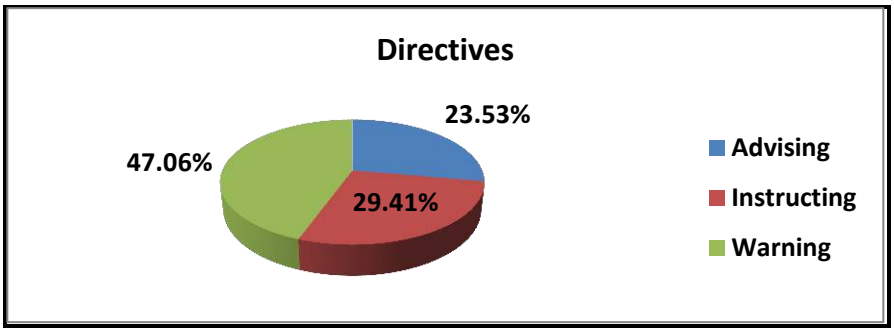

Figure 152: Percentages of Directives in Leaflet 50

4.52 The Pragmatic Analysis of Leaflet (51) entitled Calamyl Lotion

As shown in tables 101 and 102, directive speech acts have the highest share which gain (19) and form (57.58%) out of the total percentage of speech acts in this leaflet (see figure 153) i.e. warning (7), (36.84%) while instructing and advising both are used (6) and gain (31.58%) for each one of them (see figure 155). Assertives, On the other hand, obtain (14), (42.42%) i.e. explaining (8) (57.14%), and informing (6), (42.86%) (see figure154).

Table 101: Speech Acts in Leaflet 51

Speech Acts	NO.	Percentage
Assertives	14	42.42%
Directives	19	57.58%
Total	33	100%

Table 102: Types of Speech Acts in Leaflet 51

Leaflet 51	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	6	42.86%
		Explaining	8	57.14%
	Total		14	100.00%
2	Directives	Advising	6	31.58%
		Instructing	6	31.58%
		Warning	7	36.84%
	Total		19	100%

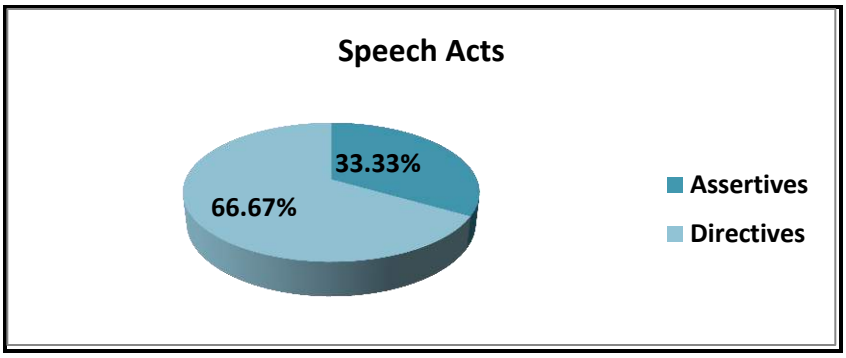

Figure 153: Percentages of Speech Acts in Leaflet 51

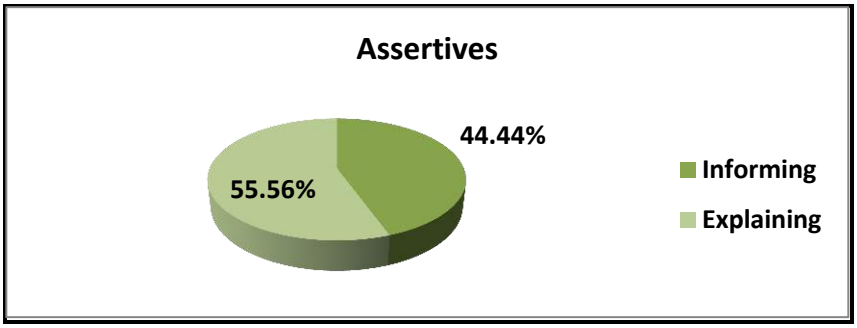

Figure 154: Percentages of Assertives in Leaflet 51

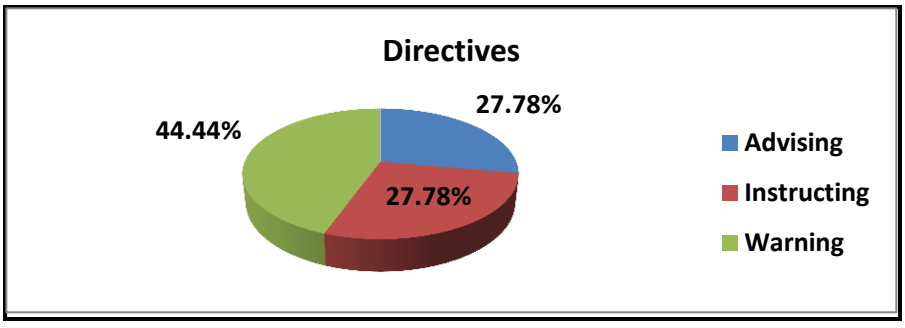

Figure 155: Percentages of Directives in Leaflet 51

4.53 The Pragmatic Analysis of Leaflet (52) entitled Lido Plus

Findings in tables 103 and 104 display that directives are used (25) times and gain(80.65%) i.e. warning gets (10),(40.00%), instructing obtains (11),(44.00%), and the lowest one is advising which gains (4), (16.00%) (see figures156 and 158). As far as assertive speech acts are concerned, they are used (6) times and gain (19.35%) distributed on explaining and informing which both are used (3) times and get (50%) for each one of them (see figure 157).

Table 103: Speech Acts in Leaflet 52

Speech Acts	NO.	Percentage
Assertives	**6**	**19.35%**
Directives	**25**	**80.65%**
Total	**31**	**100%**

Table 104: Types of Speech Acts in Leaflet 52

Leaflet 52	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**3**	**50.00%**
		Explaining	**3**	**50.00%**
	Total		**6**	**100.00%**
2	**Directives**	**Advising**	**4**	**16.00%**
		Instructing	**11**	**44.00%**
		Warning	**10**	**40.00%**
	Total		**25**	**100%**

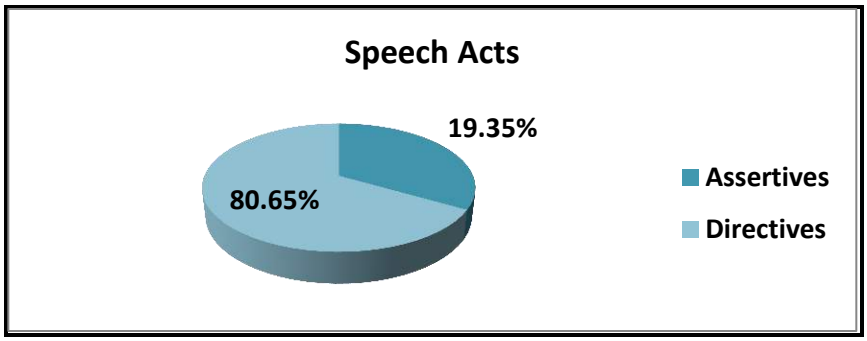

Figure 156: Percentages of Speech Acts in Leaflet 52

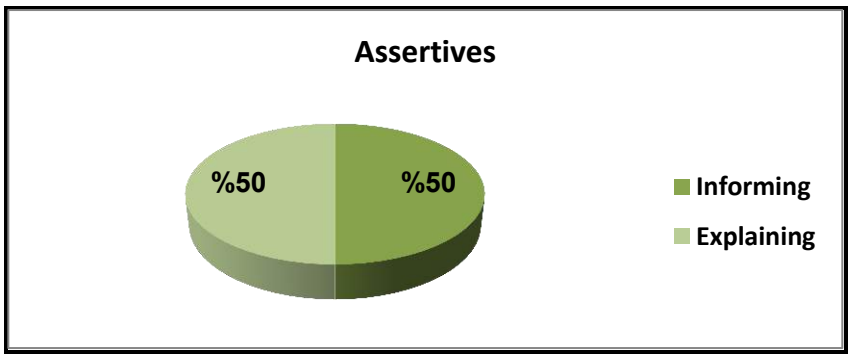

Figure 157: Percentages of Assertives in Leaflet 52

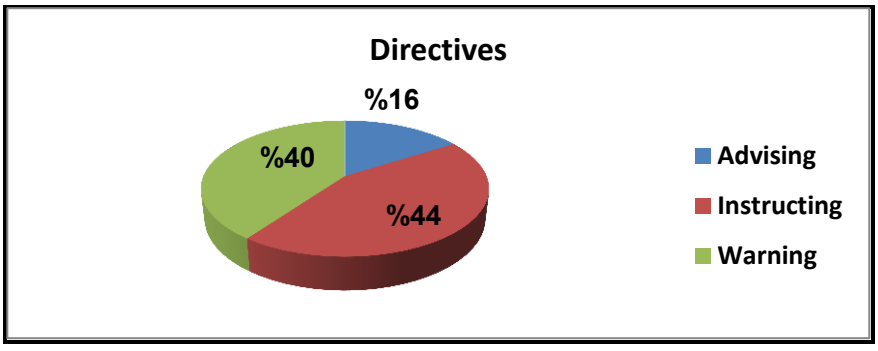

Figure 158: Percentages of Directives in Leaflet 52

4.54 The Pragmatic Analysis of Leaflet (53) entitled Razilax

Tables 105 and 106 obviously demonstrate that directive speech acts are the most frequent in this leaflet, occurring (45) and constituting (80.36%) i.e. warning (21) (46.67%), instructing (9), (20.00%), and advising (15), (33.33%) (see figures 159 and 161). While the number of assertive speech acts is (11), representing just (19.64%) of the total percentage of speech acts in this leaflet i.e. informing (5), (45.45%), and explaining is used (6) times and gain (54.55%) (see figure 160).

Table 105: Speech Acts in Leaflet 53

Speech Acts	NO.	Percentage
Assertives	**11**	**19.64%**
Directives	**45**	**80.36%**
Total	**56**	**100%**

Table 106: Types of Speech Acts in Leaflet 53

Leaflet 53	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**5**	**45.45%**
		Explaining	**6**	**54.55%**
	Total		**11**	**100.00%**
2	**Directives**	**Advising**	**15**	**33.33%**
		Instructing	**9**	**20.00%**
		Warning	**21**	**46.67%**
	Total		**45**	**100%**

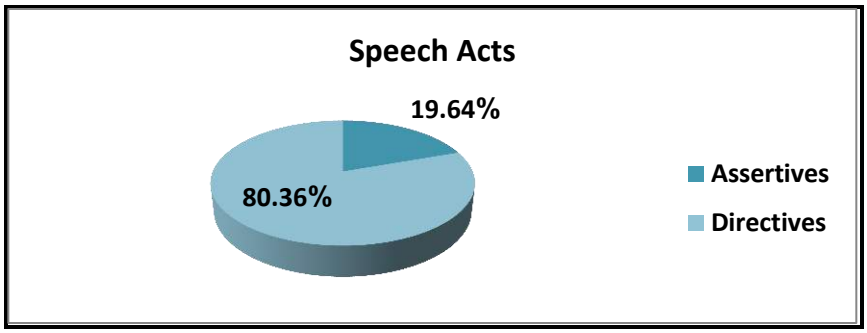

Figure 159: Percentages of Speech Acts in Leaflet 53

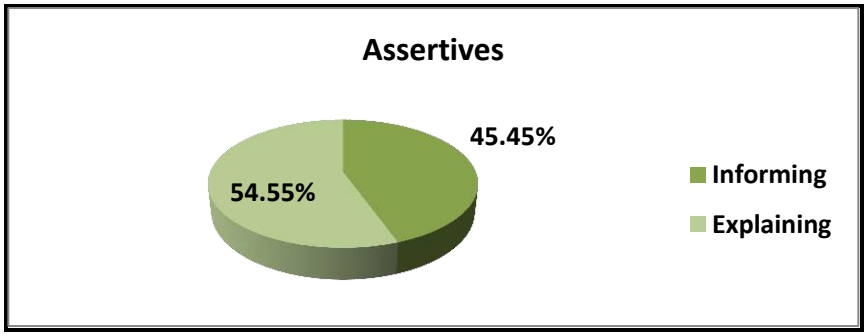

Figure 160: Percentages of Assertives in Leaflet 53

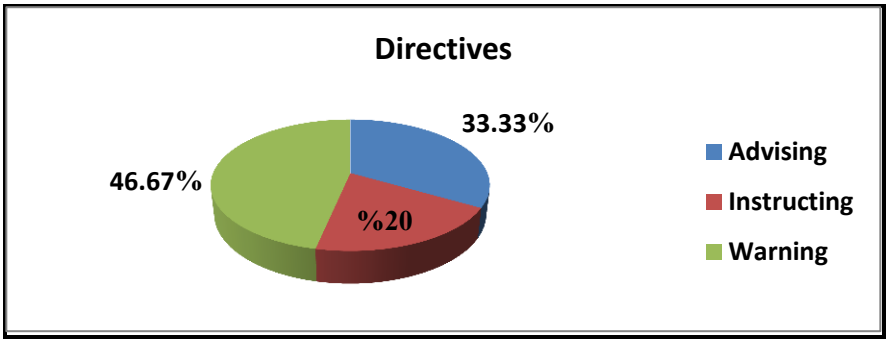

Figure 161: Percentages of Directives in Leaflet 53

4.55 The Pragmatic Analysis of Leaflet (54) entitled Vitarix

Tables 107 and 108 exhibit that directives and assertives are the only speech acts used in this leaflet just as the above leaflets (see figure 162). The highest share of directives is (18), (58.06%) which is respectively distributed on advising (5), (27.78%), instructing (9), (34.62%), and warning (6), (33.33%) (see figure 164). While the total occurrence of assertives is (13), (41.94%) i.e. explaining (7), (53.85%), and informing (6), (46.15%) (see figure 163).

Table 107: Speech Acts in Leaflet 54

Speech Acts	NO.	Percentage
Assertives	**13**	**41.94%**
Directives	**18**	**58.06%**
Total	**31**	**100%**

Table 108: Types of Speech Acts in Leaflet 54

Leaflet 54	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**6**	**46.15%**
		Explaining	**7**	**53.85%**
	Total		**13**	**100.00%**
2	**Directives**	**Advising**	**5**	**27.78%**
		Instructing	**7**	**38.89%**
		Warning	**6**	**33.33%**
	Total		**18**	**100%**

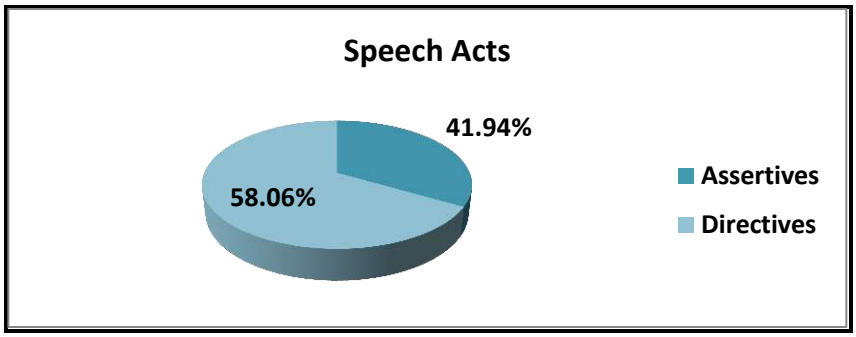

Figure 162: Percentages of Speech Acts in Leaflet 54

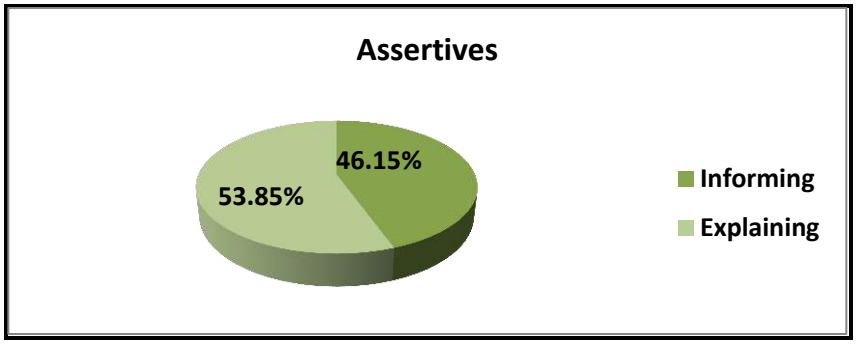

Figure 163: Percentages of Assertives in Leaflet 54

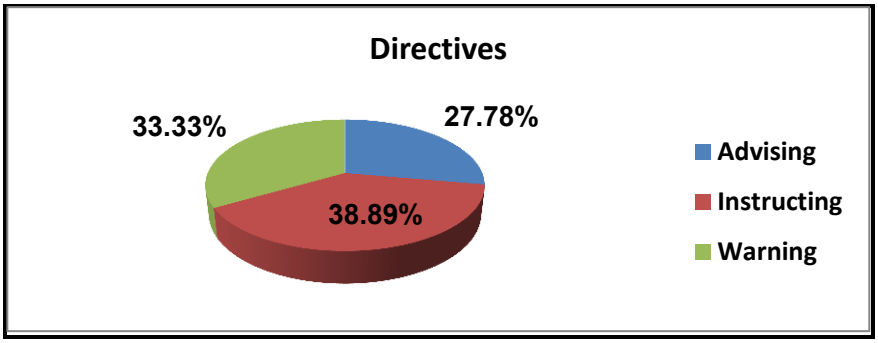

Figure 164: Percentages of Directives in Leaflet 54

4.56The Pragmatic Analysis of Leaflet (55) entitled Dexamethasone

The analysis in Tables 109 and 110 shows that directive speech acts get (40), (71.43%) and their illocutionary acts are warning (17), (42.50%), advising (9), (22.50%), and instructing (14), (35.00%) (see figures165 and 167). By contrast, assertives gain (16) and form (28.57%) of the total number of speech acts in this leaflet i.e. explaining (12). (57.00%), and informing (4), (25.00%) (see figure 166).

Table 109: Speech Acts in Leaflet 55

Speech Acts	NO.	Percentage
Assertives	**16**	**28.57%**
Directives	**40**	**71.43%**
Total	**56**	**100%**

Table 110: Types of Speech Acts in Leaflet 55

Leaflet 55	Speech Acts types		Frequency	Percentage
1	**Assertives**	**Informing**	**4**	**25.00%**
		Explaining	**12**	**75.00%**
	Total		**16**	**100.00%**
2	**Directives**	**Advising**	**9**	**22.50%**
		Instructing	**14**	**35.00%**
		Warning	**17**	**42.50%**
	Total		**40**	**100%**

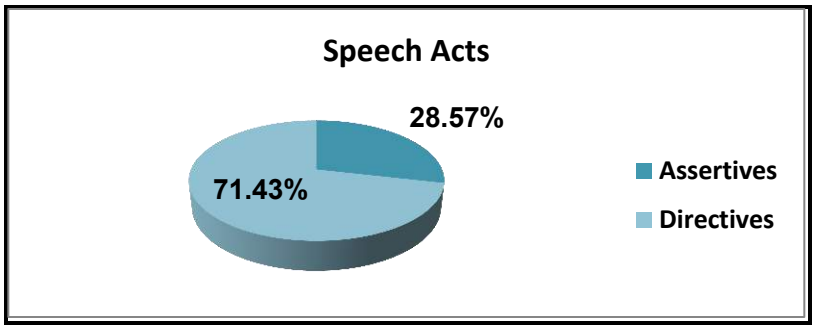

Figure 165: Percentages of Speech Acts in Leaflet 55

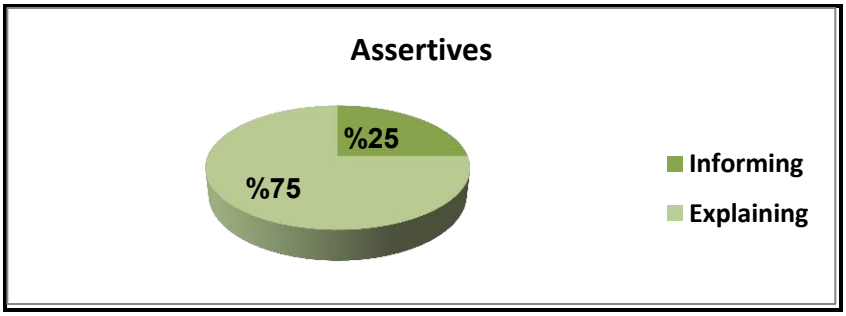

Figure 166: Percentages of Assertives in Leaflet 55

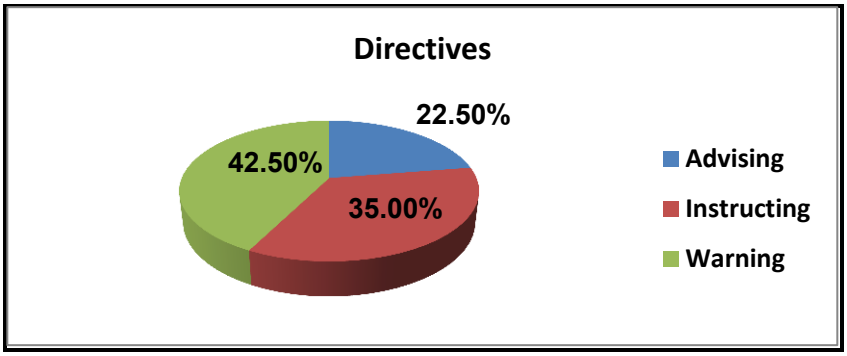

Figure 167: Percentages of Directives in Leaflet 55

4.57 The Pragmatic Analysis of Leaflet (56) entitled Omapin-20

As illustrated in tables 111 and 112, directive speech acts score the highest number which is (27), (65.85%) i.e. warning (9), (33.33%), advising (7), (25.93%), while instructing gets the highest share (11), (40.74%), (see figures 168 and 170). Assertives are used (14) times, (34.15%) distributed on explaining (11), (78.57%), and informing gets (3), (21.43%) (see figure 169).

Table 111: Speech Acts in Leaflet 56

Speech Acts	NO.	Percentage
Assertives	14	34.15%
Directives	27	65.85%
Total	41	100%

Table 112: Types of Speech Acts in Leaflet 56

Leaflet 56	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	21.43%
		Explaining	11	78.57%
	Total		14	100.00%
2	Directives	Advising	7	25.93%
		Instructing	11	40.74%
		Warning	9	33.33%
	Total		27	100%

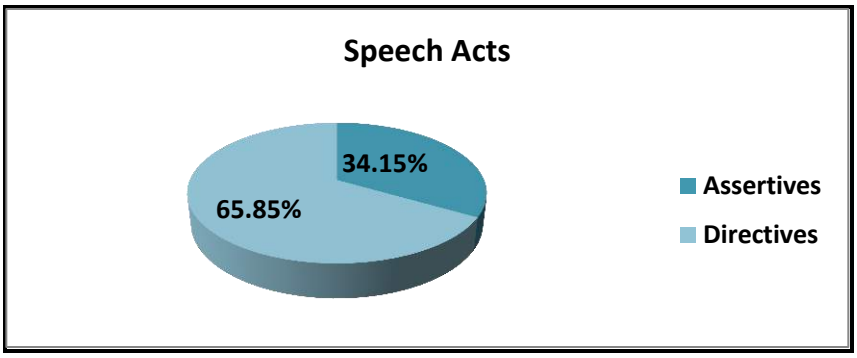

Figure 168: Percentages of Speech Acts in Leaflet 56

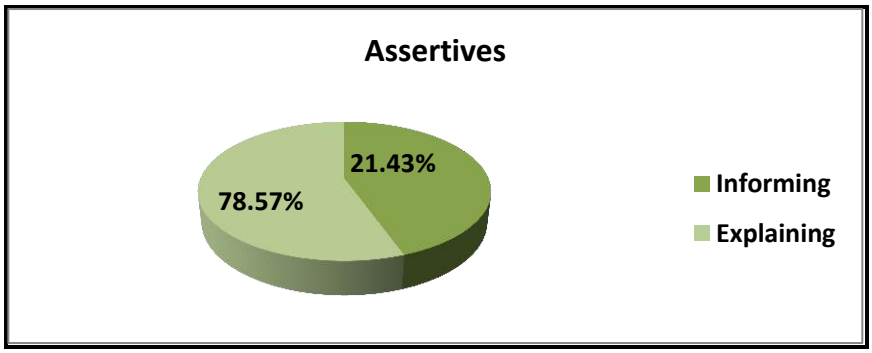

Figure 169: Percentages of Assertives in Leaflet 56

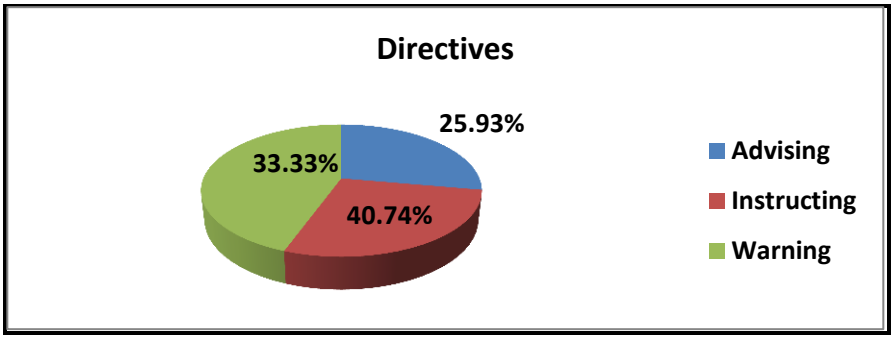

Figure 170: Percentages of Directives in Leaflet 56

4.58 The Pragmatic Analysis of Leaflet (57) entitled New Pectomex

As shown in tables 113 and 114, directive speech acts have the highest share which gain (44) and form (80.00%) out of the total percentage of speech acts in this leaflet (see figure 171) i.e. warning (19), (43.18%) while instructing gets (15), (34.09%), and advising is used (10) times and gain (22.73%) (see figure 173). Assertives, On the other hand, obtain (11), (20.00%) i.e. explaining (6) (54.55%), and informing (5), (45.45%) (see figure172).

Table 113: Speech Acts in Leaflet 57

Speech Acts	NO.	Percentage
Assertives	11	20.00%
Directives	44	80.00%
Total	55	100%

Table 114: Types of Speech Acts in Leaflet 57

Leaflet 57	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	5	45.45%
		Explaining	6	54.55%
	Total		11	100.00%
2	Directives	Advising	10	22.73%
		Instructing	15	34.09%
		Warning	19	43.18%
	Total		44	100%

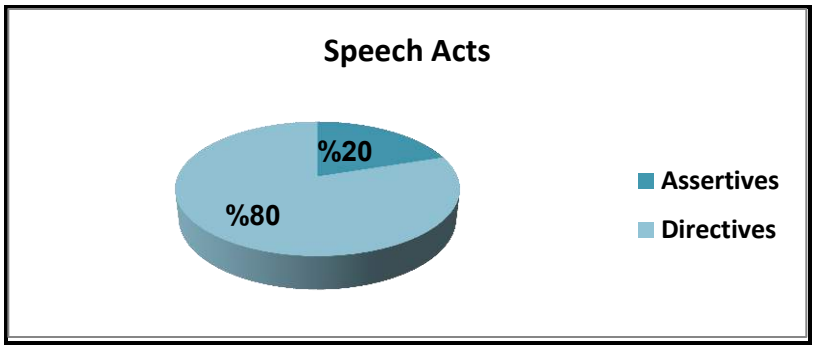

Figure 171: Percentages of Speech Acts in Leaflet 57

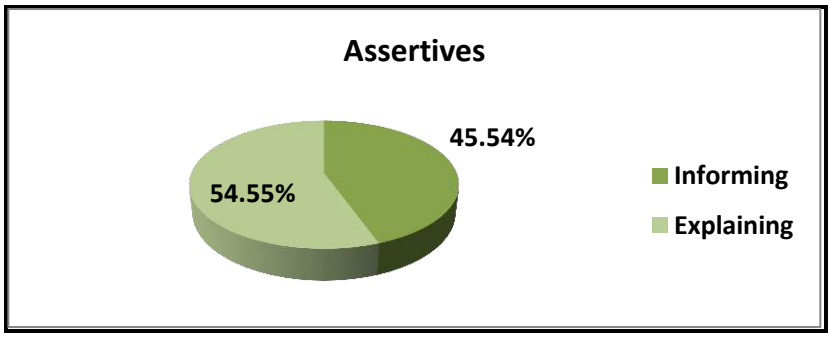

Figure 172: Percentages of Assertives in Leaflet 57

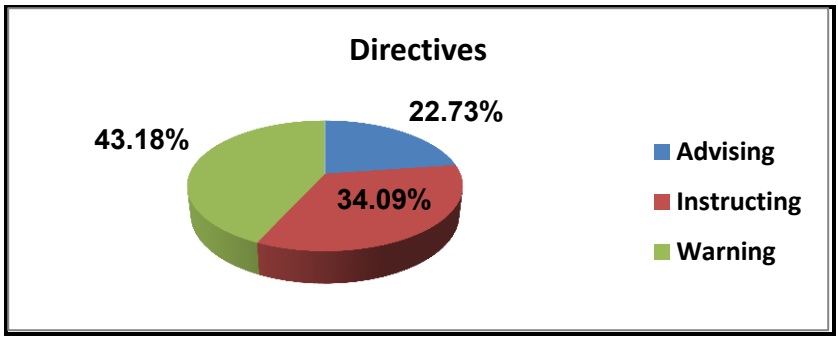

Figure 173: Percentages of Directives in Leaflet 57

4.59 The Pragmatic Analysis of Leaflet (58) entitled Nystasyr

Findings in tables 115 and 116 exhibit that the occurrences of directives are (27), (84.38%) i.e. warning (12), (44.44%), instructing (6), (22.22%), and advising (9), (33.33%) (see figures 174 and 176). By contrast, assertives gain (5), (15.63%) i.e. informing (2), (40.00%), and explaining (3), (60.00%) (see figure 175).

Table 115: Speech Acts in Leaflet 58

Speech Acts	NO.	Percentage
Assertives	5	15.63%
Directives	27	84.37%
Total	32	100%

Table 116: Types of Speech Acts in Leaflet 58

Leaflet 58	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	2	40.00%
		Explaining	3	60.00%
	Total		5	100.00%
2	Directives	Advising	9	33.33%
		Instructing	6	22.22%
		Warning	12	44.44%
	Total		27	100%

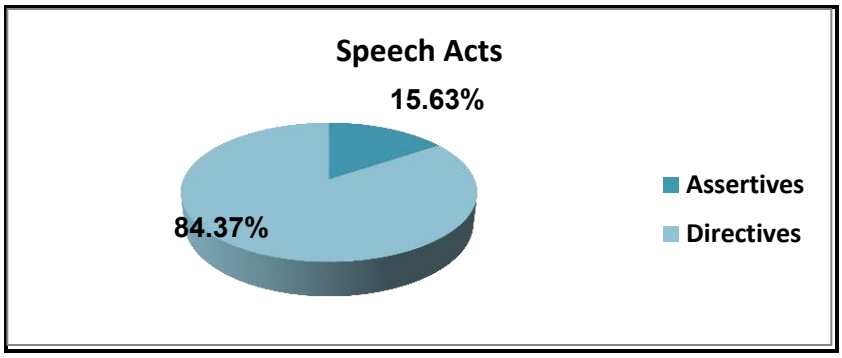

Figure 174: Percentages of Speech Acts in Leaflet 58

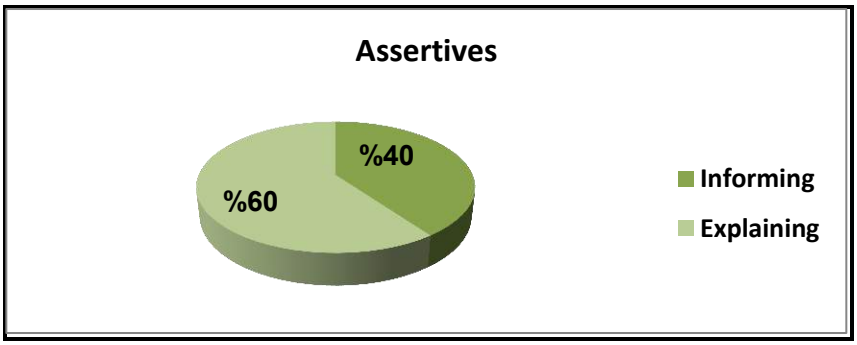

Figure 175: Percentages of Assertives in Leaflet 58

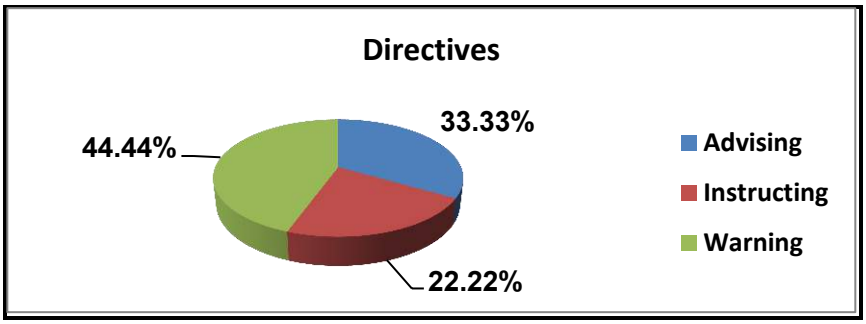

Figure 176: Percentages of Directives in Leaflet 58

4.60 The Pragmatic Analysis of Leaflet (59) entitled Septogel

The analysis in Tables 117 and 118 shows that directive speech acts get (20), (68.97%) and their illocutionary acts are warning (9), (45.00%), advising (4), (20.00%), and instructing (7), (35.00%) (see figures177 and 179). By contrast, assertives gain (9) and form (31.03%) of the total number of speech acts in this leaflet i.e. explaining (6). (66.67%), and informing (3), (33.33%) (see figure 178).

Table 117: Speech Acts in Leaflet 59

Speech Acts	NO.	Percentage
Assertives	**9**	**31.03%**
Directives	**20**	**68.97%**
Total	**29**	**100%**

Table 118: Types of Speech Acts in Leaflet 59

Leaflet 59	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	3	33.33%
		Explaining	6	66.67%
	Total		9	100.00%
2	Directives	Advising	4	20.00%
		Instructing	7	35.00%
		Warning	9	45.00%
	Total		20	100%

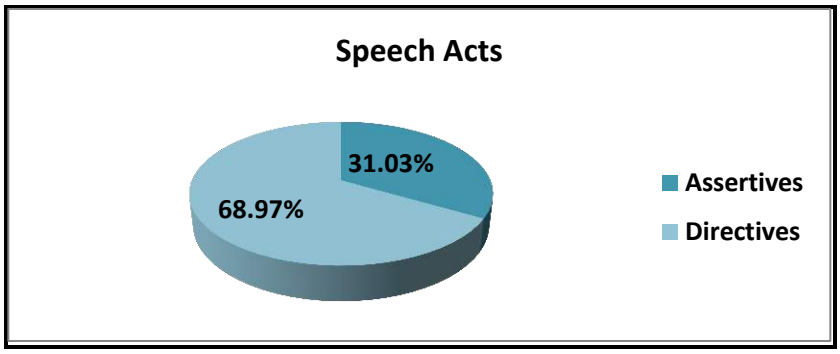

Figure 177: Percentages of Speech Acts in Leaflet 59

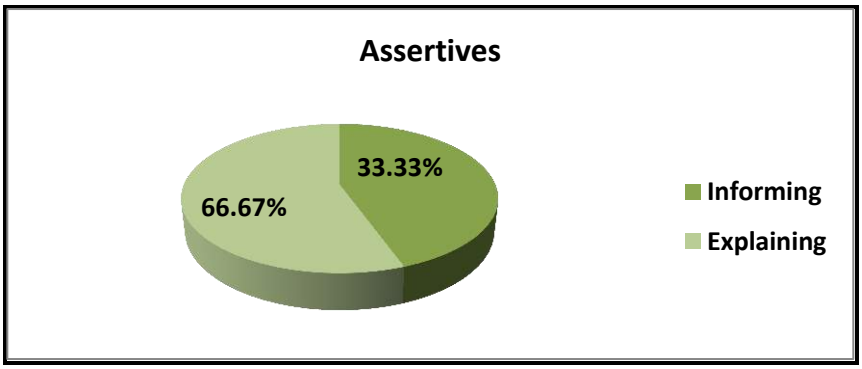

Figure 178: Percentages of Assertives in Leaflet 59

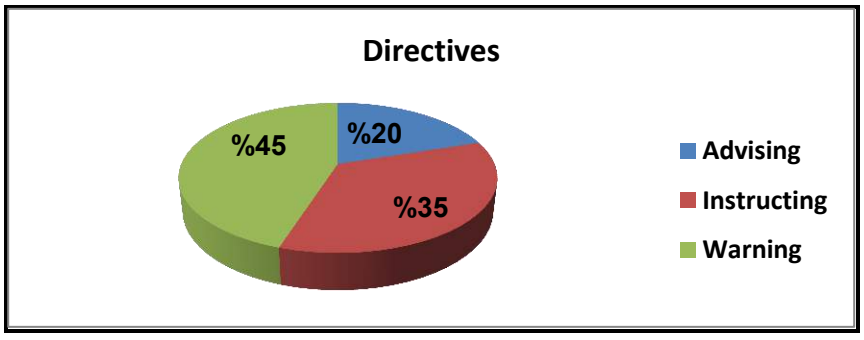

Figure 179: Percentages of Directives in Leaflet 59

4.61 The Pragmatic Analysis of Leaflet (60) entitled Quick Relief

As shown in tables 119 and 120, directive speech acts have the highest share which gain (18) and form (66.67%) out of the total percentage of speech acts in this leaflet (see figure 180) i.e. warning (8), (44.44%) while instructing and advising both are used (5) and gain (27.78%) for each one of them (see figure 182). Assertives, On the other hand, obtain (9), (33.33%) i.e. explaining (5) (55.56%), and informing (4), (44.44%) (see figure181).

Table 119: Speech Acts in Leaflet 60

Speech Acts	NO.	Percentage
Assertives	9	33.33%
Directives	18	66.67%
Total	27	100%

Table 120: Types of Speech Acts in Leaflet 60

Leaflet 60	Speech Acts types		Frequency	Percentage
1	Assertives	Informing	4	44.44%
		Explaining	5	55.56%
	Total		9	100.00%
2	Directives	Advising	5	27.78%
		Instructing	5	27.78%
		Warning	8	44.44%
	Total		18	100%

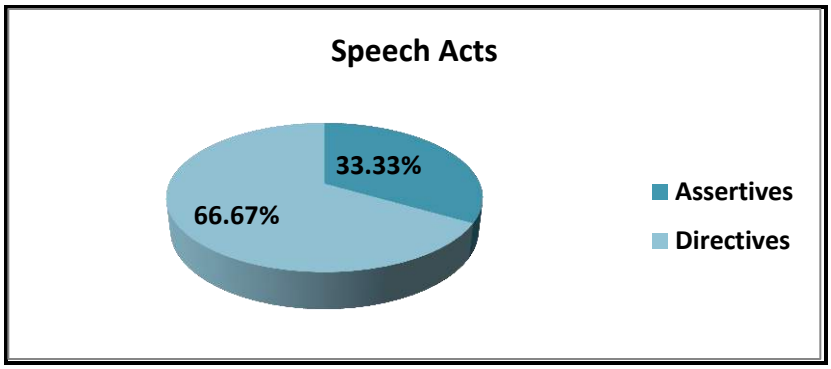

Figure 180: Percentages of Speech Acts in Leaflet 60

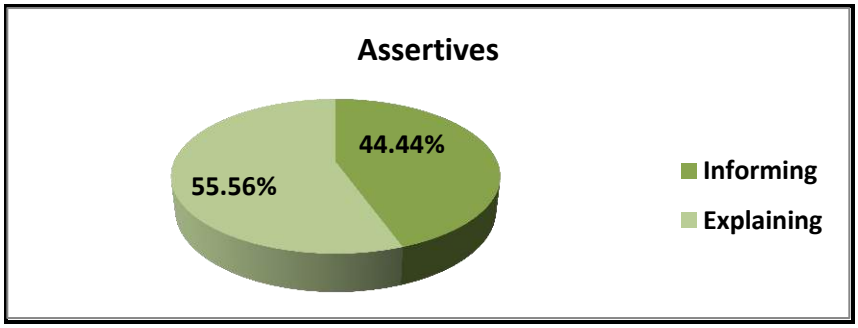

Figure 181: Percentages of Assertives in Leaflet 60

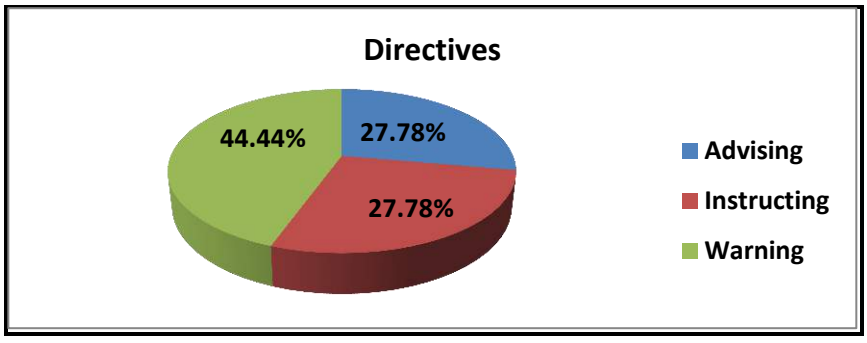

Figure 182: Percentages of Directives in Leaflet 60

4.62 Discussion of the Results

The following tables show all the results of the pragmatic analysis with their frequencies and percentages concerning speech acts categories with their illocutionary acts as used in the sixty medical leaflets:

Table 121: The speech Acts of the Medical leaflets

No. of leaflet	Type of Speech Acts				
	Assertives	Directives	Commissives	Expressives	Declaratives
1	31	116			
2	13	62			
3	22	184			
4	16	116			
5	22	64			
6	10	41			
7	22	157			
8	16	47			
9	14	73			
10	17	34			
11	11	37			
12	14	44			
13	14	35			
14	15	43			
15	11	29			
16	10	34			
17	19	66			
18	21	37			
19	15	86			
20	12	25			
21	9	39			
22	11	38			
23	9	40			
24	11	49			
25	10	34			

26	8	33			
27	16	28			
28	7	34			
29	9	18			
30	10	51			
31	6	25			
32	10	26			
33	8	30			
34	11	20			
35	8	29			
36	12	26			
37	21	41			
38	11	50			
39	13	41			
40	5	29			
41	11	39			
42	6	19			
43	10	20			
44	11	25			
45	10	13			
46	12	28			
47	13	21			
48	9	41			
49	10	16			
50	5	17			
51	14	19			
52	6	25			
53	11	45			
54	13	18			
55	16	40			
56	14	27			
57	11	44			
58	5	27			
59	9	20			
60	9	18			
Frequency	735	2533	0	0	0
Percentage	22.50%	77.50%			

Table 121 clearly shows that the sixty medical leaflets have only two speech acts. They are as follows:

1- Directive speech acts are most frequent in the (60) medical leaflets analysed, occurring (2533) times and constituting (77.50%) of the total number of speech acts.
2- Assertive speech acts, on the other hand, occur (735) times, comprising (22.50%) of all the speech acts.
3- There is no occurrence of commissive, expressive and declarative speech acts.

Table 122: The Illocutionary of the Assertive and Directive Speech Acts of the Medical Leaflets

No. of Leaflet	Assertives				Directives				
	Explaining	Informing	Describing	Stating	Warning	Instructing	Advising	Requesting	Asking
1		15	16		49	41	19		7
2		5	8		24	18	18	2	
3		14	8		95	40	45		3
4		6	10		49	32	29		6
5		5	17		47	11	6		
6	7	3			11	12	18		
7	17	5			67	49	41		
8	10	6			17	16	14		
9	11	3			40	20	13		
10	10	7			13	11	9	1	
11	6	5			18	9	10		
12	4	10			19	12	13		
13	10	4			12	7	13	3	
14	9	6			16	12	15		
15		5	6		8	11	10		
16	6	4			16	10	8		
17	11	8			27	12	17	10	
18	16	5			14	9	14		
19	8	7			31	21	33	1	
20	10	2			10	8	7		
21	6	3			24	10	5		
22	6	5			17	10	11		
23	5	4			19	10	9	2	
24	6	5			19	12	18		
25	7	3			16	9	9		
26	5	3			16	8	9		
27	7	3		6	13	5	10		
28	4	3			15	7	12		
29	6	3			4	6	8		

30	6	4			26	15	10		
31	3	3			14	6	5		
32	8	2			10	9	7		
33	6	2			11	6	12	1	
34	7	4			7	6	7		
35	6	2			11	6	12		
36	10	2		2	9	9	8		
37	6	5		10	11	16	13	1	
38	6	5			19	15	16		
39	4	6		3	17	16	8		
40	3	2			13	10	6		
41	7	4			19	11	9		
42	3	3			9	6	4		
43	7	3			9	7	4		
44	7	4			10	7	8		
45	6	4			3	3	7		
46	5	7			13	9	6		
47	7	6			7	6	8		
48	6	3			20	14	7		
49	6	4			6	6	4		
50	3	2			8	5	4		
51	8	6			7	6	6		
52	3	3			10	11	4		
53	6	5			21	9	15		
54	6	7			6	7	5		
55	12	4			17	14	9		
56	11	3			9	11	7		
57	6	5			19	15	10		
58	3	2			12	6	9		
59	6	3			9	7	4		
60	5	4			8	5	5		
Freq,	375	276	65	21	1096	717	682	21	16
Per.	50.90	37.50	8.80	2.80	43.30	28.31	26.94	0.82	0.63

Table 122 clarifies the illocutionary acts of the assertive and directive speech acts. The assertive speech acts attain (735), and their illocutionary acts are as follows:

1. Explaining is used (375) times and gains (50.90%) which is the highest percentage as far as the assertive speech act is concerned.
2. Informing is used (276) times and gets (37.50%). It attains the second position regarding assertive speech acts.
3. Describing is used (65) and gains (8.80%) out of the total percentage of assertive speech acts.
4. Stating is used (21) times and obtains (2.80%) which is the lowest share in assertive speech acts.

The directive speech acts are used (2533) times, and their illocutionary acts are as follows:

1.Warning is used (1096) times and gains (43.30%) which is the highest share of the total number of directive speech acts.
2. Instructing comes after warning. It is used (717) times and represents (28.31%) of the directive speech acts.
3. Advising is used (682) times and constitutes (26.94%) of the directives.
4. Requesting is used (21) times and form (0.82%) of the directives.
5. Asking is used (16) times and comprises (0.63%) which is the lowest one in the directive speech acts.

The analysis in tables 121 and 122 demonstrates that medical leaflets tend to employ two of the selected speech acts categories which are assertives and directives. In addition, It is noticed that the directive speech acts are more frequently used than assertives and gain the highest percentage in the analysis

of the sixty medical leaflets. This is due to the fact that any medical leaflet is a technical document inserted in every medicine package to present written directions and information about the medication. Regulators, manufacturers and healthcare professionals provide these medical leaflets following a standard model which consists of the same kinds of information for every medication. Their main purpose is to warn, instruct, advise, and inform patients about their drug regarding its precautions, administration and likely side effects.

Consequently, these package leaflets should be worded in a way that a maximum number of people who can use the recommendations benefits apparently from them, and can use their medicine safely and appropriately regardless of their level of education and profession. Medical leaflets are both authoritative and available, and for many patients, they are considered as the third safe source of medical information after pharmacists and doctors . They are regarded as one of the few reliable, comprehensive and available resources for patients about their medications.

Results in table 122 show that medical leaflets can be regarded as texts of special purposes, their main aim is to guide the readers directly to the information which is more relevant for their health. They have a directive goal next to an informative function that are provided by pharmaceutical companies to accompany medicinal products so that patients can use them for practical instructions . They are considered as provider-patient written communication which are drafted on a standardized template that records design, headings and layout of information which is described by directive and assertive speech acts. Moreover, these leaflets give further information in

demonstrative imperative directives which represent the stakeholders as a source of accurate factual knowledge.

In this context, healthcare professionals at the pharmaceutical companies have full responsibility for helping lay people to take medicine safely throughout the use of directives and assertives with their illocutionary acts that are clearly shown in table 122. The information found in medical leaflets is usually taken from and based on "Summaries of Product Characteristics" which is a source specially found for physicians when medicinal products are being approved. It is a legal document which contains more information than a medical leaflet, and it is a part of the marketing authorization of every drug. It is regarded as a standard of information that describes the conditions and properties on the use of medical products for physicians and healthcare professionals.

Accordingly, this explanation justify the absence of expressive, commissive and declarative speech acts in the analysis of the language of medical leaflets. According to Searl (1969:3) expressive speech acts indicate the feeling and emotional state of the speaker or writer. The sense of personality is not found in writing these medical leaflets, conversely they are written objectively by stakeholders and manufacturers to direct and inform patients to use their medical products safely. In addition, sentences and expressions in these medical leaflets are stated as facts reflecting general medical knowledge, and they do not represent the manufacturers' own beliefs.

Concerning commissive speech acts, the speaker or writer commits himself to do something. In medical leaflets, there is no need for commissive speech acts because medical leaflets are directive and informative documents

with a highly specialised medical genre. As far as declarative speech acts are concerned, they are also not used in medical leaflets. This is because declaratives must be appropriately used in a kind of serious situations, for example in the church or court. By contrast, medical leaflets are small pieces of printed papers which are used to instruct and inform consumers how to use drugs safely. As a result, these three speech acts are excluded from the analysis because their occurrence is not prominent and rather infrequent.

CHAPTER FIVE

CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS

Based on the results and discussion in the previous chapter. This chapter presents the conclusions that are reached throughout the pragmatic analysis of the sixty medical leaflets. It also sheds light on some recommendations as well as suggestions for further study.

5.1 Conclusions

This study has come up with the following conclusions in the light of the hypotheses that comprised the foundation of it:

1. Speech acts theory can be applied to the language of medication in general and medical leaflets in particular as the literary language. This verifies the first hypothesis which predicts that the application of the selected speech acts theory on the chosen medical leaflets texts shows two types of speech acts. They are directives and assertives with their illocutionary acts such as warning, instructing, advising, explaining informing… etc., which reflect various degrees of explicitness in expressing the intended purpose behind using these leaflets.

2. Directives are highly used and most dominant speech acts in the language of medical leaflets which support the second hypothesis that shows such correspondence. Assertive speech acts are frequently used and come second in the application of Searle's speech acts theory on the selected medical leaflets. By contrast, there is no appearance of the expressive, commissive and declarative speech acts, and this absence is related to the nature of the medical leaflets language. It is regarded as a high quality written information that is presented by specialists, experts and stakeholders according to reliable objective measures of clarity, content, readability and design features.

3. The function of these medical leaflets is directive and informative in the way that they are used to give instructions and information on the use and application of medicinal products safely and correctly. This confirms the third hypothesis which shows that the purpose behind using these leaflets is to direct and inform patients and lay people about their prescribed medication regarding its precautions, administration and potential side effects.

Consequently, this study is conducted to show evidence on the applicability of Searle's speech acts theory (1969) to be functional and has validity to treat medical leaflets language, and to prove that the directive speech acts are the most dominant one and are used many times in the writing of these leaflets. This indicates that holders in medical industry facilities keep in mind the effect that their instructions leave on the patients when they buy these products in terms of what they are reading; a warning, an advice, a statement or a description in order to go hand in hand with the purpose perceived by these industries. In this regard, instructions found in leaflets lead the patients in order to figure out how to use the purchased product because it would have a great effect on their health. Moreover, most ordinary people

who buy medicament without prescription from doctors try to follow the instructions found in the leaflets because they lack sufficient medical knowledge. Consequently, it is easier and more natural for them to make use of these recommendations to ensure their safety.

5.2 Recommendations

As literary works language, language of medication has its own pragmatic, linguistic and semantic features that need to shed lights on in order to enhance the students' ability in using English language regarding medical leaflet. It is recommended that teachers in English departments need to refer to some information in their lessons about language of medication with a particular reference to the importance of using medical leaflets in everyday life. In addition, teachers can use these medical leaflets texts as a practical means to enrich their capacity in acquiring new medical expressions and information. Moreover, with a chance to evaluate their pragmatic knowledge, medical leaflets language can be regarded as a rich area to apply speech acts theory as shown clearly in this study.

5. 3 Suggestions for further studies

Based on the findings of this study, the following are suggestions for future studies:

1. A pragmatic analysis of speech acts can be applied to medical brochures and posters in order to reflect their role in advising lay people to certain health cases.

2. A contrastive study of speech acts theory in English and Arabic medical leaflets languages to see how the pragmatic structures and expressions are used in both languages.

3. A pragmatic study in terms of speech acts theory to commercial letters among business companies and organizations. The purpose is to investigate business language as a formal written communication that has its own nature.

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Appendices

Leaflet 1

Package leaflet: Information for the user

Motilium® 1mg/ml oral suspension

(1 mg domperidone per 1ml suspension)

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start taking this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What MOTILIUM is and what it is used for
2. What you need to know before you take MOTILIUM
3. How to take MOTILIUM
4. Possible side effects
5. How to store MOTILIUM
6. Contents of the pack and other information

1. What MOTILIUM is and what it is used for

This medicine is used to treat nausea (feeling sick) and vomiting (being sick) in adults and children.

Please read the section "How to take MOTILIUM" to see which doses should be used in adults and which should be used in children.

2. What you need to know before you take MOTILIUM

Do not take MOTILIUM if you:

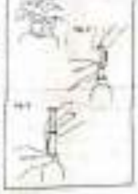
- are allergic (hypersensitive) to domperidone or any of the other ingredients of MOTILIUM
- have stomach bleeding or if you regularly have severe abdominal pain or persistent black stools (poo)
- have a blocked or perforated gut
- have a tumour of the pituitary gland (prolactinoma)
- have a moderate or severe liver disease
- have an ECG (electrocardiogram) that shows a heart problem called "prolonged QT interval"
- have or had a problem where your heart cannot pump the blood around your body as well as it should (condition called heart failure)
- have a problem that gives you a low level of potassium or magnesium, or a high level of potassium in your blood.
- are taking certain medicines (see "Taking other medicines").

Neonates, infants, children less than 12 years of age and adolescents with a body weight of less than 35 kg

- Your doctor will explain to you exactly how much of the medicine to give to the child, and how often.
- Give MOTILIUM to children using the pipette supplied with the medicine. In children, the dose is dependent on body weight. For example, for a child weighing 10 kg, the dose per intake is obtained by pulling the piston down to the graduation mark corresponding to the body weight of the children i.e., 10 kg.
- Give the dose a maximum of three times a day at least 4-6 hours apart, if possible before meals/feeding. Do not give more than three times in a 24 hour time period.

Instructions for use of the pipette in children

- Remove the plastic screw cap from the top of the bottle (Fig. 1)
- Place the pipette in the bottle.
- Hold the lower ring of the pipette.
- Aspirate the fluid by pulling up the upper ring to the mark corresponding to the child's weight in kilograms (unless told otherwise by your doctor) (Fig. 2)
- Remove the whole pipette from the bottle (Fig. 3).
- Administer the fluid by emptying the pipette into the child's mouth.
- Clean the pipette in water.
- Seal the bottle with the plastic screw cap.



If you take more MOTILIUM than you should

If you have used or taken too much MOTILIUM, contact your doctor, pharmacist or the poison centre immediately, in particular if a child has taken too much. In the event of overdose, symptomatic treatment could be implemented. An ECG monitoring could be undertaken, because of the possibility of a heart problem called "prolonged QT interval".

Information for the doctor: close observation of the patient, gastric lavage, administration of activated charcoal and general supportive measures are recommended. Anticholinergic anti-Parkinson medication may help to counteract the extrapyramidal disorders.

If you forget to take MOTILIUM

Take your medicine as soon as you remember. If it is almost time for your next dose, wait until that is due and then continue as normal. Do not take a double dose to make up for a forgotten dose.

[illegible]

- MOTILIUM suspension also contains methyl parahydroxy benzoate (E218) and propyl parahydroxy benzoate (E216). These substances may cause allergic reactions (possibly delayed), and exceptionally, bronchospasm.

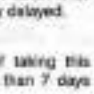
3. How to take MOTILIUM

Follow these instructions closely unless your doctor has advised you otherwise.

Take MOTILIUM before meals because when taken after meals, the absorption of the medicine is slightly delayed.

Duration of treatment

Symptoms usually resolve with 3-4 days of taking this medicine. Do not take MOTILIUM for longer than 7 days without consulting your doctor.



The bottle is protected by a childproof cap. To open the bottle, press down the plastic screw cap whilst turning it counter clockwise as shown below.

Mix the contents of the bottle completely using a gentle tilting motion to avoid the formation of foam.

Adults and adolescents 12 years of age and older and with a body weight of 35 kg or more

- A dosing cup is supplied with this medicine. This cup has three lines: 2.5 ml, 5 ml and 10 ml, (for example it will hold 10 ml of oral suspension when filled to the top line)
- Use the measuring cup just as it sits on the bottle. Make sure that the side with the graduations (the side that holds lines) is uppermost, that is the side you have to fill. When the arrow on the side points up, the correct side is uppermost

- Measure the amount required into the dosing cup
- Do not dilute MOTILIUM and do not mix with other liquids
- The usual dose is 10 ml taken up to three times per day, if possible before meals. Do not take more than 30 ml per day (this is equal to 3 dosing cups filled to the top line)
- Clean the dosing cup after use.

6. Contents of the pack and other information

What MOTILIUM contains

The active substance is domperidone.

The other ingredients are:

Sorbitol 70% w/w non-crystallised solution, microcrystalline cellulose, sodium carboxymethylcellulose, methyl hydroxybenzoate (E218), propyl hydroxybenzoate (E216), sodium saccharin, polysorbate 20, sodium hydroxide and purified water.

What MOTILIUM looks like and contents of the pack

Oral suspension in 100 ml or 200 ml glass bottles with a 10 ml dosing cup or 5 ml dosing pipette.

Not all pack sizes may be marketed

Manufacturer

See outer carton

This package insert was last approved in

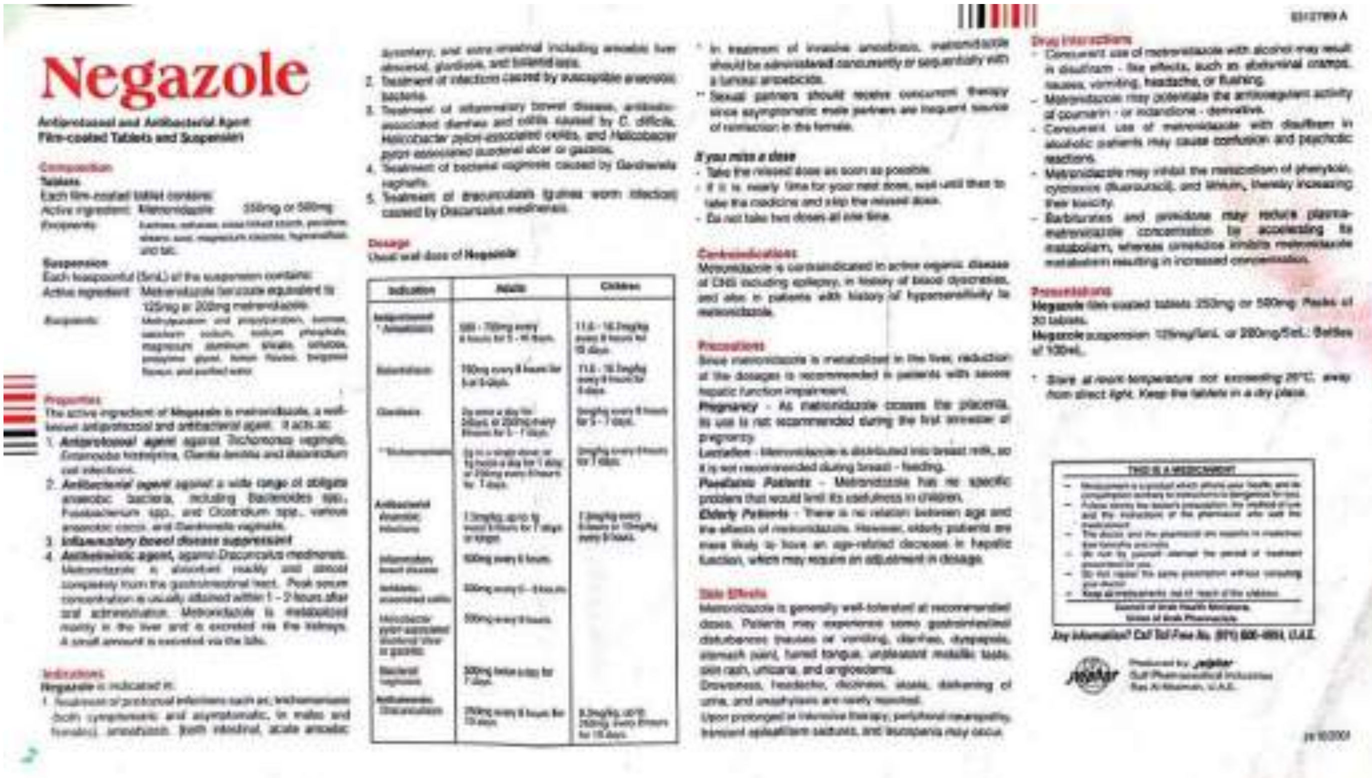
31 July 2015

THIS IS A MEDICAMENT

- Medicament is a product which affects your health and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament. The doctor and the pharmacist are the experts in medicines, their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of the reach of children

Council of Arab Health Ministers,
Union of Arab Pharmacists

Leaflet 2



Leaflet 3

Leaflet 4

Package leaflet: information for the patient

Meprolol® 100 mg

1. What Meprolol 100 mg is and what it is used for

2. What you need to know before you take Meprolol 100 mg

3. How to take Meprolol 100 mg

4. Possible side effects

5. How to store Meprolol 100 mg

6. Contents of the pack and other information

Leaflet 5

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

H. Pylori kit

Brukit

(Lansoprazole,Tinidazole and Clarithromycin Combikit)

Each combipack kit contains:
A 2 LANSOPRAZOLE DELAYED RELEASE CAPSULES USP
Each hard gelatin capsule contains:
Lansoprazole USP 30mg
(As enteric coated pellets)
Approved colours used in empty capsule shell)
B 2 CLARITHROMYCIN TABLETS USP
Each film-coated tablet contains:
Clarithromycin USP 250mg
Approved Colours used in coating.
C 2 TINIDAZOLE TABLETS
Each film coated tablet contains:
Tinidazole BP 500mg
Approved Colours used in coating

Therapeutic Class
Helicobacter pylori eradication regimens

Pharmacology
Description
Helicobacter pylori is probably the most common bacterial infection with a worldwide prevalence of approximately 50%. Helicobacter pylori is implicated in the etiology of gastritis and peptic ulceration in humans. Conventional histamine-2 receptor antagonists do not suppress or eradicate Helicobacter pylori and have a high rate of ulcer recurrence. Monotherapy using bismuth compounds or antimicrobials is not very effective with an eradication rate not more than 15 - 20%. Dual therapy with bismuth salt plus antimicrobial agent eradicates Helicobacter pylori in only 60% of cases.

The standard triple therapy regimens comprising a bismuth salt, metronidazole or Tinidazole and tetracycline or amoxycillin has proved to be effective for eradicating Helicobacter pylori. But the major disadvantage of bismuth triple therapy is compliance, which may be compromised by a patient having to take 16 tablets a day. There are significant side effects including malaise, sour mouth, diarrhoea, nausea and potential for a disulfiram-like reaction when metronidazole and alcohol are taken concurrently which may be severe enough again to affect compliance.

Newer triple therapies including proton pump inhibitor such as **Lansoprazole, Clarithromycin** and **Tinidazole** may serve as shorter, simpler and effective drug regimen for the eradication of Helicobacter pylori.

Lansoprazole is a substituted benzimidazole gastric cell secretory agent. Lansoprazole binds 2 H^+K^+ ATP ase in gastric parietal cells, inactivation of this enzyme system blocks the final step in the secretion of hydrochloric acid by these cells. Lansoprazole also inhibits basal and stimulated gastric acid secretion. The MIC of Lansoprazole and sulfonamide metabolites ranges from 0.6 mg/L to 2.5 mg/L. It is four times more potent than Omeprazole. The selective activity of Lansoprazole against H. pylori is anti-urease effects, and its ability in acidic and neutral environment are likely to be important factors in the treatment of H. pylori infection.

Clarithromycin, a potent macrolide, exerts its anti-bacterial action by binding to the 50 S Ribosomal sub unit of susceptible bacteria and suppresses protein synthesis. Clarithromycin has good in vitro activity [MIC90 value 0.03 mg/L] against H. pylori, which make it suitable for incorporation into regimen for the eradication of H. pylori infection.

Tinidazole, 5-nitroimidazole is more potent and long acting compared to metronidazole. It is active against protozoal and anaerobic bacterial infection. Tinidazole is considered to be an active anti-microbial agent against H. pylori and exerts rapid bactericidal actions. Tinidazole acts by damage of DNA strands or inhibition of their synthesis.

Indications
BRUKIT is indicated in the eradication of H. pylori in active chronic gastritis, duodenal and gastric ulcers.

Contra-indications
Hypersensitivity to **Lansoprazole** or **Clarithromycin** or **Tinidazole**

Precautions/Warnings
Theophylline: Clarithromycin use in patients who are receiving theophylline may be associated with an increase in serum theophylline concentrations.

Carbamazepine: Concomitant administration of single dose of Clarithromycin and carbamazepine have been shown to result in increase in plasma concentration of carbamazepine. Warfarin. The use of Clarithromycin in patients receiving warfarin may result in potentiation of the effects of warfarin. Prothrombin time should be frequently monitored in these patients.

Digoxin: the effects of digoxin may be potentiated with concomitant administration of Clarithromycin.

Terfenadine: Concomitant administration of single dose of Clarithromycin and terfenadine have been shown to result in increased plasma concentrations of terfenadine. Clarithromycin should not be given to patients receiving terfenadine therapy who have pre-existing cardiac abnormalities (arrhythmia, bradycardia, QT interval prolongation, ischaemic heart disease, congestive cardiac failure) or electrolyte disturbances.

Ergot: the theoretical possibility of ergotism contraindicates the concurrent use of Clarithromycin with ergot derivatives. Cyclosporin. Clarithromycin increases the serum concentration of cyclosporine hence the dosage of later may be reduced to avoid renal toxicity. The use of Clarithromycin in patients concurrently taking drugs, metabolites by the Cytochrome P 450 system may be associated with elevations in serum levels of these other drugs.

Ketaconazole: Ampicillin esters, iron salts. Lansoprazole causes a profound and long lasting inhibition of gastric acid secretion. Therefore, it is possible that Lansoprazole may interfere with the absorption of these drugs.

Alcohol: Intake of alcohol during the combikit, therapy can precipitate and antatyse effect should be avoided.

Disulfiram: Concurrent administration may cause delirium and confusion.

Pregnancy
Lansoprazole, Clarithromycin, Tinidazole. There are no well controlled studies of Lansoprazole or Clarithromycin or Tinidazole in pregnant women. Hence this combikit is not indicated in pregnancy.

Lactation.
It is not known whether Lansoprazole or Clarithromycin or Tinidazole is excreted in breast milk. Caution should be exercised when administrating to nursing women.

Renal and hepatic insufficiency.
Caution should be exercised when administrating the combikit to patients with renal impairment and hepatic disease.

Pseudomembraneous colitis: Has occurred with nearly all anti-bacterial agents including Clarithromycin and may range in severity from mild to life threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhoea subsequent to the administration of anti-bacterial agents.

Interactions
Theophylline: Clarithromycin use in patients who are receiving theophylline may be associated with an increase in serum theophylline concentrations.

Carbamezapine: Concomitant administration of single dose of Clarithromycin and carbamezapine have been shown to result in increase in plasma concentration of carbamezapine. Warfarin. The use of Clarithromycin in patients receiving warfarin may result in potentiation of the effects of warfarin. Prothrombin time should be frequently monitored in these patients.

Digoxin: the effects of digoxin may be potentiated with concomitant administration of Clarithromycin.

Terfenadine: Concomitant administration of single dose of Clarithromycin and terfenadine have been shown to result in increased plasma concentrations of terfenadine. Clarithromycin should not be given to patients receiving terfenadine therapy who have pre-existing cardiac abnormalities (arrhythmia, bradycardia, QT interval prolongation, ischemic heart disease, congestive cardiac failure) or electrolyte disturbances.

Ergot: the theoretical possibility of ergotism contraindicates the concurrent use of Clarithromycin with ergot derivatives. Cyclosporin. Clarithromycin increases the serum concentration of cyclosporine hence the dosage of later may be reduced to avoid renal toxicity. The use of Clarithromycin in patients concurrently taking drugs, metabolites by the Cytochrome P 450 system may be associated with elevations in serum levels of these other drugs.

Ketoconazole: Ampicillin esters, iron salts. Lansoprazole causes a profound and long lasting inhibition of gastric acid secretion. Therefore, it is possible that Lansoprazole may interfere with the absorption of these drugs.

Alcohol: Intake of alcohol during the combikit, therapy can precipitate and antabuse effect should be avoided.

Disulfiram: Concurrent administration may cause delirium and confusion.

Pregnancy
Lansoprazole, Clarithromycin, Tinidazole. There are no well controlled studies of Lansoprazole or Clarithromycin or Tinidazole in pregnant women. Hence this combikit is not indicated in pregnancy.

Lactation.
It is not known whether Lansoprazole or Clarithromycin or Tinidazole is excreted in breast milk. Caution should be exercised when administrating to nursing women.

Renal and hepatic insufficiency.
Caution should be exercised when administrating the combikit to patients with renal impairment and hepatic disease.

Pseudomembraneous colitis: Has occurred with nearly all anti-bacterial agents including Clarithromycin and may range in severity from mild to life threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhoea subsequent to the administration of anti-bacterial agents.

Adverse Effects
The drugs of the combikit are well tolerated.

Side effects include nausea, vomiting, diarrhea, and abdominal pain.

Other rare side effects include, skin rash, metallic taste, rarely glossitis, stomatitis, urticaria, eruptions, moderate leukopenia.

Dosage & Administration
One BRUKIT pack contains 2 capsules of **Lansoprazole (30 mg)**, 2 tablets of **Clarithromycin (250 mg)** and 2 tablets of **Tinidazole (500 mg)**.

One pack is one-day treatment.

From this specially designed pack, one capsule of Lansoprazole, one tablet of Clarithromycin and one Tinidazole tablet of is to be taken in the morning and similarly one each in the evening.

The treatment should be continued minimum for 7 days.

Overdosage
There are no studies on overdosage. If in case of overdosage management should be with symptomatic and supportive therapy.

Storage : Store in a cool (below 25°C) & dry place. Protect from light.
Keep it out of reach of Children.

Packing: One Combikit packed in a unit carton.

Manufactured by:
BRAWN
LABORATORIES LIMITED
13 New Industrial Township
Faridabad - 121001, Haryana-India

Leaflet 6

CORTILONE®

Prednisolone Tablets 5 mg

COMPOSITION:
Each tablet contains: Prednisolone.....5 mg.

PHARMACOLOGICAL CLASSIFICATION:
Corticosteroids and analogues.

PHARMACOLOGICAL ACTION:
Prednisolone is a synthetic glucocorticoid.
Prednisolone has five times the potency of cortisone acetate but in equivalent doses causes less sodium and fluid retention although more gastric symptoms.
Prednisolone is readily absorbed from the gastro-intestinal tract.
Peak plasma concentrations of prednisolone are obtained 1 or 2 hours after administration by mouth, and it usually has a plasma half-life of 2 or 3 hours. Prednisolone is extensively bound to plasma proteins.
Prednisolone is excreted in the urine as free and conjugated metabolites, together with an appreciable amount of unchanged prednisolone.
Prednisolone crosses the placenta and small amounts are excreted in breast milk.

INDICATIONS:
Prednisolone is indicated in all conditions where corticosteroid therapy is likely to be of benefit. These include acute haemolytic disorders, allergic disorders, asthma, leukaemia, thrombocytopenic purpura, coeliac disease, insulin resistance in diabetes mellitus, immunosuppression, liver disorders and ulcerative colitis.

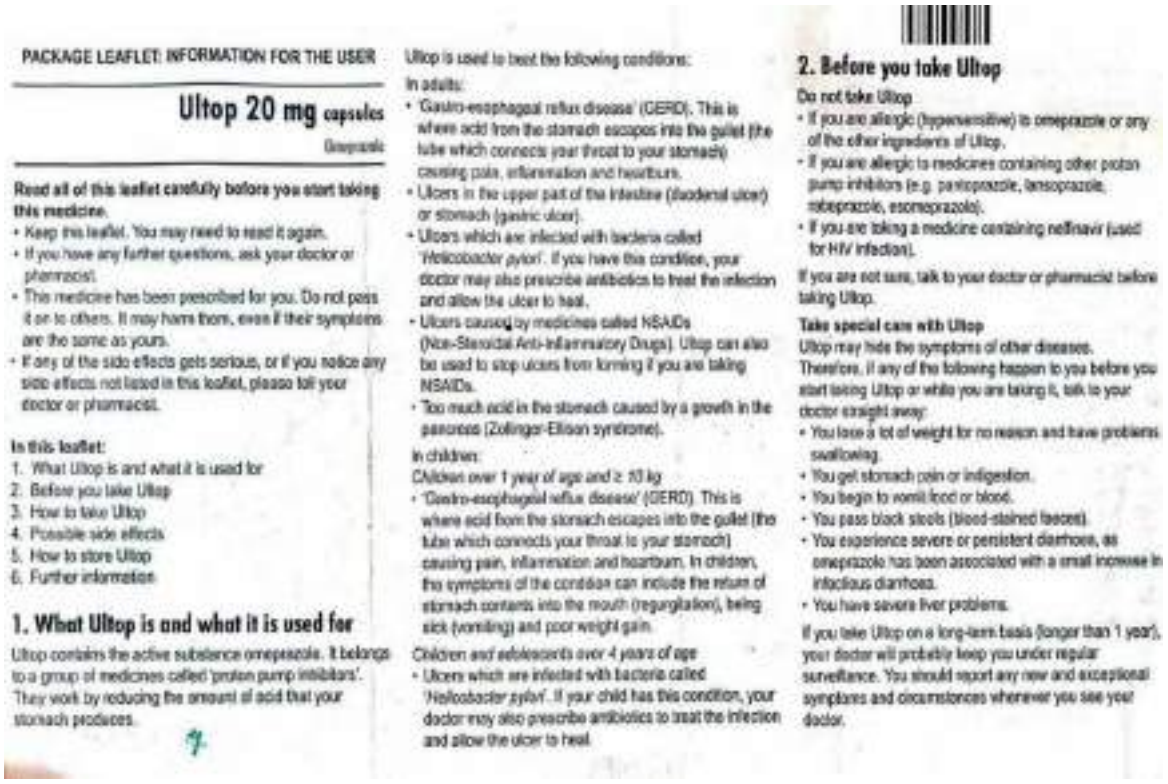
CONTRA-INDICATIONS:
Patients with peptic ulcer, osteoporosis, psychoses, or severe psychoneuroses. It should be used with great caution in the presence of congestive heart failure, hypertension, diabetes mellitus, infectious diseases, chronic renal failure, uraemia and in elderly persons. Patients with active tuberculosis or doubtfully quiescent tuberculosis should not given prednisolone. Prednisolone is contraindicated in the presence of acute infections, including Herpes zoster and Herpes simplex ulceration of the eye. Vaccination with live vaccine is contra-indicated, but killed vaccines or toxoids may be given.

WARNINGS:
Sudden withdrawal or reduction in dosage, or an increase in corticosteroid requirements associated with the stress of infection, or accidental or surgical trauma may cause acute adrenal insufficiency. Symptoms of adrenal insufficiency include malaise, muscle weakness, mental changes, muscle and joint pain, desquamation of the skin, dyspnoea, anorexia, nausea and vomiting, fever, hypoglycaemia, hypotension and dehydration.

DOSAGE AND DIRECTIONS FOR USE:
The usual dose is up to 60 mg daily in divided doses.
Prednisolone withdrawal should always be gradual. The rate depends on the patient's response, the dose and duration of therapy. Adrenal function should be monitored throughout withdrawal and symptoms attributable to overrapid withdrawal should be countered by resuming a higher dose and continuing the reduction at a slower rate.

SIDE-EFFECTS AND SPECIAL PRECAUTIONS:
Prednisolone may cause sodium retention, electrolyte imbalance and oedema.

Leaflet 7



PACKAGE LEAFLET: INFORMATION FOR THE USER

Ultop 20 mg capsules

Omeprazole

Read all of this leaflet carefully before you start taking this medicine.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:
1. What Ultop is and what it is used for
2. Before you take Ultop
3. How to take Ultop
4. Possible side effects
5. How to store Ultop
6. Further information

1. What Ultop is and what it is used for

Ultop contains the active substance omeprazole. It belongs to a group of medicines called 'proton pump inhibitors'. They work by reducing the amount of acid that your stomach produces.

Ultop is used to treat the following conditions:

In adults:
- 'Gastro-esophageal reflux disease' (GERD). This is where acid from the stomach escapes into the gullet (the tube which connects your throat to your stomach) causing pain, inflammation and heartburn.
- Ulcers in the upper part of the intestine (duodenal ulcer) or stomach (gastric ulcer).
- Ulcers which are infected with bacteria called 'Helicobacter pylori'. If you have this condition, your doctor may also prescribe antibiotics to treat the infection and allow the ulcer to heal.
- Ulcers caused by medicines called NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). Ultop can also be used to stop ulcers from forming if you are taking NSAIDs.
- Too much acid in the stomach caused by a growth in the pancreas (Zollinger-Ellison syndrome).

In children:

Children over 1 year of age and ≥ 10 kg
- 'Gastro-esophageal reflux disease' (GERD). This is where acid from the stomach escapes into the gullet (the tube which connects your throat to your stomach) causing pain, inflammation and heartburn. In children, the symptoms of the condition can include the return of stomach contents into the mouth (regurgitation), being sick (vomiting) and poor weight gain.

Children and adolescents over 4 years of age
- Ulcers which are infected with bacteria called 'Helicobacter pylori'. If your child has this condition, your doctor may also prescribe antibiotics to treat the infection and allow the ulcer to heal.

2. Before you take Ultop

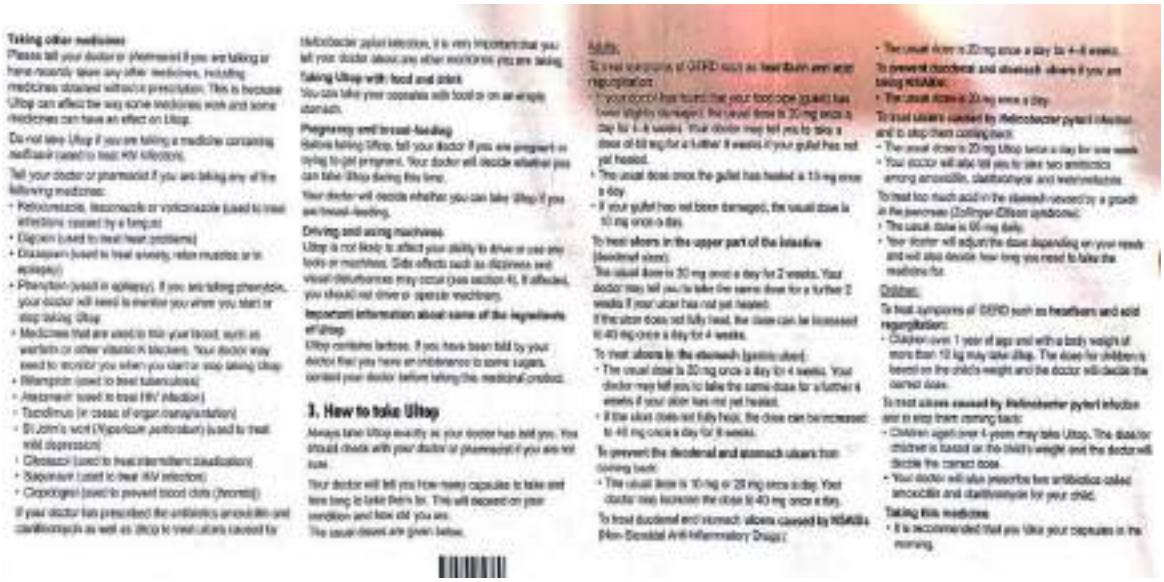
Do not take Ultop
- If you are allergic (hypersensitive) to omeprazole or any of the other ingredients of Ultop.
- If you are allergic to medicines containing other proton pump inhibitors (e.g. pantoprazole, lansoprazole, rabeprazole, esomeprazole).
- If you are taking a medicine containing nelfinavir (used for HIV infection).

If you are not sure, talk to your doctor or pharmacist before taking Ultop.

Take special care with Ultop

Ultop may hide the symptoms of other diseases. Therefore, if any of the following happen to you before you start taking Ultop or while you are taking it, talk to your doctor straight away:
- You lose a lot of weight for no reason and have problems swallowing.
- You get stomach pain or indigestion.
- You begin to vomit food or blood.
- You pass black stools (blood-stained faeces).
- You experience severe or persistent diarrhoea, as omeprazole has been associated with a small increase in infectious diarrhoea.
- You have severe liver problems.

If you take Ultop on a long-term basis (longer than 1 year), your doctor will probably keep you under regular surveillance. You should report any new and exceptional symptoms and circumstances whenever you see your doctor.



Taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription. This is because Ultop can affect the way some medicines work and some medicines can have an effect on Ultop.

Do not take Ultop if you are taking a medicine containing nelfinavir (used to treat HIV infection).

Tell your doctor or pharmacist if you are taking any of the following medicines:
- Ketoconazole, itraconazole or voriconazole (used to treat infections caused by a fungus)
- Digoxin (used to treat heart problems)
- Diazepam (used to treat anxiety, relax muscles or to epilepsy)
- Phenytoin (used in epilepsy). If you are taking phenytoin, your doctor will need to monitor you when you start or stop taking Ultop
- Medicines that are used to thin your blood, such as warfarin or other vitamin K blockers. Your doctor may need to monitor you when you start or stop taking Ultop
- Rifampicin (used to treat tuberculosis)
- Atazanavir (used to treat HIV infection)
- Tacrolimus (in cases of organ transplantation)
- St John's wort (Hypericum perforatum) (used to treat mild depression)
- Citalopram (used to treat intermittent claudication)
- Saquinavir (used to treat HIV infection)
- Clopidogrel (used to prevent blood clots (thrombi))

If your doctor has prescribed the antibiotics amoxicillin and clarithromycin as well as Ultop to treat ulcers caused by Helicobacter pylori infection, it is very important that you tell your doctor about any other medicines you are taking.

Taking Ultop with food and drink

You can take your capsules with food or on an empty stomach.

Pregnancy and breast-feeding

Before taking Ultop, tell your doctor if you are pregnant or trying to get pregnant. Your doctor will decide whether you can take Ultop during this time.

Your doctor will decide whether you can take Ultop if you are breast-feeding.

Driving and using machines

Ultop is not likely to affect your ability to drive or use any tools or machines. Side effects such as dizziness and visual disturbances may occur (see section 4). If affected, you should not drive or operate machinery.

Important information about some of the ingredients of Ultop

Ultop contains lactose. If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to take Ultop

Always take Ultop exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

Your doctor will tell you how many capsules to take and how long to take them for. This will depend on your condition and how old you are.

The usual doses are given below.

Adults:

To treat symptoms of GERD such as heartburn and acid regurgitation:
- If your doctor has found that your food pipe (gullet) has been slightly damaged, the usual dose is 20 mg once a day for 4–8 weeks. Your doctor may tell you to take a dose of 40 mg for a further 4 weeks if your gullet has not yet healed.
- The usual dose once the gullet has healed is 10 mg once a day.
- If your gullet has not been damaged, the usual dose is 10 mg once a day.

To treat ulcers in the upper part of the intestine (duodenal ulcer):

The usual dose is 20 mg once a day for 2 weeks. Your doctor may tell you to take the same dose for a further 2 weeks if your ulcer has not yet healed.

If the ulcer does not fully heal, the dose can be increased to 40 mg once a day for 4 weeks.

To treat ulcers in the stomach (gastric ulcer):
- The usual dose is 20 mg once a day for 4 weeks. Your doctor may tell you to take the same dose for a further 4 weeks if your ulcer has not yet healed.
- If the ulcer does not fully heal, the dose can be increased to 40 mg once a day for 8 weeks.

To prevent the duodenal and stomach ulcers from coming back:
- The usual dose is 10 mg or 20 mg once a day. Your doctor may increase the dose to 40 mg once a day.

To treat duodenal and stomach ulcers caused by NSAIDs (Non-Steroidal Anti-Inflammatory Drugs):
- The usual dose is 20 mg once a day for 4–8 weeks.

To prevent duodenal and stomach ulcers if you are taking NSAIDs:
- The usual dose is 20 mg once a day.

To treat ulcers caused by Helicobacter pylori infection and to stop them coming back:
- The usual dose is 20 mg Ultop twice a day for one week.
- Your doctor will also tell you to take two antibiotics among amoxicillin, clarithromycin and metronidazole.

To treat too much acid in the stomach caused by a growth in the pancreas (Zollinger-Ellison syndrome):
- The usual dose is 60 mg daily.
- Your doctor will adjust the dose depending on your needs and will also decide how long you need to take the medicine for.

Children:

To treat symptoms of GERD such as heartburn and acid regurgitation:
- Children over 1 year of age and with a body weight of more than 10 kg may take Ultop. The dose for children is based on the child's weight and the doctor will decide the correct dose.

To treat ulcers caused by Helicobacter pylori infection and to stop them coming back:
- Children aged over 4 years may take Ultop. The dose for children is based on the child's weight and the doctor will decide the correct dose.
- Your doctor will also prescribe two antibiotics called amoxicillin and clarithromycin for your child.

Taking this medicine
- It is recommended that you take your capsules in the morning.

- You can take your capsules with food or on an empty stomach.
- Swallow your capsules whole with half a glass of water. Do not chew or crush the capsules. This is because the capsules contain coated pellets which stop the medicine from being broken down by the acid in your stomach. It is important not to damage the pellets.

What to do if you or your child have trouble swallowing the capsules

If you or your child have trouble swallowing the capsules:
- Open the capsules and swallow the contents directly with half a glass of water or put the contents into a glass of still (non-fizzy) water, any acidic fruit juice (e.g. apple, orange or pineapple) or apple sauce.
- Always stir the mixture just before drinking it (the mixture will not be clear). Then drink the mixture straight away or within 30 minutes.
- To make sure that you have drunk all of the medicine, rinse the glass very well with half a glass of water and drink it. The solid pieces contain the medicine – do not chew or crush them.

If you take more Ultop than you should

If you take more Ultop than prescribed by your doctor, talk to your doctor or pharmacist straight away.

If you forget to take Ultop

If you forget to take a dose, take it as soon as you remember it. However, if it is almost time for your next dose, skip the missed dose. Do not take a double dose to make up for a forgotten dose.

4. Possible side effects

Like all medicines, Ultop can cause side effects, although not everybody gets them.

If you notice any of the following rare but serious side effects, stop taking Ultop and contact a doctor immediately:
- Sudden wheezing, swelling of your lips, tongue and throat or body, rash, fainting or difficulties in swallowing (severe allergic reaction).
- Reddening of the skin with blisters or peeling. There may also be severe blisters and bleeding in the lips, eyes, mouth, nose and genitals. This could be 'Stevens-Johnson syndrome' or 'toxic epidermal necrolysis'.
- Yellow skin, dark urine and tiredness, which can be symptoms of liver problems.

Side effects may occur with certain frequencies, which are defined as follows:

Very common	affects more than 1 user in 10
Common	affects 1 to 10 users in 100
Uncommon	affects 1 to 10 users in 1,000
Rare	affects 1 to 10 users in 10,000
Very rare	affects less than 1 user in 10,000
Not known	frequency cannot be estimated from the available data

Other side effects include:

Common side effects
- Headache.
- Effects on your stomach or gut: diarrhoea, stomach pain, constipation, wind (flatulence).
- Feeling sick (nausea) or being sick (vomiting).

Uncommon side effects
- Swelling of the feet and ankles.
- Disturbed sleep (insomnia).
- Dizziness, tingling feelings such as "pins and needles", feeling sleepy.
- Spinning feeling (vertigo).
- Changes in blood tests that check how the liver is working.
- Skin rash, lumpy rash (hives) and itchy skin.
- Generally feeling unwell and lacking energy.

Rare side effects
- Blood problems such as a reduced number of white cells or platelets. This can cause weakness, bruising or make infections more likely.
- Allergic reactions, sometimes very severe, including swelling of the lips, tongue and throat, fever, wheezing.
- Low levels of sodium in the blood. This may cause weakness, being sick (vomiting) and cramps.
- Feeling agitated, confused or depressed.
- Taste changes.
- Eyesight problems such as blurred vision.
- Suddenly feeling wheezy or short of breath (bronchospasm).
- Dry mouth.
- An inflammation of the inside of the mouth.
- An infection called "thrush", which can affect the gut and is caused by a fungus.
- Liver problems, including jaundice, which can cause yellow skin, dark urine, and tiredness.
- Hair loss (alopecia).
- Skin rash on exposure to sunshine.

The insulin requirements of diabetic patients is increased, increased appetite is often reported.
Other excessive metabolic effects lead to metabolism of calcium and phosphorous, with osteoporosis and spontaneous fractures, nitrogen depletion, and hyperglycaemia with exacerbation or precipitation of the diabetic state.
The effect on tissue repair is evident by delayed wound healing and increased likelihood of infections. Increased susceptibility to all kinds of infections, including vagus, fungus infections and viral infections, has been reported in patients on prednisolone therapy.
Cushi vaccination in children has been reported.
Large doses of prednisolone may produce symptoms characteristic of hyperactivity of the adrenal cortex, with moon-face, hirsutism, oedema, myopathy, psychoses, buffalo hump, flushing, increased bruising, acne and acne, sometimes leading to a fully developed Cushing's syndrome.
Other adverse effects include osteoporosis, hypokalaemia, mental and neurological disturbances, intracranial hypertension, acute pancreatitis, and aseptic necrosis of bone.
An increase in blood coagulability may lead to thromboembolic complications.
It should be used with great caution in the presence of congestive heart failure, in patients with diabetes mellitus, infectious diseases, chronic renal failure, anorexia and in elderly patients.
Infections may be masked due to marked anti-inflammatory properties with analgesic and antipyretic effects, and may produce a feeling of well-being.
Administration of prednisolone may also cause a reduction in the number of circulating lymphocytes.
Muscular weakness is a side-effect, particularly when prednisolone is taken in large doses.
The incidence of side-effects rises steeply if dosage increases much above 7.5 mg daily. Short courses at high dosage for emergencies appear to cause less side-effects than prolonged courses with lower doses.
Concurrent administration of barbiturates, phenytoin, or rifampicin may enhance the metabolism and reduce the effects of prednisolone.
Response to antistaphylococcic may be reduced and, on some occasions, enhanced by corticosteroids.
Concurrent administration of prednisolone, and the potassium-depleting diuretics may cause excessive potassium loss. Protein metabolism may be affected possibly resulting in a negative nitrogen balance.
Dyspepsia is a common side-effect with prednisolone therapy and gastric ulceration could occur.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
See "Side-effects and Special Precautions".
Treatment is symptomatic and supportive, and where possible the dosage should be reduced or the drug slowly withdrawn.

STORAGE INSTRUCTIONS:
Store in a cool and dry place below 25°C.
Protect from light.
KEEP OUT OF REACH OF CHILDREN.

SHELF LIFE:
3 years.

LAND PHARMA

- Joint pains (arthralgia) or muscle pains (myalgia).
- Severe kidney problems (interstitial nephritis).
- Increased sweating.

Very rare side effects

- Changes in blood count including agranulocytosis (lack of white blood cells).
- Aggression.
- Seeing, feeling or hearing things that are not there (hallucinations).
- Severe liver problems leading to liver failure and inflammation of the brain.
- Sudden onset of a severe rash or blistering or peeling skin. This may be associated with a high fever and joint pains (Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis).
- Muscle weakness.
- Enlarged breasts in men.
- Hypomagnesaemia.

Ultop may in very rare cases affect the white blood cells leading to immune deficiency. If you have an infection with symptoms such as fever with a **severely** reduced general condition or fever with symptoms of a local infection such as pain in the neck, throat or mouth or difficulties in urinating, you must consult your doctor as soon as possible so that a lack of white blood cells (agranulocytosis) can be ruled out by a blood test. It is important for you to give information about your medicine at this time.

Do not be concerned by this list of possible side effects. You may not get any of them. If any of the side effects get serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

5. How to store Ultop

Keep out of the reach and sight of children.

Do not use Ultop after the expiry date which is stated on the packaging. The expiry date refers to the last day of that month.

Do not store above 25°C.
Store in the original package in order to protect from moisture.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. Further information

What Ultop contains

- The active substance is omeprazole. Each capsule contains 20 mg omeprazole.
- The other ingredients are sucrose, maize starch, heavy magnesium carbonate, hydroxypropylcellulose (E463), sodium laurilsulfate, methacrylic acid - ethyl acrylate copolymer (1:1) dispersion 30 per cent, talc (E553b), macrogol 6000 and titanium dioxide (E171) in the capsule core, and titanium dioxide (E171), red iron oxide (E172) and gelatine (E441) in the capsule shell.

What Ultop looks like and contents of the pack

The capsule body is light pink and the cap brown-pink; the capsules contain white to slightly yellow or slightly pink pellets.

14 capsules in a plastic container.

Prescribing information

Medicinal product subject to medical prescription.

Manufacturer

KRKA, d.d., Novo mesto, Šmarješka cesta 6, 8501 Novo mesto, Slovenia

Leaflet 8

bilim PHARMACEUTICALS

Largopen® 250 mg

Dry Powder for oral suspension

Amoxicillin 250 mg/5 mL 100 mL

COMPOSITION

After reconstitution each 5 mL contains:
Amoxicillin trihydrate equivalent to 250 mg amoxicillin
Also contains sugar and saccharin sodium as sweetener; raspberry essence as aromatic agent and erythrosine (E-127) as colouring agent.

PHARMACOLOGICAL PROPERTIES

Amoxicillin is semi-synthetic penicillin, an analogue of ampicillin. It has a wide spectrum of activity against gram positive and gram-negative microorganisms. Its chemical name is D-(-)
-amino-p-hydroxy-benzyl-penicillin. Amoxicillin's activity is not influenced with foods because it is resistant to gastric acidity. It is rapidly absorbed after oral administration. It diffuses readily into most body fluids and tissues with the exception of cerebrospinal fluid except when meninges are inflamed. Its half-life is 1 hour and excreted unchanged in the urine. Its excretion can be delayed by concurrent administration of probenecid. Amoxicillin is not highly protein bound (approximately 20%). Orally administered doses of amoxicillin suspension,
125 mg/5 mL and 250 mg/5 mL, result in average peak blood levels 1 to 2 hours after administration in the range of 1,5 -3 mcg/mL, and 3,5-5 mcg/mL, respectively. Approximately 50 % of an orally administered dose of amoxicillin is excreted in the urine within 6 to 8 hours.
Microbiology: Amoxicillin shows its bactericidal effect by means of inhibiting mucopeptide biosynthesis of bacteria cell walls. In vitro studies are demonstrated the susceptibility of most strains of the following gram-positive bacteria: alpha and beta hemolytic streptococci, Diplococcus pneumoniae, non-penicillinase producing Staphylococci, and Streptococcus faecalis. Amoxicillin is also active in vitro, against many strains of H.influenzae, E.coli, and P.mirabilis. All strains of Pseudomonas and most strains of Klebsiella and Enterobacter are resistant.

INDICATIONS

Amoxicillin is indicated in the treatment of infections due to susceptible microorganisms:
-Upper and lower respiratory tract infections; tonsillitis, otitis media, sinusitis, pharyngitis, acute and chronic bronchitis, pneumonia.
-Genitourinary tract infections; cystitis, urethritis, pyelonephritis.
-Skin and soft tissue infections; cellulitis, abscess, impetigo, erysipelas, acne.
-Sepsis and bacterial meningitis.

CONTRAINDICATIONS

Should not be used in patients with a known hypersensitivity to penicillins.

WARNINGS/PRECAUTIONS

During penicillin treatment serious or occasionally fatal anaphylactic hypersensitivity reactions have been reported. These reactions usually occur in individuals with a history of sensitivity to multiple allergens and mostly during parenteral applications in comparing with oral applications. Serious sensitivity reactions have been reported in case of treatment with cephalosporins if applied to people who are sensitive to penicillins. Before initiating therapy with penicillins, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins and other allergens. Serious anaphylactic reactions require immediate emergency treatment with adrenalin, oxygen, I.V. steroids and airway management including intubation. For long-term treatments, as with any potent drug periodic assessment of hematopoietic system, hepatic and renal function should be made. The possibility of superinfections with mycotic (candida) or bacterial pathogens (enterobacter, pseudomonas) should be kept in mind during therapy. If such cases occur, treatment should be ceased immediately, and appropriate therapy should be instituted.
Pregnancy: Safety for use in pregnancy has not been established.
Nursing Mothers: Due to minimum amount of amoxicillin excreted in breast milk, it should be used with caution in nursing mothers.

SIDE EFFECTS/ADVERSE EFFECTS

Gastrointestinal: Nausea, vomiting, diarrhea.
Hypersensitivity reactions: Erythematous maculopapular rashes and urticaria. Urticaria,
other skin rash and serum disease like reactions can be controlled with antihistamines and systemic corticosteroids if necessary. If these reactions occur the treatment should be discontinued.
Liver: Despite a slight SGOT increase have been reported. Its clinical importance is unknown.
Hematological System: Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, agranulocytosis are rarely reported. A high percentage of patients with mononucleosis who receive amoxicillin develop an Erythematous skin rash, amoxicillin should not be administered to patients with mononucleosis.
Central Nervous System: Reversible hyperactivity, agitation, anxiety, insomnia, confusion, personality changes, and tiredness are very rarely reported.
IN CASE OF AN UNEXPECTED SIDE EFFECT, CONSULT YOUR PHYSICIAN.

DOSAGE AND ADMINISTRATION

Neonates and infants younger than 12 weeks (3 months):
Due to incompletely developed renal function affecting elimination of amoxicillin in this age group, the recommended dose of Largopen is 30 mg/ kg/day. Daily dosage should be divided into equal doses and administered in every 12 hours.
Children older than 3 months:
For mild/moderate infections: In the treatment of upper and lower respiratory tract infections and genitourinary tract infections caused by susceptible microorganisms the usual dose:
20 mg/kg/day in divided doses every 8 hours or 25 mg/kg/day in divided doses every 12 hours.
For severe infections: In the treatment of upper and lower respiratory tract infections caused by susceptible microorganisms and the infections caused by less susceptible microorganisms the usual dose: 40 mg/kg/day in divided doses every 8 hours or 45 mg/kg/day in divided doses every 12 hours.
Bacterial meningitis: In the treatment of bacterial meningitis, 150-200 mg/kg/day should be administered in equal doses every 3-4 hours both for adults and children. In infections caused by group A beta hemolytic Streptococci, therapy should be continued for at least 10 days, to avoid acute rheumatismal attack or acute glomerulonephritis.
Directions for Mixing Oral suspension: Add water approximately up to half of the bottle, and shake vigorously to suspend powder, wait about 5 minutes, add water up to the mark on the bottle (for 100 mL suspension) and shake again. Each teaspoonful (5 mL) contains 250 mg amoxicillin.

STORAGE

Dry powder should be stored below 30°C, in a dry place. Reconstituted suspension is active for 7 days when stored below 30°C and for 14 days when stored in the refrigerator (2°C-8°C).
Keep out of reach of children in its original package.

HOW SUPPLIED

After reconstitution, Largopen 250 mg / 5 mL the dry powder for oral suspension in the 100 mL glass bottles with 2,5-5 mL spoon measure

OTHER PHARMACEUTICAL FORMS AVAILABLE

Largopen 250 mg capsule
Largopen 500 mg capsule
Largopen 1 g tablet
Largopen 500 mg tablet
Largopen 125 mg dry powder for oral suspension
Largopen 250 mg IM/IV inj. Vial
Largopen 500 mg IM/IV inj. Vial
Largopen 1 g IM/IV inj. Vial

DO NOT USE WITHOUT CONSULTING YOUR PHYSICIAN.
SOLD WITH PRESCRIPTION ONLY.

Registration Holder :
BİLİM İLAÇ SANAYİ VE TİCARET A.Ş
İSTANBUL / TURKEY
www.bilimpharma.com

Manufacturer :
BİLİM İLAÇ SANAYİ VE TİCARET A.Ş
Çerkezköy Plant 59500 Çerkezköy-TEKİRDAĞ/TURKEY

12020057

Leaflet 9

The concomitant use of NSAIDs and oral anticoagulants is not recommended.
Thrombolytics and anti-platelet medicinal products: Increased risk of bleeding, via inhibition of platelet function and damage to gastroduodenal mucosa.
Selective serotonin reuptake inhibitors (SSRIs) and Corticosteroids: Increased risk of gastrointestinal ulceration or bleeding.
Diuretics, ACE inhibitors and Angiotensin-II Antagonists: It may reduce the effect of diuretics and other antihypertensive drugs. Combination should be administered with caution, especially in the elderly due to deterioration of renal function including ARF.
Other anti-hypertensive drugs (e.g. beta-blockers): Decrease of the anti-hypertensive effect of beta-blockers can occur due to inhibition of prostaglandins with vasodilator effect.
Cyclosporine: Nephrotoxicity of cyclosporine may be enhanced via renal prostaglandin-mediated effects. Careful monitoring of renal function is recommended, especially in elderly.
Intrauterine devices: NSAIDs where decrease the efficacy of intrauterine devices.
Lithium: Closely monitor patients on lithium treatment for signs of lithium toxicity when meloxicam is introduced, adjusted, or withdrawn.
Methotrexate: Concomitant use of NSAIDs with high dosages of methotrexate (more than 15 mg/week) is not recommended due to reduction in tubular secretion of methotrexate.
Cholestyramine: Clinically significant increase in clearance of meloxicam by 50% and half-life decreases to 13±3 hrs.

OVERDOSAGE:
Symptoms: symptoms following acute NSAID overdose lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Sever poisoning may result in hypertension, acute renal failure, hepatic dysfunction, respiratory depression, coma, convulsions, cardiovascular collapse, and cardiac arrest. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
Treatment: Patients should be managed with symptomatic and supportive care following an NSAID overdose. Administration of activated charcoal is recommended for patients who present 1 to 2 hours after overdose. For substantial overdose or severely symptomatic patients, activated charcoal may be administered repeatedly. Accelerated removal of meloxicam by 4 g oral doses of cholestyramine given three times a day was demonstrated in a clinical trial.

PRESENTATION:
Blister Pack

STORAGE CONDITIONS:
Store below 30°C. Protect from light & moisture.

KLB
Kandiwal Laboratories Pvt. Ltd.
[illegible]
Email: [illegible]
Made in India

Meloxicam Tablets BP 7.5 / 15 mg
MELOXLAB

POM

COMPOSITION:

Each film coated tablet contains:		Each film coated tablet contains:	
Meloxicam BP	7.5 mg	Meloxicam BP	15 mg
Excipients	Q.S.	Excipients	Q.S.
Approved colour used		Approved colour used	

PHARMACOLOGICAL CLASSIFICATION:
Non-steroidal anti-inflammatory and antirheumatic

PHARMACOLOGICAL ACTION:
Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of oxicam family, with anti-inflammatory, analgesic and antipyretic properties. The mechanism of action of meloxicam, like that of other NSAIDs, may be related to inhibition of biosynthesis of prostaglandins, known inflammation mediators.
Pharmacokinetics:
Absorption: Meloxicam is well absorbed from the gastrointestinal tract with absolute bioavailability of 89% with no alteration by concomitant food intake. Following single dose administration of meloxicam mean maximum plasma concentration are achieved within 5-6 hours for tablets. With multiple dosing steady state conditions were reached within 3 to 5 days.
Distribution: Meloxicam is very strongly bound to plasma proteins, essentially albumin (99%). Volume of distribution is low, on average 11 L. Meloxicam penetrate into synovial fluid to concentrations approximately half of those in plasma.
Metabolism: Meloxicam undergoes extensive hepatic biotransformation with 4 different pharmacodynamically inactive metabolites identified in urine. The major metabolite, 5'-carboxymeloxicam (60% of dose), is formed by oxidation of an intermediate metabolite 5'-hydroxymethylmeloxicam, which is also excreted to a lesser extent (9% of dose).
Elimination: Meloxicam is excreted predominantly in the form of metabolites and to equal extents in urine and faeces. Less than 5% of the daily dose is excreted unchanged in faeces, which only traces of the parent compound are excreted in urine. The mean elimination half-life is about 20 nd hours. Total plasma clearance amounts on average 8 ml/min.

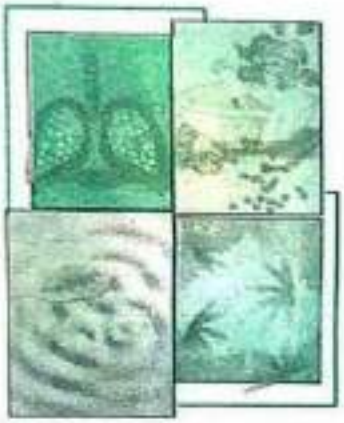
INDICATIONS:
Meloxicam is indicated for the short term symptomatic treatment of exacerbations of osteoarthrosis, long term symptomatic treatment of rheumatoid arthritis or ankylosing spondylitis.

CONTRAINDICATIONS:
Meloxicam is contra-indicated in patients with known hypersensitivity to meloxicam, or to any of the excipients. Meloxicam should not be given to patients who, after taking acetylsalicylic acid or other NSAIDs, have had symptoms of asthma, nasal polyps, angioneurotic oedema or urticarial. In patients with history of gastrointestinal bleeding or perforation, related to previous NSAIDs therapy. In patients with active, or history of recurrent peptic ulcer haemorrhage (i.e. two or more distinct episodes of proven ulceration or bleeding), severe hepatic failure, non-dialysed severe renal failure, gastrointestinal haemorrhage, cerebrovascular haemorrhage or other bleeding disorders and in severe heart failure.

9

Leaflet 10

NATURAL WAY
TO CALM YOUR COUGH



APDYL-H
HERBAL COUGH SYRUP

Ajanta's Ayurvedic Centre approaches Ayurveda with an altogether different perspective; from that of herbal remedies to disease management. With this, Ajanta Ayurveda now offers the best of Ayurveda to the world. **Apdyl-H** one such herbal product especially made for soothing your throat.

Apdyl-H-the natural mixture

Apdyl-H is an ideal anti-tussive expectorant. It contains natural ingredients, like Vasaka, Yashtimadhu, Pippali and Kulinjan. A mixture of these 100% natural herbs gets to your throat, and sets the respiratory system right back to normal. Fighting phlegm, sticky mucous, inflammation and allergy, **Apdyl-H** does not dry up sputum, but ejects it out of your systems. Watch it work for you as breathing becomes easy and natural.

Vasaka :This leaf extract has been found to be useful for respiratory ailments. It works as a bronchodilator and respiratory stimulant. It relieves breathlessness.

Yashtimadhu :The root of Yashtimadhu is used extensively as a demulcent, mild expectorant and anti-inflammatory agent. It is also used for the treatment of cough and sore throat. It helps reduce the viscosity and stickiness of sputum in the respiratory system.

Pippali :These fruits have been of used for many centuries. The antibiotic activity of the fruits are well known. It provides protection against recurrent attacks of bronchial asthma. It's anti-tussive and antiallergic nature makes it the ideal ingredient for cough syrups.

Kulinjana : Kulinjana is useful in respiratory complaints, especially for chest congestion, both for adults and children. Its anti-catarrhal, anti-inflammatory and antibacterial properties are useful in respiratory disorders. With all these herbal and natural ingredients. Now, Apdyl-H has everything herbal to 'calm your cough' ....The natural way !

The precious air

Fresh air has become a rare commodity nowadays. Thanks to the pollution. The human body is so delicately balanced that any unnatural change in the environment takes its toll on it. A multitude of illness just creeps into ones body in a normal days routine. And, the bacteria that breed in these circumstances have a field day. Welcome to the modern world!

In a normal day of your life, apart from oxygen and other essential gases, you breath a variety of harsh pollutants.

These pollutants enter your respiratory tract and cause irritation. This irritation manifests in the form of cough. And, if this goes untreated you have a major problem on hand!

Ayurveda - nature's gift to mankind

Ayurveda is a means of healing through nature. Ayurveda is an ancient science that regards the human body as a part of the universe.

It uses the elements of nature to expel the impurities and bring about a proper balance

in your body. Ayurveda understands nature. And, more so, it understands your body. It brings about a perfect harmony with all the crucial elements : Earth, Air, Water, Fire and Ether.

The aim of this natural science is to treat the whole person, in true holistic approach. It aims at treating the disease and not merely suppressing the symptoms Ayurveda. It's future and it's the true science of life.

Ajanta's Ayurvedic Associated

Ajanta Pharma, a worldwide healthcare company, now combines the Ayurvedic traditions with modern techniques.

Ajanta Pharma has an independent Ayurvedic Centre with a modern Research & development cell which includes latest equipment and highly qualified scientists.

Composition :

Each 10 ml of Apdyl H contains :

Aqueous extracts of :	
Vasaka (Adhatoda vasika)	150 mg
Yashtimadhu (Glycyrrhiza glabra)	75 mg
Pippali (Piper longum)	10 mg
Kulinjana (Alpinia galanga)	100 mg
Flavoured syrup base	q.s.
Preservatives added	

Recommended dosage :

Adults : 15 ml three times a day.
Children : 5-10 ml three times a day depending on the age.

Continue taking Apdyl-H till your cough subsides.

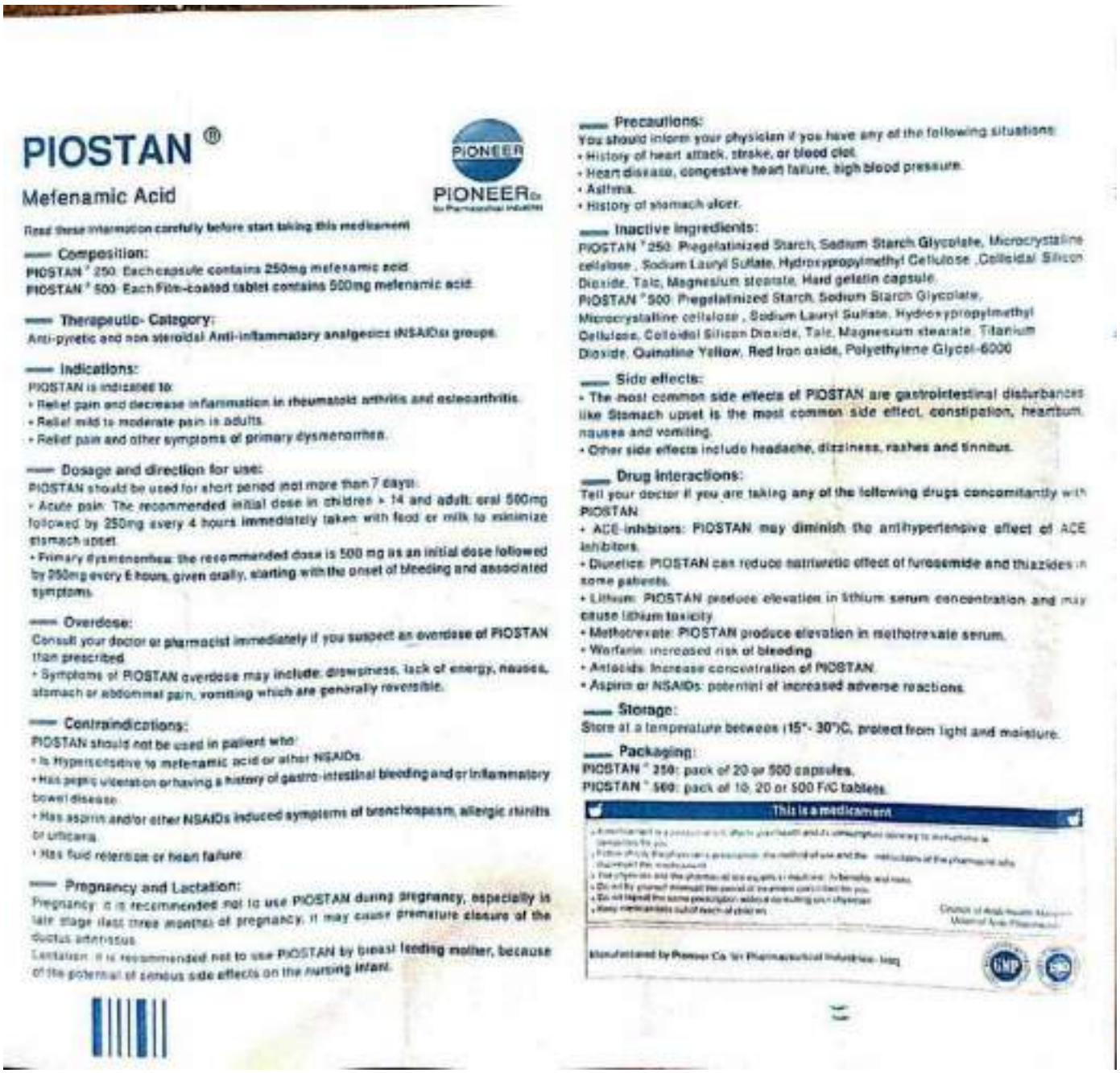
APDYL-H is not recommended during Pregnancy & Lactation.

Ayurvedic natural product

For further information, please write to :
International Marketing Division

ajanta pharma limited
Ajanta House, Charkop,
Kandivli (W), Mumbai 400 067, India.

Leaflet 11



PIOSTAN ®

Mefenamic Acid

PIONEER Co. for Pharmaceutical Industries

Read these information carefully before start taking this medicament

Composition:
PIOSTAN ® 250: Each capsule contains 250mg mefenamic acid.
PIOSTAN ® 500: Each Film-coated tablet contains 500mg mefenamic acid.

Therapeutic- Category:
Anti-pyretic and non steroidal Anti-inflammatory analgesics (NSAIDs) groups.

Indications:
PIOSTAN is indicated to:
- Relief pain and decrease inflammation in rheumatoid arthritis and osteoarthritis.
- Relief mild to moderate pain in adults.
- Relief pain and other symptoms of primary dysmenorrhea.

Dosage and direction for use:
PIOSTAN should be used for short period not more than 7 days.
- Acute pain: The recommended initial dose in children > 14 and adult: oral 500mg followed by 250mg every 4 hours immediately taken with food or milk to minimize stomach upset.
- Primary dysmenorrhea: the recommended dose is 500 mg as an initial dose followed by 250mg every 6 hours, given orally, starting with the onset of bleeding and associated symptoms.

Overdose:
Consult your doctor or pharmacist immediately if you suspect an overdose of PIOSTAN than prescribed.
- Symptoms of PIOSTAN overdose may include: drowsiness, lack of energy, nausea, stomach or abdominal pain, vomiting which are generally reversible.

Contraindications:
PIOSTAN should not be used in patient who:
- Is Hypersensitive to mefenamic acid or other NSAIDs.
- Has peptic ulceration or having a history of gastro-intestinal bleeding and or inflammatory bowel disease.
- Has aspirin and/or other NSAIDs induced symptoms of bronchospasm, allergic rhinitis or urticaria.
- Has fluid retention or heart failure.

Pregnancy and Lactation:
Pregnancy: it is recommended not to use PIOSTAN during pregnancy, especially in late stage (last three months of pregnancy), it may cause premature closure of the ductus arteriosus.
Lactation: it is recommended not to use PIOSTAN by breast feeding mother, because of the potential of serious side effects on the nursing infant.

Precautions:
You should inform your physician if you have any of the following situations:
- History of heart attack, stroke, or blood clot.
- Heart disease, congestive heart failure, high blood pressure.
- Asthma.
- History of stomach ulcer.

Inactive ingredients:
PIOSTAN ® 250: Pregelatinized Starch, Sodium Starch Glycolate, Microcrystaline cellulose , Sodium Lauryl Sulfate, Hydroxypropylmethyl Cellulose ,Colloidal Silicon Dioxide, Talc, Magnesium stearate, Hard gelatin capsule.
PIOSTAN ® 500: Pregelatinized Starch, Sodium Starch Glycolate, Microcrystalline cellulose , Sodium Lauryl Sulfate, Hydroxypropylmethyl Cellulose, Colloidal Silicon Dioxide, Talc, Magnesium stearate, Titanium Dioxide, Quinoline Yellow, Red Iron oxide, Polyethylene Glycol-6000.

Side effects:
- The most common side effects of PIOSTAN are gastrointestinal disturbances like Stomach upset is the most common side effect, constipation, heartburn, nausea and vomiting.
- Other side effects include headache, dizziness, rashes and tinnitus.

Drug interactions:
Tell your doctor if you are taking any of the following drugs concomitantly with PIOSTAN:
- ACE-inhibitors: PIOSTAN may diminish the antihypertensive effect of ACE inhibitors.
- Diuretics: PIOSTAN can reduce natriuretic effect of furosemide and thiazides in some patients.
- Lithium: PIOSTAN produce elevation in lithium serum concentration and may cause lithium toxicity.
- Methotrexate: PIOSTAN produce elevation in methotrexate serum.
- Warfarin: increased risk of bleeding.
- Antacids: Increase concentration of PIOSTAN.
- Aspirin or NSAIDs: potential of increased adverse reactions.

Storage:
Store at a temperature between (15°- 30°)C, protect from light and moisture.

Packaging:
PIOSTAN ® 250: pack of 20 or 500 capsules.
PIOSTAN ® 500: pack of 10, 20 or 500 F/C tablets.

This is a medicament

Manufactured by Pioneer Co. for Pharmaceutical Industries - Iraq

Leaflet 13

No Pain®

Relieves Pain and fever promptly

Therapeutic Rationale

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. It is often accompanied by inflammation. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). Ibuprofen is believed to work through inhibition of cyclooxygenase (COX 1 & COX 2), thus inhibiting prostaglandin synthesis, the main enzyme responsible for pain. Paracetamol is a common analgesic and antipyretic drug that is used for the relief from fever, headache, and other minor aches and pains. It is also useful in managing more severe pain, allowing lower dosages of additional non-steroidal anti-inflammatory drugs (NSAIDs) or opioid analgesics to be used, thereby minimizing overall side effects. Paracetamol selectively blocks a variant of the COX enzyme expressed in the brain and spinal cord. Caffeine is a central nervous system and metabolic stimulant and is used both recreationally and medically to reduce physical fatigue and restore mental alertness when unusual weakness or drowsiness occurs.

Indication

No Pain is indicated for the short-term treatment of :

- Rheumatoid arthritis, Osteoarthritis, ankylosing spondilitis, cervical spondylitis, intervertrebral disc syndrome and sciatica
- Non articular rheumatic conditions alike fibrosis, myositis, bursitis, low back pain, etc.
- Soft tissue injuries like spralns, strains and sport injuries
- Painful inflammatory conditions in gynaecology
  Post-operative and post-traumatic inflammation and swelling
- Pain and inflammation following surgery
- Acute attacks of gout
- Severe headache

Contra-indications

- No Pain Capsules should not be administered to patients with a history of, or active peptic ulceration.
- No Pain Capsules are contraindicated in patients with history of hypersensitivity to either component.

Caution for use

- In patients suffering from, or with a previous history of bronchial asthma, as ibuprofen may cause bronchospasm in this group of patients
- In any patient with a history of gastro-intestinal disease.
- Renal or Hepatic impairment: Overdosage of Paracetamol may lead to severe liver damage and occasionally acute renal tubular necrosis.
- In any patient with cardiac, renal or hepatic impairment as ibuprofen may cause a deterioration in renal function. The lowest effective dose should be used and renal function checked regularly
- As ibuprofen can cause oedema it should be used with caution in those patients with a history of hypertension or heart failure
- Pregnancy: Overall, the use of ibuprofen should be avoided in pregnancy especially the third trimester unless there are compelling reasons to support its use.

Code No:MH/DRUGS-AD/096

Composition

Each capsule contains:

Paracetamol	325 mg
Ibuprofen	200 mg
Caffeine	30 mg

Packing

Each Pack consist of 2 Blister of 12 capsules

Dosage

Adults : 3 to 6 capsules daily.
Children over 6 years : 1 to 3 capsules daily or as directed by the Physician.

Vitane Pharmaceuticals Inc.
Randolph Ave,
Costa Mesa 92626-5918
California, USA
Vitane Pharma GmbH
Pfaffenrieder Str.7, D-82515,
Wolfratshausen, Germany.
Phone: +49 (0) 8171-217-663
Fax : +49 (0) 8171-217-993

Questions & Comments :
Call Toll Free 1-866-5108492
For more details log on to www.vitanepharma.com

VITANE
Quality to Life

Leaflet 14


ARDENE SUN SCREEN SPF 60 (NO CHEMICAL ABSORBERS) FOR SENSITIVE AND DRY SKINS

Features:

Instruction:
In 30 minutes before being exposed to the sun light, rub an enough amount of the cream on the skin in a uniform manner, then massage it. The Ardene cream is easily absorbed by your skin, leaving no undesirable white stains on the skin.

Precautions:
- Be careful in choosing suitable sun screen products. The selected sun screen should be consistent with the skin of user (normal, greasy, combined, and sensitive), having high protection power.
- Renew sun screen product every two hours.
- Those people having sensitivity to creams being of chemical absorbers are recommended to use chemical absorbers-free sun screens (physical).
- Avoid using it around the eyes, and open injuries and mucous surfaces.

Crème Ecran Solaire SPF60 Ardene
Sans absorbants chimiques
Peaux sèches et sensibles

Propriétés :

Conseils d'utilisation :

Précautions :

Противосолнечный крем
SPF 60

Leaflet 15

Omeprazole Capsules
Aprazole*

COMPOSITION

APRAZOLE - 20
Each capsule contains :
Omeprazole BP 20 mg
(As enteric coated granules)
Empty hard gelatin capsule contains approved colours.

APRAZOLE - 40
Each capsule contains :
Omeprazole BP 40 mg
(As enteric coated pellets)
Empty hard gelatin capsule contains approved colours.

DESCRIPTION
Aprazole contains Omeprazole a new class of antisecretory compounds, the substituted benzimidazoles.

Omeprazole belongs to a new class of antisecretory compounds, the substituted benzimidazoles, that do not exhibit anticholinergic or H2 histamine antagonistic properties, but that suppress gastric acid secretion by specific inhibition of the H+/K+ ATPase enzyme system at the secretory surface of the gastric parietal cell. Because this enzyme system is regarded as the acid (proton) pump within the gastric mucosa, omeprazole has been characterized as a gastric acid-pump inhibitor, in that it blocks the final step of acid production. This effect is dose-related and leads to inhibition of both basal and stimulated acid secretion irrespective of the stimulus.

INDICATIONS AND USAGE
Duodenal Ulcer
Omeprazole are indicated for short-term treatment of active duodenal ulcer. Most patients heal within four weeks. Some patients may require an additional four weeks of therapy.

Gastric Ulcer
Omeprazole are indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer.

Treatment of Gastroesophageal Reflux Disease (GERD)

Symptomatic GERD
Omeprazole are indicated for the treatment of heartburn and other symptoms associated with GERD.

Erosive Esophagitis
Omeprazole are indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy.

Maintenance of Healing of Erosive Esophagitis
Omeprazole are indicated to maintain healing of erosive esophagitis.

Pathological Hypersecretory Conditions
Omeprazole are indicated for the long-term treatment of pathological hypersecretory conditions (eg. Zollinger-Ellison syndrome, multiple endocrine adenomas and systemic mastocytosis).

CONTRAINDICATIONS
Omeprazole are contraindicated in patients with known hypersensitivity to any component of the formulation.

DOSAGE
Short-Term Treatment of Active Duodenal Ulcer
The recommended adult oral dose of Omeprazole is 20 mg once daily. Most patients heal within four weeks. Some patients may require an additional four weeks of therapy.

Gastric Ulcer
The recommended adult oral dose is 40mg daily for 4 - 8 weeks.

Gastroesophageal Reflux Disease (GERD)
The recommended adult oral dose for the treatment of patients with symptomatic GERD and no esophageal lesions is 20 mg daily for up to 4 weeks. The recommended adult oral dose for the treatment of patients with erosive esophagitis and accompanying symptoms due to GERD is 20 mg daily for 4 to 8 weeks.

Maintenance of Healing of Erosive Esophagitis
The recommended adult oral dose is 20 mg daily.

Pediatric Patients
For the treatment of GERD or other acid-related disorders, the recommended dose for pediatric patients 2 years of age and older is as follows :

PATIENT WEIGHT	OMEPRAZOLE DOSE
< 20 KG	10 MG
≥ 20 KG	20 MG

ON A PER KG BASIS, THE DOSES OF OMEPRAZOLE REQUIRED TO HEAL EROSIVE ESOPHAGITIS ARE GREATER THAN THOSE FOR ADULTS.

STORAGE
Store at a temperature below 30°C. Protect from light.
Keep out of the reach of children.

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PRESENTATION
Available in strip pack of 7 capsules and bulk pack of 14 capsules.

Ajanta pharma limited
Ajanta House, Charkop, Kandivli (W),
Mumbai 400 067. Made in India
* Trade mark

P20031

Leaflet 16

BRAWN C BRAWN C BRAWN C

For the use of Registered Medical Practitioner or a Hospital or a Laboratory only

ALBENDAZOLE CHEWABLE TABLETS 200mg

VERMX

ALBENDAZOLE ORAL SUSPENSION 10ml

Each chewable uncoated tablet contains:
Albendazole BP .....200 mg
Excipients.....q.s.

Each 5ml contains:
Albendazole BP .....200 mg
Excipients.....q.s.

DESCRIPTION :
It has the advantage of single dose administration in many cases like ascariasis, hookworm (both species) and enteroblasis. The mechanism of action of albendazole is similar to that of mebendazole.

INDICATIONS :
Single or mixed-intestinal parasites-round worms, whipworms, threadworms, hook worms, tapeworms & strongyloides stercoralis. Hydatid cysts, giardial infections, neurocysticercosis.

CONTRA-INDICATION : Hypersensitivity & Do not use in pregnancy.

SPECIAL PRECAUTIONS :
Hepatic and renal impairment, in Neurocysticercosis patients should be receive appropriate steroid and anticonvulsant therapy.
Paediatrics : Contraindicated in children below 1 year of age.
Pregnancy : Contraindicated
Lactation : Contraindicated

ADVERSE EFFECTS :
Nausea, vomiting, epigastric distress, abnormal LFTs reversible alopecia.

DRUG INTERACTIONS :
Praziquantel: Efficacy of albendazole enhanced.
Cimetidine: albendazole sulphoxide concentration in bile and cystic fluid increased 2 fold in hydatid cyst diseases.

DOSAGE :
Adults : 400 mg as a single dose. Strongyloidiasis, Taniasis, H. Nana infections: 400 mg once daily for 3 consecutive days. **Hydatid disease:** 400 mg twice daily with meals for 28 days. Therapy may be repeated after 14 days interval for a total of 3 cycles.

Children : 1-2 years 200mg as a single dose, above 2 years same as adults.

Storage : Store at a temperature not exceeding 25° C. Protect from light. Keep out of reach of children.

PRESENTATION :
Available in 1 x 2 Tablets in a unit carton.
Suspension 10ml bottle in a unit carton.

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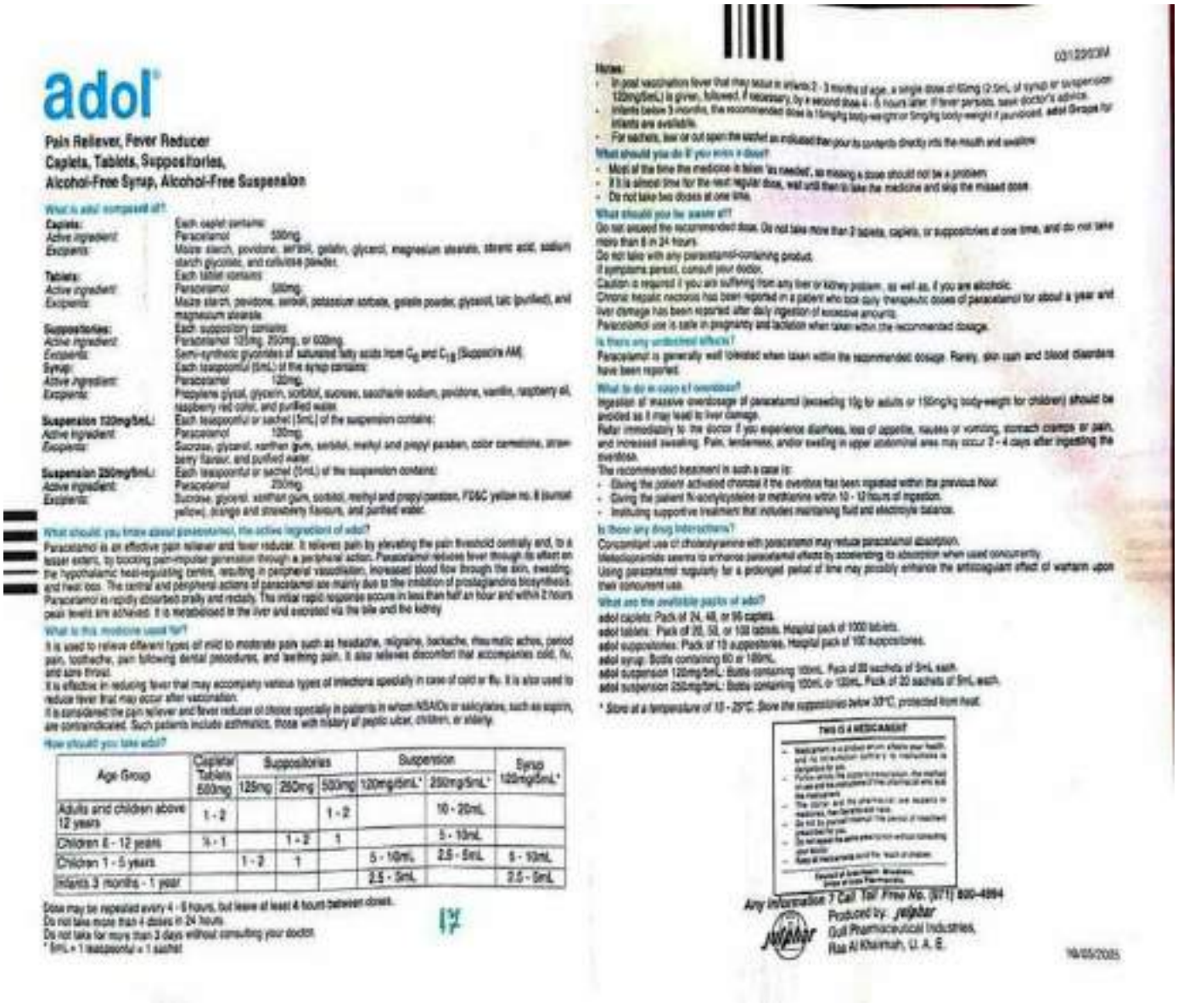
Manufactured by:
BRAWN LABORATORIES LIMITED
13 New Industrial Township
Faridabad - 121001, Haryana-India

Leaflet 17



adol®

Pain Reliever, Fever Reducer
Caplets, Tablets, Suppositories,
Alcohol-Free Syrup, Alcohol-Free Suspension

What is adol® composed of?

Caplets: Each caplet contains:
Active ingredient: Paracetamol 500mg.
Excipients: Maize starch, povidone, aerosil, gelatin, glycerol, magnesium stearate, stearic acid, sodium starch glycolate, and cellulose powder.

Tablets: Each tablet contains:
Active ingredient: Paracetamol 500mg.
Excipients: Maize starch, povidone, sorbitol, potassium sorbate, gelatin powder, glycerol, talc (purified), and magnesium stearate.

Suppositories: Each suppository contains:
Active ingredient: Paracetamol 125mg, 250mg, or 500mg.
Excipients: Semi-synthetic glycerides of saturated fatty acids from C_{10} and C_{18} (Suppocire AM).

Syrup: Each teaspoonful (5mL) of the syrup contains:
Active ingredient: Paracetamol 120mg.
Excipients: Propylene glycol, glycerin, sorbitol, sucrose, saccharin sodium, povidone, vanillin, raspberry oil, raspberry red color, and purified water.

Suspension 120mg/5mL: Each teaspoonful or sachet (5mL) of the suspension contains:
Active ingredient: Paracetamol 120mg.
Excipients: Sucrose, glycerol, xanthan gum, sorbitol, methyl and propyl paraben, color carmoisine, strawberry flavour, and purified water.

Suspension 250mg/5mL: Each teaspoonful or sachet (5mL) of the suspension contains:
Active ingredient: Paracetamol 250mg.
Excipients: Sucrose, glycerol, xanthan gum, sorbitol, methyl and propyl paraben, FD&C yellow no. 6 (sunset yellow), orange and strawberry flavours, and purified water.

What should you know about paracetamol, the active ingredient of adol®?

Paracetamol is an effective pain reliever and fever reducer. It relieves pain by elevating the pain threshold centrally and, to a lesser extent, by blocking pain-impulse generation through a peripheral action. Paracetamol reduces fever through its effect on the hypothalamic heat-regulating centre, resulting in peripheral vasodilation, increased blood flow through the skin, sweating, and heat loss. The central and peripheral actions of paracetamol are mainly due to the inhibition of prostaglandins biosynthesis. Paracetamol is rapidly absorbed orally and rectally. The initial rapid response occurs in less than half an hour and within 2 hours peak levels are achieved. It is metabolized in the liver and excreted via the bile and the kidney.

What is this medicine used for?

It is used to relieve different types of mild to moderate pain such as headache, migraine, backache, rheumatic aches, period pain, toothache, pain following dental procedures, and teething pain. It also relieves discomfort that accompanies cold, flu, and sore throat.
It is effective in reducing fever that may accompany various types of infections especially in case of cold or flu. It is also used to reduce fever that may occur after vaccination.
It is considered the pain reliever and fever reducer of choice specially in patients in whom NSAIDs or salicylates, such as aspirin, are contraindicated. Such patients include asthmatics, those with history of peptic ulcer, children, or elderly.

How should you take adol®?

Age Group	Caplets/ Tablets 500mg	Suppositories 125mg	Suppositories 250mg	Suppositories 500mg	Suspension 120mg/5mL*	Suspension 250mg/5mL*	Syrup 120mg/5mL*
Adults and children above 12 years	1 - 2			1 - 2		10 - 20mL	
Children 6 - 12 years	½ - 1		1 - 2	1		5 - 10mL	
Children 1 - 5 years		1 - 2	1		5 - 10mL	2.5 - 5mL	5 - 10mL
Infants 3 months - 1 year					2.5 - 5mL		2.5 - 5mL

Dose may be repeated every 4 - 6 hours, but leave at least 4 hours between doses.
Do not take more than 4 doses in 24 hours.
Do not take for more than 3 days without consulting your doctor.
* 5mL = 1 teaspoonful = 1 sachet

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03122/03M

Notes:
- In post vaccination fever that may occur in infants 2 - 3 months of age, a single dose of 60mg (2.5mL of syrup or suspension 120mg/5mL) is given, followed, if necessary, by a second dose 4 - 6 hours later. If fever persists, seek doctor's advice.
- Infants below 3 months, the recommended dose is 15mg/kg body-weight or 5mg/kg body-weight if jaundiced. adol® Drops for infants are available.
- For sachets, tear or cut open the sachet as indicated then pour its contents directly into the mouth and swallow.

What should you do if you miss a dose?
- Most of the time the medicine is taken 'as needed', so missing a dose should not be a problem.
- If it is almost time for the next regular dose, wait until then to take the medicine and skip the missed dose.
- Do not take two doses at one time.

What should you be aware of?

Do not exceed the recommended dose. Do not take more than 2 tablets, caplets, or suppositories at one time, and do not take more than 6 in 24 hours.
Do not take with any paracetamol-containing product.
If symptoms persist, consult your doctor.
Caution is required if you are suffering from any liver or kidney problem, as well as, if you are alcoholic.
Chronic hepatic necrosis has been reported in a patient who took daily therapeutic doses of paracetamol for about a year and liver damage has been reported after daily ingestion of excessive amounts.
Paracetamol use is safe in pregnancy and lactation when taken within the recommended dosage.

Is there any undesired effects?

Paracetamol is generally well tolerated when taken within the recommended dosage. Rarely, skin rash and blood disorders have been reported.

What to do in case of overdose?

Ingestion of massive overdosage of paracetamol (exceeding 10g for adults or 150mg/kg body-weight for children) should be avoided as it may lead to liver damage.
Refer immediately to the doctor if you experience diarrhoea, loss of appetite, nausea or vomiting, stomach cramps or pain, and increased sweating. Pain, tenderness, and/or swelling in upper abdominal area may occur 2 - 4 days after ingesting the overdose.
The recommended treatment in such a case is:
- Giving the patient activated charcoal if the overdose has been ingested within the previous hour.
- Giving the patient N-acetylcysteine or methionine within 10 - 12 hours of ingestion.
- Instituting supportive treatment that includes maintaining fluid and electrolyte balance.

Is there any drug interactions?

Concomitant use of cholestyramine with paracetamol may reduce paracetamol absorption.
Metoclopramide seems to enhance paracetamol effects by accelerating its absorption when used concurrently.
Using paracetamol regularly for a prolonged period of time may possibly enhance the anticoagulant effect of warfarin upon their concurrent use.

What are the available packs of adol®?

adol caplets: Packs of 24, 48, or 96 caplets.
adol tablets: Packs of 20, 50, or 100 tablets. Hospital pack of 1000 tablets.
adol suppositories: Packs of 10 suppositories. Hospital pack of 100 suppositories.
adol syrup: Bottle containing 60 or 100mL.
adol suspension 120mg/5mL: Bottle containing 100mL. Pack of 20 sachets of 5mL each.
adol suspension 250mg/5mL: Bottle containing 100mL or 120mL. Pack of 20 sachets of 5mL each.

* Store at a temperature of 15 - 25°C. Store the suppositories below 30°C, protected from heat.

Any information ? Call Toll Free No. (971) 800-4994

Produced by: julphar
Gulf Pharmaceutical Industries,
Ras Al Khaimah, U. A. E.

19/05/2005

Leaflet 18


Panadol® Cold + Flu Hot Lemon & Honey
PRODUCT INFORMATION
THIS IS A MEDICINE

Leaflet 19

150225093502

Metronidazole-S

Oral Suspension

Antiprotozoal and Anaerobic Bactericide

Composition: Each 5 ml of suspension contains :
Benzoyl Metronidazole (Metronidazole Benzoate) 320 mg, equivalent to Metronidazole 200 mg.

Properties:

+ **Metronidazole** is an antimicrobial drug that is bactericidal to anaerobic and microaerophilic microorganisms, both bacteria and protozoa; including :

1. *Anaerobic bacteria : Bacteroides fragilis, Bacteroides melaninogenicus, Clostridium perfringens, Clostridium difficile, Veillonella, Fusobacterium, Peptococcus, and Peptostreptococcus species.*
2. *Facultative anaerobes : Gardnerella vaginalis and Campylobacter fetus.*
3. *Microaerophilic bacteria : Helicobacter pylori.*
4. *Protozoa : Trichomonas vaginalis, Giardia lamblia, and Entamoeba histolytica.*

+ *The mechanism of action* is that the nitro group of metronidazole is reduced intracellularly, inside the infecting organism; the reduction product disrupts DNA and inhibits its synthesis. Metronidazole does not inhibit DNA synthesis in normal human cells because oxygen prevents the reduction of the nitro group.

+ *Metronidazole* acts as a chemical radiosensitizer for hypoxic malignant cells because of its high affinity for electrons and has been used as an adjunct to radiation therapy.

Pharmacokinetics:

+ *Absorption :* About 80% of an oral dose is absorbed, with peak serum concentrations occurring at about one hour. Food delays peak concentrations to about two hours.

+ *Distribution :* Metronidazole is distributed into most body tissues and fluids, including cerebrospinal fluid (CSF), bone, bile, saliva, pleural and peritoneal fluids, vaginal secretions, seminal fluids, middle ear fluid, and hepatic as well as cerebral abscesses. CSF levels approach serum levels in patients with inflamed meninges; they reach about 50 % of serum levels in patients with uninflamed meninges. Less than 20 % of metronidazole is bound to plasma proteins. It readily crosses the placenta.

+ *Metabolism :* Metronidazole is metabolized, primarily in the liver to an active 2-hydroxymethyl metabolite, as well as to other less significant metabolites.

+ *Excretion :* About 20% of a metronidazole dose is excreted unchanged in urine; about 6% to 15 % is excreted in faeces. Metronidazole's half-life is 6 - 8 hours in adults with normal renal function; the half-life may be prolonged in patients with impaired hepatic function. Metronidazole is secreted into breast milk.

Indications:

1. ***Protozoal infections:*** Trichomoniasis, giardiasis, intestinal and extra-intestinal amoebiasis.
2. ***Anaerobic and mixed bacterial infections*** caused by susceptible microorganisms including lower respiratory tract infections, empyema, lung and brain abscesses, skin and soft tissue infections, bone and joint infections, meningitis, endocarditis, peritonitis, intra-abdominal and liver abscesses, endometritis, endomyometritis, and tubo-ovarian abscesses.
3. ***Pseudomembranous enterocolitis*** (colitis due to *Clostridium difficile* infections).
4. ***Bacterial vaginosis*** caused by *Gardnerella vaginalis*.
5. ***The prophylaxis*** of colorectal and pelvic surgery.
6. ***Crohn's disease.***
7. ***Dental infections,*** including periodontitis, acute ulcerative gingivitis, pericoronal infections, and osteitis (including dry socket).
8. ***Eradication of Helicobacter pylori*** in peptic and duodenal ulcer patients in combination with other oral antibiotics.

Dosage:
Metronidazole-S is taken with or after meals according to the following guidelines or as directed by the physician:

Indication	Dose	
	Adults	Children *
Amoebic hepatic abscess	1 tablespoonful, 3-4 times daily for 5-10 days	35-50 mg/kg daily (in 3 doses) for 10 days.
Intestinal amoebiasis	1 tablespoonful, 3-4 times daily for 5-10 days	15-35 mg/kg daily (in 3 doses) for 10 days.
Trichomoniasis	1½ tablespoonful, 3 times daily for 7 days Repeat course in 4-6 weeks. (Both partners concurrently treated)	———
Giardiasis	2 teaspoonfuls, 3 times daily for 5 days	5 mg/kg 3 times daily for 10 days.
Anaerobic bacterial infections	1 tablespoonful every 6 hours	7.5 mg/kg, every 6 hours.
Eradication of Helicobacter pylori	1 tablespoonful, 3 times daily for 2 weeks	———

* Doses are calculated as Metronidazole.

Care should be taken to shake the bottle before use.

Conditions requiring dose adjustments:

1. ***Liver impairment :*** The dose should be reduced, only in severe hepatic dysfunction, by one third. In mild to moderate hepatic dysfunction, no dose adjustments are needed.
2. ***Severe renal failure*** (creatinine clearance < 10 ml/min): 50% of the normal dose can be given at the usual dosing interval, alternatively, the full therapeutic dose can be given at 12-hour intervals.

Contraindications:
Metronidazole is contraindicated in patients with hypersensitivity to nitroimidazole derivatives. It is also contraindicated during the first trimester of pregnancy because its safety for such use has not been studied. Patients should discontinue breast-feeding while taking metronidazole.

Precautions:

1. Patients with a history of blood dyscrasia, because the drug can cause leukopenia.
2. Patients with severe hepatic or severe renal impairment, (use at lower than recommended dose) because metronidazole and its metabolites accumulate in the plasma.
3. Patients with peripheral neuropathy and seizure disorders, as they can be exacerbated in some patients.
4. Avoid alcohol and alcohol-containing medications during therapy and for at least 48 hours after the last dose to prevent disulfiram-like reaction.
5. If therapy exceeds 10 days, regular clinical and laboratory monitoring is advised.

Drug interactions:

+ Concomitant use of metronidazole with oral anticoagulants (e.g. warfarin) prolongs prothrombine time, which should be monitored in such case.
+ Concomitant use with barbiturates and phenytoin may diminish the antimicrobial effectiveness of metronidazole by increasing its metabolism, and may require higher doses of metronidazole.
+ Concomitant use with cimetidine may decrease the clearance of metronidazole, thereby increasing its potential for causing adverse effects.

Effects on diagnostic tests:
Metronidazole may interfere with the chemical analysis of **aminotransferases** and **triglycerides**, leading to falsely decreased values. Rarely, it has been reported to flatten the T waves on ECG.

Adverse reactions:
Infrequently: headache, nausea, abdominal cramps, diarrhea, constipation, darkened urine, transient leukopenia, irritation of mouth and tongue (possibly due to candida superinfection), and metallic taste.

Overdose:
Signs : include nausea, vomiting , ataxia ,and seizures.
Treatment : there is no known antidote for metronidazole, treatment is supportive and include :

1. induced emesis or gastric lavage.
2. Activated charcoal and a cathartic.
3. Diazepam or phenytoin may be used to control seizures.

How supplied: Bottles, each contains 100 ml.

Product of : Medical Union Pharmaceuticals,
Abu Sultan, Ismailia, Egypt.

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MUP

Leaflet 20

"For Medical/Pharmacy Professionals only"

ELVATON FORTE SYRUP

COMPOSITION:

Each 5ml (Approx one tea spoonful) contains:

Thiamine HCL (Vitamin B1)	BP	2.0 mg
Riboflavin Sodium phosphate Eq. to Riboflavin (VitaminB2)	BP	2.5 mg
Nicotinamide	BP	25 mg
Cyanocobalamin	BP	2.0 mcg
Pyridoxine HCL (Vitamin B6)	BP	1.0 mg
Dexpanthenol	BP	3.0 mg
Flavoured syrupy base		q.s.
Approved Colour used		

INDICATIONS

Elvaton Forte syrup is indicated for the prevention of vitamin deficiencies, for the maintenance of normal growth and health during the early years of infancy and childhood and as multivitamin supplement.

PHARMACODYNAMICS & PHARMACOKINETICS

Pharmacodynamic properties

Vitamin B Complex.

Thiamine Hydrochloride (Vit B1): A water soluble vitamin. It is a co-enzyme for carbohydrate metabolism.

Riboflavine Sodium Phosphate (Vit B2): A water soluble vitamin converted in the body to flavine mononucleotide and flavine adenine dinucleotide and then involved as co-enzymes in oxidative and reductive metabolic processes.

Nicotinamide: A water soluble vitamin considered part of the Vitamin B group. Converted to Nicotinamide Adenine Dinucleotide and Nicotinamide Adenine Dinucleotide Phosphate in the body, both of which are co-enzymes important in electron transfer in respiratory reactions.

Pyridoxine Hydrochloride (Vit B6): A water soluble vitamin. Involved in carbohydrate and fat metabolism, but also important in haemoglobin formation.

Pantothenol: The alcoholic analogue of D-pantothenic acid traditionally considered a B vitamin. It is a component of co-enzyme A, which is important in the metabolism of fat, carbohydrate and protein.

Pharmacokinetic properties

All the actives are water soluble vitamins. Quantities in excess of the bodies requirements are excreted either unchanged or as metabolites, mainly in the urine but to a lesser extent also in the faeces.

CONTRAINDICATIONS

Elvaton Forte Syrup is contraindicated in individuals with known hypersensitivity to the product or any of its components.

ADVERSE EFFECTS

Allergic rashes and other idiosyncrasies in rare cases.

WARNING AND PRECAUTIONS

When prescribing Elvaton Forte Syrup as with all multi-vitamin preparations, care should be made for vitamins obtained from other sources to prevent hypervitaminosis occurring.

DRUG INTERACTIONS

The pyridoxine hydrochloride may reduce the effectiveness of levodopa.

PREGNANCY & LACTATION

The recommended dose should not be exceeded without medical advice.Caution should be used in pregnancy as excessive doses of Vitamins may be teratogenic, especially when taken in the first trimester.

TOXICOLOGICAL DATA & EFFECTS

At doses far higher than the human therapeutic range teratogenicity has been observed in animal studies.

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Overdose
Not applicable.
DOSAGE
Prophylactic
Children :
up to 1 year, One 5ml spoonful daily
up to 12 years, One 5ml spoonful twice daily
Adults and elderly :
One 5ml spoonful three times daily
Therapeutic
Children :
up to 1 year, One 5ml spoonful three times daily
up to 12 years, Two 5ml spoonfuls three times daily
Adults and elderly :
Two to three 5ml spoonfuls three times daily
Or as prescribed by a Physician.
PRESENTATION
100ml bottle in a unit carton along with patient information leaflet.
STORAGE
Store in a dry place at temperature below 30°C. Protect from light.
Keep all Medicines out of the reach of children.

SHAKE WELL BEFORE USE

الشركة مسجلة في وزارة الصحة العراقية

MANUFACTURED IN INDIA BY :

LABORATE
PHARMACEUTICALS INDIA LTD.
RAJBAN ROAD, PAONTA SAHIB
H.O. : E-11, INDL. AREA, PANIPAT-132103

Leaflet 21

Congestal Tablets

SIGMA

Generic name:
Paracetamol (acetaminophen)
Chlorpheniramine maleate
Pseudoephedrine hydrochloride

Composition:
Each tablet contains:

Active ingredients:

Acetaminophen (Paracetamol)	650 mg
Chlorpheniramine maleate	4 mg
Pseudoephedrine HCL	60 mg

Inactive ingredient: Povidone K_{30}, Corn starch (Maize starch), Croscarmellose sodium, Talc, Colloidal Silicon dioxide (Aerosil 200),Magnesium stearate.

Pharmaceutical form:
Tablets

Mechanism of action:
Congestal combine the action of its ingredients as follow:
Acetaminophen acts as pain reliever and fever reducer.
Chlorpheniramine maleate acts as antihistamine.
Pseudoephedrine hydrochloride acts as nasal decongestant.

Indications:
Congestal is indicated for:
Relieving these symptoms of hay fever and the common cold:
- runny nose and sneezing
- nasal congestion
- minor aches and pains
- headache
- sinus congestion and pressure

Relieving these additional symptoms of hay fever:
- itching of the nose or throat
- itchy, watery eyes
- helps clear nasal passages

Dosage and administration:
Do not exceed recommended dosage.
Adults and children 12 years and over: take one tablet every 4-6 hours
- swallow whole – do not crush, chew or dissolve
- do not take more than 6 tablets in 24 hours.

Contraindications:
Hypersensitivity to any of ingredients of **Congestal** tablets.

Drug interactions:
Congestal tablets should not be used with:
- Any other drug containing acetaminophen (prescription or non-prescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.
- Monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you do not know if your prescribed drugs contain an MAOI, ask a doctor or pharmacist before giving this product.

Precautions and warnings:
Liver warning: This product contains acetaminophen. Severe liver damage may occur if you take:
- more than 6 tablets in 24 hours, which is the maximum daily amount
- with other drugs containing acetaminophen.
- 3 or more alcoholic drinks every day while using this product.

Congsetal tablets should not be used to make a child sleepy.

Ask a doctor before use if you have :
- liver disease
- heart disease
- glaucoma
- thyroid disease
- high blood pressure
- trouble urinating due to an enlarged prostate gland
- a breathing problem such as emphysema or chronic bronchitis
- diabetes

Ask a doctor or pharmacist before use if you are :
- taking sedatives or tranquilizers
- taking the blood thinning drug warfarin

When using this product :
- do not use more than directed
- excitability may occur, especially in children
- alcohol, sedatives and tranquilizers may increase drowsiness
- avoid alcoholic drinks
- be careful when driving a motor vehicle or operating machinery
- drowsiness may occur

Stop use and ask a doctor if :
- new symptoms occur
- you get nervous, dizzy or sleepless
- pain or nasal congestion gets worse or lasts more than 7 days
- redness or swelling is present
- fever gets worse or lasts more than 3 days

These could be signs of a serious condition.

If pregnant or breast-feeding,
Ask a health professional before use.
In case of overdose, get medical help.

Patient Instructions:
Keep out of reach of children.

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Package and storage:
A carton box containing 1 or 2 (Al/opaque white PVC) blisters each of 10 tablets + insert leaflet.
Store in dry place at temperature not exceeding 25° C.

Produced by SIGMA Pharmaceutical Industries . Egypt . S.A.E. 0413214

Leaflet 22

L312/0/08

ASMAFORT

Anti-allergic
Tablets and Syrup

Composition

Tablets

Each tablet contains:

Active ingredient: Ketotifen (as fumarate) 1mg

Excipients: Lactose, starch, povidone, magnesium stearate, and cellulose.

Syrup

Each teaspoonful (5mL) of the syrup contains:

Active ingredient: Ketotifen (as fumarate) 1mg

Excipients: Lycasin, sorbitol, citric acid, sodium citrate, glycerol, methyl paraben, propyl paraben, propylene glycol,povidone, banana flavour, and purified water.

Properties

Ketotifen, the active ingredient of **ASMAFORT**, is a potent anti-allergic drug which inhibits the effects of certain endogenous substances known to be inflammatory mediators. It exerts a non-competitive blocking effect on histamine (H_1) receptors.

Ketotifen is almost completely absorbed from the gastrointestinal tract after oral doses, but bioavailability is reported to be only about 50% due to hepatic first-pass metabolism. Peak plasma concentrations occur 2 to 4 hours after an oral dose. It is mainly excreted in the urine as inactive metabolites with a small amount of unchanged drug; the terminal elimination half-life is about 21 hours.

Indications

ASMAFORT is used for symptomatic treatment of allergic conditions such as allergic rhinitis and seasonal allergic conjunctivitis.

Dosage

Adults: 1mg (1 tablet) twice daily with food (morning and evening meals), increased if necessary to 2mg (2 tablets) twice daily.

Children 3 years and over: 1mg (1 teaspoonful) twice daily with food.

Generally, for patients known to be easily sedated, it is recommended to start with an initial treatment in a dose of 0.5 -1mg (½ - 1 tablet or teaspoonful) at night for the first few days.

If you miss a dose

- Take the medicine as soon as you remember.
- If it is almost time for your next dose, wait until then to take the medicine and skip the missed dose.
- Do not take two doses at one time.

Contraindications

It is contraindicated in individuals with known hypersensitivity to ketotifen or any of the other ingredients, as well as in those having severe impairment of liver function.

Precautions

As with other similar antihistamines, it may have an antimuscarinic activity and it should therefore be used with caution in prostatic hypertrophy, urinary retention, susceptibility to angle-closure glaucoma, and pyloroduodenal obstruction.

It should be used with caution in patients having hepatic disease (see, Contraindications) or epilepsy.

Children and the elderly are more susceptible to side effects.

Effects on ability to drive and use machines: Since ketotifen may cause drowsiness during the first few days of treatment, patients should be warned not to engage in activities requiring mental alertness (such as driving a car or operating machinery) until the effect of treatment on the individual is known.

Pregnancy: Although there is no evidence of any teratogenic effect, recommendation for ketotifen in pregnancy cannot be given.

Lactation: Ketotifen is excreted in breast milk, therefore mothers receiving it should not breast feed.

Side Effects

ASMAFORT is usually well tolerated. However, some side effects may occur at the beginning of treatment, but usually disappear spontaneously with continued medication.

Drowsiness, although paradoxical stimulation may occur rarely, has been reported especially with high doses or in children and the elderly. Drowsiness may diminish after a few days of treatment.

As with other similar antihistamines, some side effects may be experienced including headache, psychomotor impairment, symptoms of CNS stimulation such as excitation, irritability, insomnia, and nervousness (observed particularly in children), and antimuscarinic effects such as urinary retention, dry mouth, blurred vision, and gastrointestinal disturbances.

Other rare side effects include hypotension, palpitation, arrhythmias, extrapyramidal effects, sedation, dizziness, confusion, depression, sleep disturbances, tremor, hypersensitivity reactions (including bronchospasm, angioedema, anaphylaxis, rashes, and photosensitivity reactions), blood disorders, angle-closure glaucoma, cystitis, and weight gain. Very rarely, convulsions, liver dysfunction, hepatitis, increase in liver enzymes, erythema multiforme, and Stevens-Johnson syndrome have been reported.

Overdosage

The reported features of overdose include confusion, drowsiness, nystagmus, headache, disorientation, tachycardia, hypotension, reversible coma (especially in children), hyperexcitability and convulsions. Bradycardia and respiratory depression should be watched for. Treatment should be symptomatic. Treatment with activated charcoal should be considered if the overdose has been taken within approximately one hour. If necessary, symptomatic treatment and monitoring of the cardiovascular system are recommended; if excitation is present, short acting barbiturates or benzodiazepines may be given.

Drug Interactions

As with other antihistamines, the sedative and/or antimuscarinic effects may be enhanced when ketotifen are given with alcohol, other antihistamines, antimuscarinics, opioid analgesics, MAOIs, tricyclics antidepressants, tricyclic-related antidepressants (possible), anxiolytics, and hypnotics.

A reversible fall in the platelet count has been seen in a few patients receiving ketotifen with oral antidiabetics (notably metformin), and it has been suggested that this combination should therefore be avoided.

As with other antihistamines, ketotifen may theoretically antagonise the effect of betahistine.

Presentations

ASMAFORT tablets: Pack of 20 tablets.

ASMAFORT syrup: Bottle of 100mL.

* *Store at a temperature of 15 - 25 °C. Keep the tablets in a dry place.*

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicines, their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of the reach of children.

Council of Arab Health Ministers, Union of Arab Pharmacists

Any information? Call Toll Free No. (971) 800-4954

Produced by: *sulphar*
Gulf Pharmaceutical Industries,
Ras Al Khaimah, U. A. E.

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07/04/2010

Leaflet 23

0312014 G

Soolan

Paediatric Syrup
For symptomatic relief of cough and cold

Composition

Each teaspoonful (5mL) contains:

Active ingredients:	Chlorpheniramine maleate	1mg
	Phenylephrine HCl	2.5mg
	Guaifenesin(glyceryl guaiacolate)	50mg
Excipients:	Ascorbic acid, sucrose, saccharin sodium, sodium benzoate, quinoline yellow,disodium edetate, ethanol 96%, glycenn,strawberry flavour and purified water.	

Properties

Soolan is an effective paediatric cough and cold formula that combines a decongestant, an antihistamine and an expectorant to ensure a fast effective symptomatic relief of common cold and flu.

Soolan acts by exerting a drying effect on the nasal mucosa, reducing the swelling of the mucous membranes, as well as clearing the airways from the tenacious secretions.

Indications

Soolan is useful for treating children suffering from productive cough, nasal congestion, rhinorrhea and sneezing associated with allergy or common cold.

Dosage

Children 6 - 12 years:
10mL (2 teaspoonfuls) every 6 hours daily.
Note: Not to be used for children under 6 years.

If you miss a dose
If on scheduled dosage regimen:
- Take the missed dose as soon as possible.
- If it is almost time for your next regular dose, wait until then and skip the missed dose
- Do not take two doses at the same time.

Contraindications

This preparation should be avoided by patients who are hypersensitive to any of its components, as well as in those with severe liver disease as it may precipitate coma.

Precautions

Soolan should be given cautiously to patients having epilepsy, glaucoma, pyloroduodenal obstruction, urinary retention or renal dysfunction (dose reduction may be necessary).

Discontinue its use before taking allergy skin tests due to possible false positive results.

If urine is collected within 24 hours of a dose of **Soolan** syrup, a metabolite of guaifenesin may cause a colour interference with laboratory determinations of urinary 5-hydroxyindoleacetic acid (5-HIAA) and vanillymandelic acid (VMA).

Side Effects

Soolan is usually well tolerated. Some minor side effects have occasionally been reported such as drowsiness, which may diminish after a few days of continued treatment. However, paradoxical stimulation may occur rarely, especially with high doses.

Other side effects which have been reported less frequently include headache, psychomotor impairment, and antimuscarinic effects such as urinary retention, dry mouth, blurred vision and gastro-intestinal disturbances.

Hypersensitivity reactions including bronchospasm, angioedema, anaphylaxis, rashes and photosensitivity reactions have also been reported less frequently.

Very rarely, tinnitus, extrapyramidal effects, dizziness, confusion, depression, sleep disturbances, tremor, convulsions, palpitation, arrhythmias, hypotension, blood disorders, liver dysfunction and exfoliative dermatitis have been reported.

Overdosage

Symptoms and signs of overdosage include sedation, paradoxical stimulation of CNS, psychosis, convulsions, antimuscarinic effects, and arrhythmias.

Symptomatic and supportive measures should be provided with special attention to cardiac, respiratory, renal, and hepatic functions and fluid and electrolyte balance.

Treatment of overdosage should include gastric lavage or induction of emesis by syrup of ipecac, if it is within the first few hours after ingestion. Activated charcoal and cathartics may be administered to minimise absorption.

Drug Interactions

Enhanced sedative effects may result from concomitant usage of sedating antihistamine, diazepam, chloral hydrate or triclofos sodium with **Soolan**.

Increased risk of antimuscarinic effects may be expected upon concomitant administration of **Soolan** with antimuscarinics, while concomitant administration with amitriptyline, imipramine or nortriptyline may increase both sedative and antimuscarinic effects.

Presentation

Soolan syrup: Bottle of 100mL.

* *Store below 30°C.*

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicines their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of reach of the children.

Council of Arab Health Ministers,
Union of Arab Pharmacists

Any information? Call Toll Free No. (971) 800-4994, U.A.E.

Produced by: *julphar*
Gulf Pharmaceutical Industries,
Ras Al Khaimah, U. A. E.

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12/10/2011

Leaflet24

Piotrim

(Sulfamethoxazole / Trimethoprim)

PIONEER Co.

read this information carefully before you start taking this medicament.

COMPOSITION:
Piotrim 400/80 Tablet: Each tablet contains Sulfamethoxazole 400 mg and Trimethoprim 80 mg.
Piotrim 800/160 Tablet: Each tablet contains Sulfamethoxazole 800 mg and Trimethoprim 160 mg.
Piotrim Suspension: Each 5 ml. of the piotrim suspension contains Sulfamethoxazole 200 mg and Trimethoprim 40 mg.

Therapeutic Category:
The combinations of Sulfamethoxazole and Trimethoprim are called Cotrimoxazole, which is an antibiotic used to treat or prevent certain types of infections caused by bacteria.

Indications:
Piotrim is effective against a wide range of Gram-positive and Gram-negative organisms.
It is indicated for:
-Upper and lower respiratory tract infections e.g. acute and chronic bronchitis, bronchiectasis, tonsilitis, sinusitis and pharyngitis, otitis media, pneumonia and pneumocystis carinii pneumonitis.
-Renal and urinary tract infections.
-Gastro-intestinal tract infections e.g. enteritis, typhoid and paratyphoid fever, typhoid carriage, bacillary dysentery and cholera.
-Genital tract infections - both male and female including gonococcal infections.
-Skin infections e.g. pyoderma, boils, furuncles, abscesses.
-Other bacterial infections - acute brucellosis, mycetoma except those caused by true fungi, nocardiosis, acute and chronic osteomyelitis.

Dosage and directions for use:
Tablets:
Children 6 - 12 years: One tablet every 12 hours after meals.
Adults and Children over 12 Years: The usual dose is one to two tablets every 12 hours after meals.
Suspension:
Children 6 - 12 years: One to Two teaspoonful (5 ml - 10 mL) twice daily.
In the treatment of acute infections, Piotrim should be administered for at least 5 days or for at least 2 days after the symptoms have disappeared.

Contraindications:
Cotrimoxazole is contra-indicated in patients
-Suffering from porphyria
-Liver parenchymal damage
-Megaloblastic anemia due to folic acid deficiency
-Severe renal insufficiency, and a history of hypersensitivity to sulphonamides or trimethoprim.
Co-trimoxazole should not be administered during pregnancy, to women prior to delivery, or to nursing mothers.
-It should also not be used in premature or newborn infants during the first few weeks of life.

Precautions:
Cotrimoxazole should be given with caution to patients with actual or possible folate deficiency because of possible interference with human folate metabolism by trimethoprim. Adverse effects on the blood may be more severe in malnourished or elderly patients.
Cotrimoxazole should be used cautiously and in reduced dosage in patients with impaired renal function.
A high incidence of side-effects occurs in immune compromised patients, such as those suffering from Aids or patients receiving immunosuppressive therapy. The adverse effects include skin rash, recurrent fever, neutropenia, and thrombocytopenia and raised liver enzyme values.
Treatment should be discontinued immediately when a rash appears because of the danger of severe allergic reactions.

Inactive Ingredients:
Piotrim Tablet: Maize Starch, povidon k30, sodium lauryl Sulfate, crospovidon, Talc, Magnesium stearate.
Piotrim Suspension: CMC Sodium,Tween80,Sodium Saccharine, (Avicel SR1),Glycerine USP 99.7%,Sorbitol 70% ,Methyl Paraben,Citric acid,Sodium Benzoat , Vanilla and Banana Flavour,Purified Water.

Side Effects:
-Hypersensitivity reactions particularly involving the skin are among the most common adverse effects of co-trimoxazole and are usually due to the sulphamethoxazole component.
The Stevens-Johnson and Lyell's syndromes have been reported.
-Adverse effects on the gastro-intestinal tract may also occur fairly frequently.
-Nephrotoxic reactions, which may result in renal failure, have been attributed to hypersensitivity to sulphamethoxazole.
-Blood disorders, mostly as a result of hypersensitivity reactions, may occur and include agranulocytosis, aplastic anemia, thrombocytopenia, leucopenia, hypoprothrombinaemia.

Drug Interactions:
-Cross-sensitivity has been observed between sulphamethoxazole and chemically related compounds such as some diuretics, particularly acetazolamide and thiazides, and the sulphonylurea hypoglycemic agents.
-Trimethoprim has been reported to interact with a number of other medicines by interfering with their clearance, such medicines include digoxin, procainamide, and tolbutamide.

Storage
Store at temperature between (15°-30°) C, protect from light.

Packaging:
Piotrim 400/ 80Tablet: Pack of 20 Tablets.
Piotrim 800/ 160 Tablet: Pack of 20Tablets.
Piotrim SUSPENSION: Pack of 100 ml bottle

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Leaflet 25

FUCINE Cream & Ointment

Composition and excipients:
Each 1g Fucine ointment contains:

- **active ingredients:** Sodium fusidate 20mg.
- **inactive ingredients:** Vaseline, B.H.T.

Each 1g Fucine cream contains:

- **active ingredients:** Fusidic acid 20mg.
- **inactive ingredients:** Vaseline, potassium sorbate, B.H.A, Cetanol, Paraffin oil, Glycerin, polysorbate 80, purified water.

Indications:
Indicated either alone or in combination with systemic therapy, in the treatment of primary and secondary skin infections caused by sensitive strains of Staphylococcus aureus, Streptococcus spp and Corynebacterium minutissimum. Primary skin infections that may be expected to respond to treatment with fusidic acid applied topically include: impetigo contagiosa, superficial folliculitis, sycosis barbae, paronychia and erythrasma; also such secondary skin infections as infected eczematoid dermatitis, infected contact dermatitis and infected cuts/abrasions.

Dosage and administration:
Adults and Children:
Uncovered lesions: apply gently three or four times daily.
Covered lesions: less frequent applications may be adequate

Contraindications:
Hypersensitivity to the active substance or to any of the excipients.

Warnings and precautions:

- Bacterial resistance among staphylococcus aureus has been reported to occur with the use of topical Fusidic acid As with all antibiotics, extended or recurrent use may increase the risk of developing antibiotic resistance.
- Extended or recurrent use may increase the risk of developing contact sensitisation.
- Fusidic acid ointment contains buthylhydroxytoluene (E321) which may cause local skin reactions (e.g. contact dermatitis) or irritation to the eyes and mucous membranes.
- When fusidic acid is used on the face; care should be taken to avoid the eyes as the excipients in the ointment may cause conjunctival irritation.
- Fusidic acid Cream contains butylhydroxyanisole, cetyl alcohol and potassium sorbate. These excipients may cause local skin reactions (e.g. contact dermatitis). Butylhydroxyanisole may also cause irritation to the eyes and mucous membranes, fusidic acid cream should therefore be used with care when applied in the proximity of the eyes.

Drug interactions:
Interactions with systemically administered medicinal products are considered minimal as the systemic absorption of topical fusidic acid is negligible.

Pregnancy:
No effects during pregnancy are anticipated, since systemic exposure to topically applied fusidic acid/sodium fusidate is negligible. Topical fusidic acid can be used during pregnancy.

Breast-feeding:
No effects on the breast-feeding babies are anticipated since the systemic exposure of topically applied fusidic acid/sodium fusidate to the breast-feeding woman is negligible. Topical fusidic acid can be used during breast-feeding but it is recommended to avoid applying it on the breast.

Undesirable effects
The most frequently reported adverse reactions during treatment are various skin reactions such as pruritus and rash, followed by application site conditions such as pain and irritation, Hypersensitivity and angioedema have been reported.
Other effects:
Skin and subcutaneous tissue disorders: Uncommon: Dermatitis (contact dermatitis, eczema) Rash (such as erythematous, pustular, vesicular, maculopapular , papular and rash generalized), Pruritus, Erythema.
General disorders and administration site conditions: Uncommon: Application site pain (skin burning sensation), application site irritation.

Overdose:
Overdose is unlikely to occur unless hypersensitivity to Fusidic acid or any of the excipients exists, accidental ingestion of the cream or the ointment is unlikely to cause any harm. The total quantity of fusidic acid will usually not exceed the approved total daily oral dose of fusidic acid containing products except in children aged less than 1 year and weighing < 10 kg. The concentration of the excipients is too low to constitute a safety risk.

Storage conditions: Store between 15° and 25°C.

How supplied :
Fucine ointment: Tube containing (20-40) grams ointment.
Fucine Cream: Tube containing 20 grams Cream

a consumption century- A medicament is a product which affects your health, and if its instructions is dangerous for you
the method of use and the instructions of Follow strictly the doctors prescription.
the pharmacist who sold the medicament
The doctor and the pharmacist are experts in medicines, its benefits and risks.
Do not repeat the same prescription without consulting your doctor.
KEEP THE MEDICAMENTS OUT OF REACH OF CHILDREN
& Union of Arab Pharmacists Council of Arab Health Ministers

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IBN HAYYAN PHARMA. - HOMS - SYRIA Phone 440401 - Fax 467472 P.O.Box 3173

Leaflet 26

"For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only."

166-VT PL

PONAMEC 250

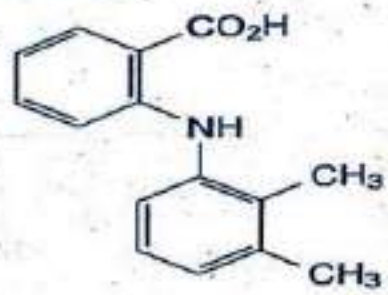
Mefenamic Acid Capsules 250 mg

Composition :

Each capsule contains :
Mefenamic Acid BP 250 mg

Description :

PONAMEC 250 has anti-inflammatory activity and also antipyretic and analgesic properties. In analgesia it has a central as well as a peripheral action. **PONAMEC 250** appears to owe those properties to its capacity to inhibit cyclo-oxygenase. Also it appears to antagonise certain effects of prostaglandins. Chemically **PONAMEC 250** is designed as 2-[(2,3-dimethylphenyl)amino]benzoic acid. The chemical formula of **PONAMEC 250** is $C_{15}H_{15}NO_2$. Molecular weight of the compounds is 241.3 and the following structural formula



Properties :

PONAMEC 250 is an inhibitor of cycloxygenase with analgesic, anti-inflammatory and anti-pyretic properties.
PONAMEC 250 exert their action by inhibiting the biosynthesis and release of prostaglandins. These drugs inhibit cycloxygenase enzyme and hence prostaglandin synthesis. These compounds generally do not inhibit formation of leukotrienes, which also contribute to inflammation. It is readily absorbed from the Gastro Intestinal tract, extensively bound to plasma proteins and excreted mainly in the urine as unchanged drug or conjugated metabolites. **PONAMEC 250** after administration is widely distributed throughout body fluids with onset action is between 1-2 hours and duration of action is 6 hours.

Indications :

PONAMEC 250 is indicated as analgesic, anti-inflammatory, antipyretic for the treatment of joint and soft tissue pain, dysmenorrhoea, rheumatoid and osteoarthritis, stills disease, dental pain, postoperative or post-partum pain.

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Dosage and Administration :

One Capsule thrice daily, preferably after food.
Or As directed by the Physician.

Adverse effects :

Commonly found adverse effects with **PONAMEC 250** are drowsiness, diarrhoea, rashes (withdraw treatment), thrombocytopenia, haemolytic anaemia, aplastic anaemia, convulsions in overdosage.

Contraindications :

PONAMEC 250 is specifically contraindicated in individuals having inflammatory bowel disease, porphyria.
PONAMEC 250 is also contraindicated in lactating mothers to avoid effects on infant's cardiovascular system.

Special precautions :

PONAMEC 250 should be used with special precaution having bleeding disorders, aspirin or other anti-inflammatory drug induced allergy, asthma, hypertension, hepatic or renal or cardiac dysfunction. **PONAMEC 250** should be used in elders in reduced dose. It should be used with caution in pregnant women, as safety is not established.

Drug interactions :

Lithium: Excretion of lithium may be reduced by concurrent use of **PONAMEC 250.**

Storage :

Store below 30°C.
Protected from light and Moisture.
Keep all medicines away from children.

Presentation :

Blister of 10 Capsules.
Carton of 100 Capsules.

A Product of :
MVC Pharmaceuticals
54-B, Drug House, Procter Road, Mumbai 400 007, INDIA.
For more information contact : customercare@mvcpharma.com

Leaflet 28

PIONEER

PIONEER Co.

Muscle & Joint

Piodol

Paracetamol / orphenadrine citrate

Film Coated Tablets

Read this information carefully before start taking this medicament.

› Composition:

Piodol Muscle & Joint®: Each F/C Tablet contains 450mg Paracetamol, 35mg orphenadrine citrate.

› Therapeutic Category:

Piodol Muscle & Joint® has analgesic and skeletal muscle relaxant properties.

Orphenadrine citrate is a skeletal muscle relaxant, acts in the central nervous system to produce muscle relaxant effects. Paracetamol is an analgesic, used to treat or prevent Joints pain and reduce fever.

› Indications:

Piodol Muscle & Joint® is used to:

- Relieve generalized pain and relief of muscle spasm associated with acute painful musculo-skeletal conditions.
- Tension headache and headaches caused by spasm of the muscles in the back of your head and neck.
- Help relax certain muscles in your body and to relieve the pain and discomfort caused by sprains, strains or other injury to your muscles.
- Relief pain that associated with Joint injuries or arthritis diseases.

› Dosage and directions for use:

Adults:

2 tablets three times a day. Do not exceed the recommended dosage.

› Overdose:

Immediate treatment is essential in the management of overdose, even if you feel well, because of the risk of delayed serious liver damage.

› Contraindications:

- Hypersensitivity to any of the ingredients.
- Severe liver function impairment.
- Prostatic enlargement, achalasia, bladder neck obstruction, glaucoma, myasthenia gravis, peptic ulcer or stenosing and pyloric or duodenal obstruction.
- Patients with porphyria.
- Do not give this medicine to a child under the age of 12 years.
- Not recommended for use during pregnancy or lactation.

› Precautions:

- Dosages in excess of those recommended may cause severe liver damage.
- Patients suffering from liver or kidney disease should take this combination under medical supervision.
- Caution is recommended in patients on other central nervous system depression-producing medication as well as patients on anticholinergics or medication with anticholinergic properties.
- Use with caution in patients with cardiac disease or arrhythmias, especially tachycardia.
- Do not use continuously for more than 10 days without consulting a doctor.

Driving and using machines can cause blurred vision or doseway - dizzy. It may also cause muscle weakness in some people. If you have any of these symptoms do not drive or operate machinery.

› Inactive Ingredients:

Maize Starch, Colloidal Silicon Dioxide, Glycerin, Povidone, Potassium Sorbate, Talc, Magnesium Stearate, Hypromellose, Polyethylene Glycol and Titanium Dioxide.

› Side Effects:

Paracetamol:

Hematological reactions including thrombocytopenia, leucopenia, pancytopenia, neutropenia and agranulocytosis have been reported. Pancreatitis, skin rashes and other allergic reactions occur occasionally. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by fever or mucosal lesions.

Orphenadrine Citrate:

Dryness of the mouth with difficulty in swallowing and talking, thirst, reduced bronchial secretions, dilatation of the pupils (mydriasis) with loss of accommodation (cycloplegia) and photophobia, flushing and dryness of the skin, transient bradycardia followed by tachycardia, with palpitations and arrhythmias, and difficulty in micturition as well as reduction in the tone of motility of the gastro-intestinal tract leading to constipation. Occasionally vomiting, confusion, giddiness may occur.

› Drug Interactions:

- Orphenadrine may increase central nervous system depression if taken concurrently with alcohol or central nervous system depressants.
- Anticholinergic effects may be intensified if Orphenadrine is taken concurrently with anticholinergics or medication with anticholinergic effects.

› Storage:

Store at temperature between (15°- 30°) C, Protect from light in dry place.

› Packaging:

Piodol Muscle & Joint® Packs of 20 F/C Tablets.

This is a medicament

Manufactured by Pioneer Co. for Pharmaceutical Industries - Iraq

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Leaflet 29

Bioflex® plus

60 Effervescent Tablet

CONTENT:

Glucosamine sulfate	750 mg
Chondroitine sulfate	600 mg
MSM	300 mg
Ginger Extract	20 mg
Vitamin C	90 mg
Calcium Carbonate	500 mg
Vitamin D3	10 mcg (400 IU)

BioFlex ® is a combination of Glucosamine and Chondroitin, MSM and Ginger Extract, Vitamin C, Calcium Carbonate and Vitamin D3. Glucosamine sulfate and Chondroitin sulfate are two natural substances found in the tissue of the joints.

BioFlex ® reduces the symptoms of Osteoarthritis – the most widespread type of the degenerative joint diseases: joint pain, stiffness, reduced flexibility and gradual deformation of the affected joint.
Glucosamine is a natural element formed in our bodies from glucose. With age, the amount of Glucosamine that our bodies create decreases. As a result, cartilage and bones begin to get damaged, as well as joints because lubricants and synovial fluid decrease.

Glucosamine helps the formation and repair of cartilage.

Chondroitin (a carbohydrate) is a component of the cartilage, which prevents water penetration into tendon and joints. It prevents joint destruction and helps the mechanical characteristics of the joints.

MSM (Methyl Sulfonyl Methane) is a source of organic sulphur, which takes part in collagen Synthesis.

Ginger Extract has a favourable effect on joint bloating and pain.

Vitamin C building bone density.

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Vitamin D3 encourages the absorption and metabolism of phosphorus and calcium.

Calcium Carbonate promotes the growth and healty of bone.

BioFlex ® containing revolutionary ingredients like Glucosamine sulfate, Chondroitin sulfate, MSM(Methyl Sulfonyl Methane), Ginger Extract you may experience a great benefit to your health by consuming BioFlex ® as a nutritional supplement.

BioFlex® recommended for:
- In case of premature (early) wearing out of the joints;
- Promotes recovery process after traumas;
- In case of joint tension and pain.

Warning:
Glucosamine may increase insulin resistance. Those with type 2 diabetes and those who are overweight and have problems with glucose tolerance should have their blood sugars carefully monitored if they use glucosamine supplements. Because of insufficient safety data, children, pregnant women and nursing mothers should avoid using glucosamine.

Recommended daily Dose:
Adults - Take for (2) effervescent tablet daily, as a dietary supplement preferably with meals.

Administration:
The effervescent tablet should be taken orally with a suitable amount of liquid.

Storage conditions:

This product should be stored in the package at 15-25°C. It should be kept away from moisture and children reach. It should not be used after expiry date.

Packaging:
20 effervescent tablet in tube.

105093

Manufactured by
Kendy Ltd., Bulgaria
For **BIOACTIVET Pharma, United Kingdom**
Under license KENDY SUISSE AG

BioActiveT
30013677-01

Leaflet 30

PARADOL

Suppositories

For relief of pain and fever

Composition

Suppositories: Each suppository contains:

Active ingredient: Paracetamol 125mg, 250mg, or 500mg

Properties

Paracetamol is a non-opiate, non-salicylate analgesic and antipyretic. Its analgesic effect involves peripheral and central influences by elevation of pain threshold and its antipyretic activity on the hypothalamic heat regulating centre, at the same time it inhibits prostaglandin synthetase. Due to its effectiveness, it is virtually equal to aspirin with respect to its analgesic and antipyretic effects but it is unlikely to produce the typical side effects associated with aspirin and aspirin containing products.

Indications

PARADOL is indicated for the rapid relief of pain and fever in conditions such as:

- Headache, toothache, influenza, common cold, migraine, myalgia, neuralgia, menstrual discomfort, arthritis and rheumatic conditions involving musculoskeletal pain.
- Febrile conditions in children, teething, tonsilitis, measles, aches and pain following vaccination or immunization.

Dosage and Administration

Unless prescribed otherwise by the physician, PARADOL may be used as follows (every 4 - 6 hours):

Age Group	125mg	250 mg	500 mg
Up to 1 year	1	-	-
Children 1 - 6 years	1 - 2	1	-
Children 7 - 12 years	-	1 - 2	1
Adults and children above 12 years	-	-	1 - 2

Contraindications

There is no known absolute contraindication for paracetamol.

Precautions

Paracetamol should be used with caution in patients with severely imparied kidney or liver functions and in patients taking other drugs which may affect the liver.

Side Effects

Paracetamol has rarely been found to produce any side effects, though haematological reactions have been reported. Skin rashes and other allergic reactions may occur occasionally.

Presentation

PARADOL suppositories: Pack of 6 suppositories.

* Store the suppositories below 30°C, protected from heat.

(This medicine)

- Drug is a product that affects your health and consumption, contrary to instructions, puts you at risk.
- Follow the doctor's prescription carefully, the prescribed method of use, and the pharmacist's instructions.
- The doctor and pharmacists are experts in medicine and its benefits and harmful.
- Do not cut the period of treatment on your own.
- Do not repeat medication over-the-counter.
- Do not leave medicines in the hands of children.

Council of Arab Ministers of Health
Arab Pharmacists Union

Manufacture: Al Gadeed Pharmaceutical Industries Co. / Amman – Jordan

Revision date: 24/4/2017

CODE: PM210-00

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Leaflet 31

TULLIN-D®

Oral Suspension
For Cold, Cough and Flu

COMPOSITION:
Each 5 mL of TULLIN-D® oral suspension contains:

Chlorpheniramine maleate	1 mg.
Dextromethorphan HBr	7.5 mg.
Phenylephrine HCl	5 mg.
Acetaminophen	160 mg.

PROPERTIES:
TULLIN-D® oral suspension contains clinically proven analgesic-antipyretic, decongestant, cough suppressant and antihistamine. Acetaminophen produces analgesia by elevation of pain threshold, and antipyresis through action on the hypothalamic heat regulating center. Acetaminophen is equal to aspirin in analgesic and antipyretic effectiveness and it is unlikely to produce many of the side effects associated with aspirin and aspirin-containing products. Phenylephrine Hydrochloride is a sympathomimetic decongestant which provides temporary relief of nasal congestion. Dextromethorphan is a cough suppressant which provides temporary relief of coughs due to minor throat irritations that may occur with the common cold. Chlorpheniramine maleate is an antihistamine which helps provide temporary relief of runny nose and sneezing.

INDICATIONS:
TULLIN-D® is indicated for the temporary relief of these cold and flu symptoms: Minor aches and pains, headache, sore throat, nasal congestion, coughs, runny nose, sneezing, and for the reduction of fever.

PRECAUTIONS:
If a rare sensitivity reactions, occurs the drug should be discontinued.

WARNINGS:
Do not take for pain for more than 7 days or for fever for more than 3 days unless directed by a doctor. If pain or fever persists, or gets worse, and if new symptoms occur, or if redness or swelling is present, consult a doctor because these could be signs of a serious condition.
If sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea or vomiting, consult a doctor promptly.
A persistent cough may be a sign of a serious condition. If cough persists for more than 1 week, tends to recur or is accompanied by fever, rash or persistent headache, consult a doctor.
Don't take this product for persistent or chronic cough such as occurs with smoking, asthma, and emphysema or if cough is accompanied by excessive phlegm (mucus) unless directed by a doctor. Don't exceed recommended dosages.
If nervousness, dizziness or sleeplessness occurs, discontinue use and consult a doctor. Do not take this product if you have heart disease, high blood pressure, thyroid diseases, diabetes, or difficulty in urination due to enlargement of the prostate gland unless directed by a doctor. Keep this and all drugs out of the reach of children. In case of accidental overdose, contact a doctor immediately even if you do not notice any signs or symptoms. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Don't use with other products containing Acetaminophen.

DRUG INTERACTIONS:
Don't use this product if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you are uncertain whether your prescription drug contains an MAOI, consult a health professional before taking this product.

DOSAGES:
Children 4 - 11 months: 1/2 teaspoonful every 6-8 hrs.
Children 12 - 24 months: 3/4 teaspoonful every 6-8 hrs.
Children 2 - 3 years: 1 teaspoonful every 6-8 hrs.
Children 4 - 5 years: 1 ½ teaspoonful every 6-8 hrs.
Children 6 - 8 years: 2 teaspoonfuls every 6-8 hrs.
Children 9 - 10 years: 2 ½ teaspoonfuls every 6-8 hrs.
Children 11 years and over and for adults:
3 teaspoonfuls every 6 - 8 hrs.

OVERDOSAGE INFORMATION:
Acetaminophen in massive overdosage may cause hepatic toxicity in some patients. In adults and adolescents (≥12 years of age), hepatic toxicity may occur following ingestion of greater than 7.5 to 10 grams over a period of 8 hours or less. Fatalities are infrequent (less than 3-4 % of untreated cases) and have rarely been reported with over dosage of less than 15 grams. In children (< 12 years of age), an acute overdosage of less than 150 mg/kg has not been associated with hepatic toxicity. Early symptoms following a potentially hepatoxic overdose may include: Nausea, vomiting, Diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours postingestion. Symptoms from Phenylephrine overdose include an increase in blood pressure and associated reflex bradycardia, and arrhythmias.
Acute dextromethorphan overdose usually does not result in serious signs and symptoms unless massive amount have been ingested. Signs and symptoms of a substantial overdose may include nausea and vomiting, visual disturbances, CNS disturbances, and urinary retention.
Chlorpheniramine toxicity should be treated as you would an antihistamine/anticholinergic overdose and is likely to be present within a few hours after acute ingestion.

STORAGE:
Keep tightly closed in a dry place, below 30°C, away from direct sunlight.
Keep all medicines out of the reach of children.

PACKAGING:
TULLIN-D®: Glass bottle of 100 mL suspension.

THIS IS A MEDICAMENT

- A medicament is a product but unlike any other products.
- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament. The doctor and the pharmacist are experts in medicament, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.

KEEP MEDICAMENTS OUT OF REACH OF CHILDREN
Arab Pharmacists Association — Council of Arab Health Ministers

ASIA Pharmaceutical Industries
Aleppo - Syria

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Leaflet 32

For The Medical Profession Only

Phenadone Syrup

Anti-inflammatory, Anti - allergic

Composition :
Each 100 ml. contains:

Dexamethasone	10 mg
Chlorpheniramine Maleate	40 mg

Properties:
Phenadone is a combination of well - known products :
- Dexamethasone has a powerful anti-inflammatory & antiallergic effect.
- It produces a trivial sodium & water retention. As a consequence drastic salt restriction (to avoid undue sodium retention & hypertension) and administration of potassium salts are not necessary when using Dexamethasone.
- Under the influence of Dexamethasone inflammatory responses are reduced or abolished. This occurs whether inflammation is induced by infection,chemical agents or trauma.
- Dexamethasone reduces hyperemia by diminishing the capillary permeability, the local oedema formation, leucocytosis and cellular infilteration.
- Chlorpheniramine maleate is a potent antihistaminic with a rapid onset of action. It controls allergic coughs & mucosal congestion. Its mild anticholinergic effects helps in reducing rhinorrhea while its sedative action is benificial to patients with excessive cough.

Indications:
In principle Phenadone syrup has the same indication as other adrenocortical hormones, though chiefly in the pediatric field.
- Bronchial asthma .
- Urticaria.
- Other allergic conditions.
- Acute rheumatic fever & rheumatic arthritis.

Dosage:
Adults : The dose should be adjusted by the treating physician.
One teaspoonful 3 times daily.
Children : 1/2 teaspoonful 3 times daily.
Infants : 1/4 teaspoonful 3 times daily.
Then the dose must be reduced gradually to the minimum effective dose.

Contraindications:
Absolute : Active and questionably healed tuberculosis.
Relative : Peptic ulcer, Diabetes, Osteoporosis & marked emotional instability.
Package : Bottles of 100 ml or 125 ml.

The Arab Drug Company
Cairo A. R. E.

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ADCO

Leaflet 33

VITABIOTICS
SCIENCE OF HEALTHY LIVING

Vitabiotics Feroglobin® Capsules

Composition:
Each Capsule contains:

Active Ingredients	Quantity/Dosage Unit
Iron	24 mg
Zinc	12 mg
Copper	2000 µg
Folacin (Folic Acid)	500 µg
Vitamin B12	10 µg
Vitamin B6	5 mg

(µg) microgram (mg) milligram

Properties
Feroglobin® Capsules are a gentle iron supplement with zinc and B vitamins, formulated to deliver an ideal amount of iron to the body while remaining gentle on the stomach.
Iron contributes to the normal formation of red blood cells and haemoglobin and normal oxygen transport in the body. Haemoglobin carries oxygen to the brain, heart, muscles and to tissues throughout the body. Excess iron in the stomach is prevented by Feroglobin's special slow release delivery system. This ensures that the release of blood forming nutrients is gradual and even and therefore gentle on the stomach.

Precautions:
This product contains iron, which if taken in excess by very young children may be harmful.

Contraindictions:
Feroglobin® Capsules have no known contraindications. To be taken as advised by your doctor.

Method of administration:
One capsule per day with your main meal. Swallow with water or a cold drink. Not to be chewed. Do not exceed recommended intake. Only to be taken on a full stomach. Feroglobin® Capsules can be continued for as long as required. This formula replaces other Feroglobin® products.

Overdose:
Discontinue use and seek medical attention.

Side Effects:
No known side effects.

Nature and Contents of Container:
30 capsules per box, 15 capsules per blister strip.

Storage Conditions:
Store below 30°C in a dry place, out of sight and reach of children.

Marketing Authorization Holder:
Vitabiotics Ltd – United Kingdom

For further information contact:
Vitabiotics Ltd, 1 Apsley Way, London NW2 7HF.
Tel: +44 (0)20 8955 2000.

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Britain's No.1 supplements

VITABIOTICS
SCIENCE OF HEALTHY LIVING

Leaflet 34

Dear Customer,

we are pleased to assist you with Gem Omega 3®. Please read this leaflet carefully because it contains important information about what you should consider when using Gem Omega 3®.

Your T&D Pharma GmbH

30 soft gelatine capsules à 787 mg = 23.6 g of dietary supplement with fish oil and vitamin E

Gem Omega 3® is a dietary supplement that combines the valuable omega-3 fatty acids and vitamin E.

Omega-3 fatty acids belong to the essential unsaturated fatty acids, which represent the subgroup of omega-n fatty acids and cannot be produced by the human body. Omega-3 fatty acids can be found in plants or algae and fish.
The docosahexaenic acid (DHA) and eicosapentaenoic acid (EPA) contained in Gem Omega 3® occurs mainly in cold water fish such as salmon, mackerel or herring.

The daily intake of 250 mg DHA

- contributes to the maintenance of normal brain function.
- contributes to the maintenance of normal vision.

The daily intake of 250 mg DHA and EPA contributes to the normal function of the heart.

Besides the essential unsaturated fatty acids DHA and EPA, Gem Omega 3® also contains the valuable vitamin E. Vitamin E belongs to the fat soluble vitamins. The most common derivatives of vitamin E are the tocopherols. It occurs particularly in plant oils, such as wheat, germ oil, olive oil or palm oil. Vitamin E contributes to the protection of cells from oxidative stress.
Gem Omega 3® is a suitable dietary supplement especially when sufficient quantities cannot be provided by an adequate diet. Due to the administration form as soft gelatine capsule, the intake of Gem Omega 3® is pleasant and easy.

T&D Pharma product quality
The AIWA® dietary supplements from T&D Pharma GmbH are high quality and are developed according to the latest scientific findings. In order to ensure a high quality uniform standard, the production is subject to the guidelines and principles of the Good Manufacturing Practice (GMP). This standard ensures that all products of T&D Pharma are always produced in the same quality. GMP includes all stages of production, for example the handling of products, quality management, documentation, storage and packaging.

Nutritional values	per 6 capsules	per 100 g
Energy	132.9 kJ = 32.2 kcal	2814.9 kJ = 682.4 kcal
Fat	3.2 g	67.1 g
thereof saturated fatty acids	0.99 g	21.0 g
Carbohydrates	0.4 g	8.2 g
thereof sugar	0.0 g	0.0 g
Protein	0.7 g	14.8 g
Salt	0.005 g	0.1 g

	per 6 capsules	NRV* per 6 capsules
Omega-3 fatty acids	924 mg	**
thereof		
EPA	480 mg	**
DHA	306 mg	**
Vitamin E (α-TE)	36 mg	300 %

* (Nutrient reference values) reference values for the daily intake according to Regulation (EU) No. 1169/2011.
** No NRV available.

Recommended intake:
Take 2 capsules, 3 times daily with plenty of water, distributed throughout the day at mealtimes.

Pregnancy and breastfeeding:
During pregnancy and breastfeeding you should consult with your doctor or pharmacist before taking a dietary supplement.

Directions:
Dietary supplements are no substitute for a varied, balanced diet and a healthy lifestyle. Store in a cool (< 25 °C), dry and light-protected place, out of sight and reach of young children.

The recommended daily intake indicated should not be exceeded.

Gem Omega 3® should not be taken if you are taking anti-coagulants, suffer from a deficiency of vitamin K or if you are a smoker. Furthermore, the vitamin E contained may result in a reduction of the vitamin C level in plasma.

Ingredients:
Fish oil, gelatine (bovine), humectant glycerine, vitamin E, water.

Information update: April 2015

T&D
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Leaflet 35

KANAGESIC KANAWATI

(Muscle relaxant)

COMPOSITION

Each tablets contains:

Orphenadrine Citrate	35 mg
Paracetamol	450 mg

INDICATIONS

Symptomatic relief of moderate pain of:

-Tension headache, occipital headaches associated with spasm of skeletal muscles in a the region of the head and neck.

-Acute musculoskeletal disorders.

-Acute and traumatic conditions of the limbs and trunk (sprains, strains, whiplash injuries, acute torticollis, prolapsed intervertebral disk.

CONTRAINDICATIONS

Orphenadrine shows some anticholinergic activity. Thus KANAGESIC should not be used in patients with: glaucoma, prostatic hypertrophy , obstruction at the bladder neck or myasthenia gravis.

SIDE EFFECTS

Rarely to occur at the recommended dose.Those encountered are associated with anticholinergic activity and may include nausea,dry mouth, and blurring of vision.

WARNINGS

-Orphenadrine may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; patients should therefore be cautioned accordingly.

-Orphenadrine citrate should be used with caution in patients with tachycardia and coronary insufficiency .

-Safety of continuous long term therapy with orphenadrine has not been established. Therefore if orphenadrine is prescribed for prolonged use, periodic monitoring of blood, urine and liver function values are recommended.

-Use in pregnancy: safe use in pregnancy has not been established. Therefore, the drug should not be used in pregnancy.

DOSAGE & ADMINISTRATION:

2 tablets 3 times daily Not recommended for children .

OVER DOSAGE & TREATMENT

-Symptoms of Orphenadrine are excitement ,confusion delirium leading to coma. Convulsion and tachycardia with dilated pupils and urinary retention may occur.

-Paracetamol may cause acute liver damage but symptoms may not appear for up to several days after ingestion.

Treatment : Gastric lavage should be carried out immediately.

STORAGE:

Store in a cool, dry and dark place. Protect from light.

Keep medicament out of reach of children.

PRESENTATION:

30 Tablets

20 Tablets

THIS IS A MEDICAMENT

-A Medicament is a product, but not like other products.

-A Medicament is product which affects your health, and its consumption contrary to instructions is dangerous for you.

-Follow strictly the Doctors prescription, the method of use, and the instruction of the pharmacist who sold you the medicament.

-The Doctor and the Pharmacist are experts in Medicament, its benefits, and risks.

-Do not by yourself interupt the period of treatment prescribed to you.

-Do not repeat the same Medicament without consulting your Doctor.

KEEP MEDICAMENTS OUT OF REACH OF CHILDREN.

(Council of Arab Health Ministers) (Arab Pharmacists Association)

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KANAWATI

Kanawati Medical Products

Damascus - Syria - Tel.+963-11-6612726

ISO Accredited: 9001/2008

Leaflet 36

Apidone®

Antihistamine & Antiinflammatory

Composition

Each 5 ml. contains:

- Dexamethasone 0.5 mg
- Chlorpheniramine maleate 2 mg.

Properties

Apidone® is a combination of synthetic glucocorticoid (dexamethasone) and antihistamine (chlorpheniramine maleate).

Dexamethasone:

- Has a potent antiinflammatory effect (7 times the potency of prednisolone)
- Lacks the sodium - retaining properties of hydrocortisone due to its insignificant mineralocorticoid activity.
- Inhibits the inflammatory response whatever the cause is; chemical, traumatic, infectious or immunological.
- Reduces capillary permeability and local edema by inhibiting the release of chemical mediators.
- Suppresses allergic responses

Chlorpheniramine maleate:

- Is one of the most potent antihistamines with a rapid onset of action.
- Antagonizes the physiological action of histamine by acting as an H1-receptor blocking agent.
- Controls the allergic reaction associated with rhinitis, bronchial asthma, dermatological disorders and other allergic conditions.

Indications

Apidone® is mainly indicated in inflammatory conditions, and some severe allergic diseases such as :

- Bronchial asthma
- Allergic Rhinitis
- Otitis media with effusion
- Atopic and contact dermatitis
- Hypersensitivity reactions to chemicals, or insect bites
- Steven Johnson syndrome and other allergic disorders
- Some endocrine and rheumatic diseases
- Urticaria and Angioedema

Contraindications

- Systemic fungal infection
- Administration of live virus vaccines
- Hypersensitivity to any of the drug's components
- Don't use for children less than 2 years.
- Not to be used for children less than 6 years without medical supervision

Precautions

Apidone® should be taken with care in patients with:

- Tuberculosis
- Peptic ulcer
- Any infection as it may mask its symptoms

Dosage

Dosage requirements are variable and must be individualized according to the severity of the disease and the response of the patient:

Children above 2 years: 1/2 teaspoonful (2.5 ml) 3 times daily.

Adults: 1 teaspoonful (5ml) 3 times daily.

N.B:

- In severe cases the dose can be increased and adjusted by the physician.
- The dose should be gradually decreased during withdrawal of the drug (tapering dose).

How supplied :

Bottles of 125 ml. syrup.

Keep all medicaments out of reach of children

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Product of:
AMOUN PHARMACEUTICAL CO. S.A.E.
El-Obour City, Cairo, Egypt.

dp

Leaflet 37

MEBO Ointment

Burn and Wound Management Ointment

Introduction

Moist Exposed Burn Therapy (MEBT) was introduced into medical practice since two decades in China. The concept of this therapy is to expose the wound to a physiological moist environment to enhance natural healing processes, whereby keratinocytes migration, angiogenesis, and interaction with growth factors are facilitated.
MEBO (Moist Exposed Burn Ointment) is the ointment, which has been developed to fulfil the above criteria.

Composition

MEBO is of natural and herbal edible origin. It is composed of β-sitosterol 0.25% as the main active ingredient. The base of the ointment is composed of sesame oil and beeswax. In addition, **MEBO** contains nutritional elements needed for skin cells vitality and regeneration.

Mode of Action

MEBO acts by:
1. Providing an optimum physiological moisture necessary for regeneration and repair.
2. Inducing an anti-inflammatory effect reducing thereby edema and erythema.
3. Creating an atmosphere unfavorable for bacterial and fungal colonization.
4. Isolating and protecting exposed and injured nerve endings producing thereby an analgesic effect.
5. Providing local nutrition for wound bed cells.
6. Liquefying the necrotic tissue.
7. Isolating and protecting the wound bed from environmental factors but at the same time maintaining drainage and gaseous exchange.
8. Reducing body fluids loss from damaged skin (burns).
9. Absorbing residual heat in acute burn wounds.
10. Expediting epithelialization with exceptionally acceptable cosmesis.

Indications

MEBO has been used successfully in the treatment of the following wounds:
1. First-degree burns, where the pain relief and the fast healing are remarkable, e.g. sunburn.
2. Second degree burns, superficial and deep. If properly applied, no skin grafting is needed and regeneration takes place from hair follicles and glands in the dermis and subcutaneous tissue.
3. Third degree burns, to isolate the wound, reduce pain, and expedite nonsurgical debridement of the necrotic tissue to prepare the wound for grafting.
4. Donor site, to decrease pain, control infection, and expedite healing (average of 7 days has been reported).
5. Chronic wounds including bed ulcers, diabetic feet, and leg ulcers.
6. Post laser resurfacing, chemical peeling, and dermabrasion.
7. Surgical wounds including obstetrical wounds.
8. Wound of circumcision.
9. Mucous membrane wounds such as buccal ulcers.
10. Cracked heels and cracked nipples.

Method of Application

1. Burns
   i. First degree burns (Superficial burns)
   MEBO should be applied as immediately as possible. A thin layer (about 1mm thickness) should cover the burnt area. It is better to keep the wound exposed, but if there is a need, a light dressing can be used.
   Reapplication should be done 3 to 4 times daily if exposed or twice daily if closed.
   ii. Second degree burns
   First Phase – liquefying period
   A thin layer of **MEBO** should cover the burnt area and renewed 3 to 4 times daily. Before reapplication, the liquified necrotic tissue and the residues of the old **MEBO** should be wiped off gently. It is better to keep the wound exposed, but if there is a need, a light dressing can be used and a relatively thicker layer (about 3mm thickness) should be applied and renewed twice daily.
   Second Phase – repair period
   MEBO should be applied as before, but less frequently (2 - 3 times daily).
   Third Phase – rehabilitation period
   MEBO should be applied as before, but only once daily.
   iii. Third degree burns
   MEBO should be applied as mentioned before to liquefy the necrotic tissue. A thin layer should cover the burnt site and renewed 3 to 4 times daily.
2. Donor Site
   A thin layer of **MEBO** should cover the donor site and renewed 3 to 4 times daily if exposed or twice daily if closed.
3. Leg Ulcers
   A sterile gauze should be impregnated with **MEBO** and should fill the cavity of the ulcer, and renewed twice daily.
4. Surgical and Obstetrical Wounds
   MEBO should cover the wound in a relatively thick layer (about 3mm) under a sterile dressing and renewed twice daily.
5. Cracked Nipples
   A thin layer of **MEBO** should be applied to the nipple under a light pad, and renewed 3 - 4 times daily. **MEBO** is safe for the infant that nursing can proceed without any hazards.

Toxicity and Side Effects

MEBO is of pure herbal edible origin. No side effects to the product have been reported so far, except for rare allergic reactions to sesame oil.

Precautions for the Drug

MEBO ointment may change its physical appearance during storage, especially during hot seasons, but it does not lose its efficacy.

Presentation

MEBO ointment is available in collapsible tubes of 15, 30, or 75 grams.

* Store below 25°C.

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicines their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of reach of the children.

Council of Arab Health Ministers,
Union of Arab Pharmacists

Any information? Call Toll Free No. (971) 800-4994, U.A.E.

Produced by:
Gulf Pharmaceutical Industries,
Ras Al Khaimah, U. A. E.

0312455 D

02/12/2000

Leaflet 38

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

Bruzolin

Nasal Drops

Xylometazoline Nasal Drops BP 0.05% w/v

Composition:
Xylometazoline Hydrochloride BP 0.05% w/v
in an Aqueous isotonic solution using
Purified water BP q.s

Preservative:
Benzalkonium Chloride BP 0.01% w/v

Properties/ Effects
Xylometazoline belongs to the group of the arylalkyl imidazolines. Bruzolin, which is intended for use in the nose, constricts the nasal blood vessels, there by decongesting the mucosa of the nose and neighbouring regions of the pharynx. The effect of Bruzolin sets in within a few minutes and persists for several hours. Bruzolin is well tolerated, also by patients with sensitive mucous membranes, and does not impair function of the ciliated epithelium.
Bruzolin is unlikely to cause reactive hyperaemia.

Pharmacokinetics
Following local application, the plasma concentration of Xylometazoline is so low that detection is not possible using currently available analytical methods.

Indications/Scope/Uses
Colds of various types
To aid drainage of secretions in affections of the paranasal sinuses, in otitis media, as an adjuvant to decongest the nasopharyngeal mucosa.
To facilitate rhinoscopy.

Dosage:
Spray: For children 2-6 yrs of age:

1 application from the nebulizer spray into each nostril, once or twice daily.

Drops: For children 2-6 yrs of age:

1 or 2 drops of the solution in each nostril, once or twice daily.

Do not use for more than one week without doctor's advice.

General Note
Once the pack has been opened, the contents should be used for 1 month only.

Restrictions on Use

Contra-indications
Like other vasoconstrictors, Bruzolin should not be employed in status post transsphenoidal hypophysectomy (or other transnasal or transoral surgical interventions in which the dura mater has been exposed), nor should it be used by patients known to be hypersensitive to substances contained in it.

Precautions
Bruzolin, like all other preparations belonging to the same class of active substances, should be used only with caution in patients showing a strong reaction to sympathomimetic agents, as evidenced by signs of insomnia, dizziness, etc.
As in the case of other local vasoconstrictors, Bruzolin should not be employed substantially over prolonged periods, e.g. a chronic coldy.

Check with your doctor or pharmacist before using Bruzolin If:
- you have high blood pressure, heart disease, overactive thyroid, glaucoma or diabetes
- you are taking any antidepressant medicine.

If any of the above apply, do not use Bruzolin before talking to your doctor or pharmacist.
Do not use for more than 10 days to avoid congestion.

Pregnancy/Lactation
Pregnancy category C
In view of its vasoconstricting properties women should take care not to use Bruzolin during pregnancy.
During lactation Bruzolin should only be used under medical supervision.

Unwanted Effects
The following side effects have occasionally been encountered: a burning sensation in the nose and throat, local irritation, sneeze, headache, and dryness of the nasal mucosa.

Interactions
No interactions have yet come to our notice.

Missed dose
If you miss a dose and you remember within one hour or so of the missed dose, use it right away. However if you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not double doses.

Over dosage
No cases of overdosage in adults have yet been reported. In rare instances of accidental poisoning in children, the clinical picture has been marked chiefly by signs such as accelerated and irregularity of the pulse, elevated blood pressure, and sometimes disorder of consciousness. Symptomatic treatment under medical supervision is indicated.

Storage: Store at a temperature not exceeding 25°C. Protect from light.
Keep out of reach of children.
Packing: Plastic Bottle packed in a suit carton.

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Manufactured by:
BRAWN LABORATORIES LIMITED
Yamuna Industrial Township
Faridabad - 121001, Haryana India

Leaflet 39

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

BROGYL SUSPENSION

Metronidazole Oral Suspension BP 200mg/5ml

Composition:
Each 5 ml contains:
Metronidazole Benzoate BP
Eq. to Metronidazole 200mg
Flavoured Syrup base q.s

Pharmaco-therapeutic class:
Antiamoebic, Anti-infective

Therapeutic indications:
It is indicated in
- The prevention of postoperative infections due to anaerobic bacteria, particularly species of Bacteroides and anaerobic Streptococci.
- The treatment of septicaemia, bacteraemia, peritonitis, brain abscess, necrotizing pneumonia, osteomyelitis, puerperal sepsis, pelvic abscess, pelvic cellulitis, and postoperative wound infections from which pathogenic anaerobes have been isolated.

Oral route of Administration:
Metronidazole is indicated in the prophylaxis and treatment of infections in which anaerobic bacteria have been identified or are suspected to be the cause. Metronidazole is active against a wide range of pathogenic micro-organisms notably species of Bacteroides, Fusobacteria, Clostridia, Eubacteria, anaerobic cocci and Gardnerella vaginalis. It is also active against Trichomonas, Entamoeba histolytica, Giardia lamblia and Balantidium coli.

Dosage and administration:
Oral medication should be substituted as soon as feasible.
Anaerobic Infections: Treatment for seven days should be satisfactory for most patients but, depending upon clinical and bacteriological assessments, the physician might decide to prolong treatment e.g. for the eradication of infection from sites which cannot be drained or are liable to endogenous recontamination by anaerobic pathogens from the gut, oropharynx or genital tract.

Children 7 to 10 years: 2 half teaspoon (100mg) three times daily
Children 3 to 7 years: Half teaspoon (150mg) twice daily.
Children 1 to 3 years: One-fourth Teaspoon (50 mg) three times daily

Contraindications:
Hypersensitivity to imidazoles.

Warnings and Precautions:
Metronidazole should be used with caution in patients with active or chronic severe peripheral and central nervous system diseases due to the risk of neurological aggravation.
Patients should be advised not to take alcohol during metronidazole therapy and for at least one day afterwards because of the possibility of a disulfiram like (Antabuse effect) reaction.

Pregnancy:
As metronidazole crosses the placental barrier and as its effects on human fetal organogenesis are not known, its use in pregnancy should be carefully evaluated.

Lactation:
As metronidazole is excreted in human milk, unnecessary exposure to the drug should be avoided.

Adverse Reactions:
Gastrointestinal effects
- Epigastric pain, nausea, vomiting, diarrhea.
- oral mucositis, taste disorders, anorexia.
- Colitis pseudomembranous and reversible cases of pancreatitis.

Hypersensitivity reactions
- Rash, pruritus, flushing, urticaria.
- Fever, angioedema, anaphylactic shock.
- Nasopharyngitis, conjunctivitis.

Peripheral and central nervous system
- Peripheral sensory neuropathy.
- Headache, convulsions, dizziness.

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Storage:
Store at a temperature not exceeding 25°C.
Protect from light.
Keep medicines out of the reach of children.
Shake well before use

Presentation:
Bottle of 100 ml Suspension packed in a carton.

Manufactured by:
BRAWN LABORATORIES LIMITED
Yamuna Industrial Township
Faridabad - 121001, Haryana India

Chloramphenicol Eye Ointment 1%

COMPOSITION

Each gram contains Chloramphenicol 10mg.

Actions

Chloramphenicol is a broad spectrum antibiotic isolated from Streptomyces venezuelae.It is primarly bacteriostatic and acts by inhibition of protein synthesis by interfering with the transfer of activated amino acids from soluble RNA to ribosoges.

Indications

For the treatment ofbacterial coniunctivitisand other supericial ocular infections caused by chloramphenicol-sensitive organisms.

Dosage and Adninistration

Apply 1,5cm every there hours. If ointment is used together with drops for day and nignt coverage. 1.5cm should be applied before retining,while using the drops during the day.

Treatment should be continued for at least 48 hours after the eye appears normal.

Contraindications

Chloram phenic ol is contra lnindividuals with a history of hypensensitivity to any excipients and/or toxic reaction to the medicine.

Warning and Precautions

Bone marrow hypoplasia.including aplastic anaemia and death,has been rarely reported following local application of chloramphnical.Chloramphenical should not be used when less potentially dangerous agents would be expectedto provide effective treament.Ophthalmic agents may retard corneal wound healing.

The use of this antibiotic, as with other antibiotics may result in the overgrowth of non-susceptible organisms,including fungi. Lf infections caused by non-susceptible organisms appear duning therapy, its use should be discontinued and sppropriate measures should be taken.In all serious infections,the topical use of chloramphenicol should be supplemented by appropriate systemic medication.

The mechanism for the irneversible splastic anaemia following ophth almic use of chloramphenicol has not been established.

Use In Pregnancy

Chloramphenicol enters the foetal circultion, and if given to the mother shortly before patrurition,may cause the gray baby syndrome, with cyanosis and gypothermia,owing to the limited glucoronidating capacity of the newborn infant,s liver.

Chloramphenicol treatment should,there fore, be avoided during the last week before parturition and during breastfeeding.

Adverse Reactions

Blood dyscrasias have been reported in association with the use of chloramphenicol(see Waring and Precautions).Chloramphenicol is absorbed systemically from the eye. and toxicity has been reported following chronic exposure. Dose relates toxicity following a single ocular exposure is urlikely. Local imitation with the ophthalmic form may include subjectinve symptoms of itching or burning. More serious side effects such as angioneurotic oederna;anaphylaxis,urticaria,fever,vesicular and maculopapular dermatitis have been reported in patients sensitive to chloramphenicol and sre causes for disconitnuing the medication.Simlar senstivity reactions to other materials in topical preparations also may occur.

Package: 3g/tube/Box

Storage: Store between (15-25).Protevt froen freezing.

Validity: Three years.

KEEP OUT OF REACH OF CHILDREN.

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SHANGHAI JUCHEN IMPORT AND EXPORT CO., LTD.

Leaflet 41

AMOXYDINE®

Capsules- Powder for Oral Suspension

COMPOSITION:
Each capsule of **AMOXYDINE® 250** contains:
Amoxicillin trihydrate equivalent to 250 mg Amoxicillin.
Each capsule of **AMOXYDINE® 500** contains:
Amoxicillin trihydrate equivalent to 500 mg Amoxicillin.
Each 5 mL of **AMOXYDINE® 125** oral suspension (after preparation) contains:
Amoxicillin trihydrate equivalent to 125 mg Amoxicillin.
Each 5 mL of **AMOXYDINE® 250** oral suspension (after preparation) contains:
Amoxicillin trihydrate equivalent to 250 mg Amoxicillin.

PROPERTIES:
AMOXYDINE® is broad spectrum penicillin combining bactericidal activity with proven safety.
Amoxicillin demonstrates outstanding bactericidal activity against Gram-positive and Gram-negative organisms including: Gram-positive penicillin-sensitive Cocci, and Gram-negative organisms such as Neisseria gonorrhoeae, Neisseria meningitidis, Haemophilus influenzae, Proteus mirabilis, Salmonella and Shigella.
Amoxicillin is not toxic, and is well-tolerated even if administered at high dosages.
It is neither affected by food nor metabolized in the body; it shows higher blood concentration and carries out stronger antibacterial activity with lower doses.
Its bacterial superiority is connected with better diffusibility in tissues and its excretion in higher concentration through urine.

INDICATIONS AND USAGE:
AMOXYDINE® is indicated in the therapy of:
- Infections of the upper respiratory tract: Sinusitis, tonsillitis, otitis media.
- Infections of the lower respiratory tract: Acute and Chronic bronchitis, lobar and bronchopneumonia, empyema and lung abscess.
- Infections of the genitourinary tract: Cystitis, urethritis, pyelonephritis, septic abortion, puerperal sepsis, pelvic infections, chancroid, and gonorrhea.
- Infections of skin and soft tissues: Boils, abscesses, cellulitis and wound infections.
- Other Infections: Osteomyelitis, septicemia, peritonitis, post-operative infections, and intra-abdominal sepsis.

CONTRAINDICATIONS:
Amoxicillin should not be administered in patients hypersensitive to penicillin.

PRECAUTIONS:
Pregnancy Category B; The product has been used in human pregnancy in a limited number of cases orally, with no untoward effect, however, the use of amoxicillin in pregnancy is not recommended unless considered necessary by the physician.
Very small amounts of amoxicillin are excreted in breast milk.
Amoxicillin should be used with care in patients with severe hepatic dysfunction.
In patients with moderate or severe renal impairment, amoxicillin dosage should be adjusted.

DRUG INTERACTIONS:
Probenecid decreases the renal tubular secretion of amoxicillin; Concurrent use of amoxicillin and probenecid may result in increased and prolonged blood levels of amoxicillin.

SIDE EFFECTS:
As with other penicillins, side effects are of a mild and transitory nature. They may include diarrhea, indigestion, nausea, vomiting and urticarial or erythematous rashes.

OVERDOSAGE:
In case of overdosage discontinue medication, treat symptomatically, and institute supportive measures as required. Amoxicillin may be removed from the blood circulation by haemodialysis.

DOSAGE AND ADMINISTRATION:
For Adults:
- Mild infections: 250 mg 3 times daily.
- Moderate to severe infections: 500 mg 3 times daily.
- Severe infections: 1000 mg 3 times daily.

For Infants and children:
One teaspoonful of the suspension (125 or 250 mg) 3 times daily according to the age and severity of infection.
N.B.: Total daily dose in adults should not exceed 6 g daily.

STORAGE:
Capsule: Store in a dry place, below 20°C.
Powder for oral suspension: Keep tightly closed, below 25°C. Shake the bottle to loosen the powder; Add approximately 1/3 of the total amount of water for reconstitution and shake vigorously to wet powder; Add water up to the line and again shake vigorously. Shake bottle well before each use. Keep container tightly closed; Any unused portion of the reconstituted suspension must be discarded after 14 days; Refrigeration (2-8)°C preferable.
Keep all medicines out of the reach of children.

PACKAGE:
AMOXYDINE® 250: Box contains 20 capsules.
AMOXYDINE® 500: Box contains 10- 20 capsules.
AMOXYDINE® 125: Bottle containing powder for preparing 60 mL- 100 mL of oral suspension.
AMOXYDINE® 250: Bottle containing powder for preparing 60 mL- 100 mL of oral suspension.

ASIA PHARMACEUTICAL INDUSTRIES

THIS IS A MEDICAMENT

- A medicament is a product but unlike any other products
- A medicament is a product which affects your health, and is consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament. The doctor and the pharmacist are experts in medicament, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.

KEEP MEDICAMENTS OUT OF REACH OF CHILDREN

0443020609 1217832-V1

Leaflet 42

SiderAL Folic

Mouth-dispersible food supplement with Sucrosomial® Iron and Vitamins with sweeteners

20 mouth-dispersible sticks - Net Weight 32 g

INGREDIENTS:
Sweetener: sorbitol, Sideral®r.m., Sucrosomial®Iron (iron pyrophosphate, pregelatinised rice starch, sucrose esters of fatty acids, sunflower lecithin on glucose syrup carrier, ***milk proteins****, tricalcium phosphate), sweetener: xylitol, vitamin C (L-ascorbic acid), flavours, acidifying agent: citric acid, vitamin D3, (cholecalciferol, medium chain triglycerides, arabic gum, sucrose, starch, DL-alpha-tocopherol, tricalcium phosphate), vitamin B12 (cyanocobalamin, citric acid, maltodextrin from corn, trisodium citrate), sweeteners: sucralose and acesulfame K, vitamin B6 (pyridoxine hydrochloride), folic acid (pteroyl-monoglutammic acid). **Gluten free.**

Sideral® Folic is a food supplement with Sideral®r.m. (Sucrosomial® Iron) and vitamins that is useful to cover dietary deficiencies or an increased demand for said nutrient. Sucrosomial® Iron can pass the gastric tract intact to be absorbed by the intestine avoiding any gastric disorders.

DIRECTIONS:
Advised dosage is 1 stick a day directly dissolved in the mouth.

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WARNINGS:
Store at room temperature (do not exceed 25°C); avoid exposure to localised heat sources, direct sunlight and contact with water. The expiry date refers to the product unopened and properly stored. Keep out of the reach of children under 3 years of age. Do not exceed the recommended daily dose. Food supplements must not be considered a substitute for a varied, balanced diet and a healthy lifestyle. The product contains polyalcohols: excessive consumption might have a laxative effect.

NUTRITIONAL INFORMATION

	Per daily dose	%NRVs
Iron	21,00 mg	150 %
Vitamin C	70,00 mg	87,5 %
Folic Acid	400,00 mcg	200 %
Vitamin D3	10,00 mcg	200 %
Vitamin B12	1,75 mcg	70 %
Vitamin B6	1,00 mg	71,4 %

%NRVs = *Nutrient Reference Values*

PharmaNutra
Produced and packaged in the production facility based in Via Castellare, 2 33050 Mereto di Tomba (UD) Italy on behalf of: **Pharmanutra S.p.A.** - Via delle Lenze 216/b - 56122 Pisa - Italy

Leaflet 43

AMRIN'S
OMEGA - 3 SYRUP

Each 15 ml contains	
Omega -3 fatty acid	100 mg
Vitamin A	100 mcg
Vitamin B1	0.5 mg
Vitamin B2	0.5 mg
Vitamin B6	1 mg
Vitamin B12	1 mcg
Vitamin D3	10 mcg
Vitamin E	1 mg
Folic acid	100 mcg
Niacinamide	6 mg

Information

Taking omega-3 fatty acids may be helpful to reduce aggressive behaviors in kids, a recent study suggests. Dietary consumption of these fatty acids may reduce the antisocial behavior and aggression in children.

Supplementation with DHA in infant formula during the first four months in life can improve mental development at 18 months of age. Skills such as problem solving and memory were tested in the study. The children who were fed supplementation with DHA scored 4 points better than those who were fed infant formula without DHA. Those who were given supplementation with DHA plus AA (arachidonic acid) scored an additional 3 points better than those who received only DHA. Adults normally have no need for any extra intake of linoleic acid since most of us already consume too much omega-6.

Contraindicated and precaution

Individuals allergic to any of the ingredients should not take this product. Do not exceed the recommended daily allowance. Food supplements are not a substitute for a well-balanced and diverse diet. Keep the product away from children. Due to natural ingredients, there can be slight deviations in composition and appearance of the product.

Dosage :-
Before 5 year old
1 teaspoonful a day after meal
After 5 year old
1 or 2 teaspoonful after the meal
or as directed by the physician

Storage :-
Store in a dark, dry place with temperature below 25°C

Packing :- 200 ml bottle pack

Manufactured in india for

AMRIN
LIFESCIENCES

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Ahmedabad, Gujarat, India
E : info@amrinlifesciences.com
W : www.amrinlifesciences.com

Leaflet 44

DETRONIN
Tablets & syrup

Urinary bladder contractions inhibitor

COMPOSITION:

Each tablet contains:		Each 5 ml syrup contains:	
Oxybutynin chloride	5 mg	Oxybutynin chloride	5 mg

PROPERTIES:
DETRONIN (oxybutynin chloride), in the form of syrup and tablets, has high efficacy in the treatment of the manifestations of overactive bladder in adults and children. DETRONIN exerts direct antispasmodic and antimuscarinic effects on smooth muscles. Its antimuscarinic effect is less than that of atropine but its antispasmodic activity is 4 - 10 times greater than that of atropine on the detrusor muscle. DETRONIN relaxes bladder smooth muscle, increases bladder capacity, diminishes the frequency of uninhibited contractions of the detrusor muscle and delays the initial desire to void in patients with involuntary bladder contractions. It has no antinicotinic effects and is well tolerated.

INDICATIONS:
DETRONIN (syrup and tablets) is indicated in cases of overactive bladder to relieve the symptoms of:
- Urinary urgency.
- Increased frequency of micturition.
- Urge incontinence.
- Nocturnal enuresis.

DOSAGE:
Adults: 1 tablet or 1 teaspoonful 2 - 3 times daily or as directed by the physician.
Children: 1 tablet or 1 teaspoonful 2 times daily or as directed by the physician.

SIDE EFFECTS:
DETRONIN is safe and well tolerated. Mild side effects such as dry mouth, decreased sweating, constipation, drowsiness or blurred vision may occur.

CONTRAINDICATIONS:
Hypersensitivity to oxybutynin chloride. As with other anticholinergic drugs, the drug is contraindicated in patients with narrow angle glaucoma, intestinal obstruction, obstructive uropathy, pregnancy, and children below 12 kg.

DRUG INTERACTIONS:
Alcohol and sedatives enhance drowsiness that may occur in some patients.

PRECAUTIONS:
As with other anticholinergics, caution is required while driving cars or operating dangerous machinery and in patients with enlarged prostate.

PACKING:
A box containing 20 tablets.
A bottle containing 60 , 100 or 120 ml syrup.

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STORAGE:
Keep at a temperature (15 - 30 °C).
Keep out of reach of children.

Produced by
PHARAONIA PHARMACEUTICALS
NEW BORG EL-ARAB CITY - ALEXANDRIA - A.R.E.

Leaflet 45


Women
Care
Women Vaginal Wash
Natural Odor of Roses
OMEGA
PHARMA
250 ml
Sodium Bicarbonate 2gm
10gm
100gm
Menthol 10mg
Chama & thyme Ext. 2mg
Cetrimide BP 200mg
Rose Extract 2.2 gm
Chlorhexidine Gluconate 200 mg
• Killing germs and fungi
by action of cetrimide and chlorhexidinegluconate .
• Tighten skin and mucous membranes in the vagina .
by action of astringent substances
• Cleaning
by action of coco amid betaine extracted from coconuts..
• Readjusting a suitable vaginal PH
by action of alkaline sodium bicarbonate
• Feeling of refreshment and comfort
by action of menthol
• Pleasant fragrance for the applied area..
by action of roses extract that gives a
Women Care
250 ml
With its unique components has a broad spectrum against gram +ve and gram -ve bacteria -fungi- and some viruses type.
Omega Pharma Lebanon IRAQI DELTA SCIENTIFIC BUREAU 00964 7902 7666 77

Leaflet 46

NutroCare

Children's Dry Cough Syrup

Relieves Dry Tickly Coughs & Sore Throats
- Raspberry flavour
- Non-Drowsy
- Alcohol free

NutroCare Children's Dry Cough Syrup provides effective relief from irritating, dry tickly coughs and sore throats without causing drowsiness.

Dose for oral use only.
Children (1-5 years): Half a 5ml spoonful (2.5ml).
Children (6-12 years): ONE 5ml spoonful.
Children over 12 years & Adults: ONE to TWO 5ml spoonfuls (5ml to 10ml).
The above doses may be taken up to 4 times daily.
Do not give to children under 1 year.
SHAKE BOTTLE BEFORE USE. Do not use if bottle seal is broken when purchased. Please wipe bottle neck after use. Keep bottle tightly closed. Store in original package. Store below 25°C.

Do not use if you are allergic to any of the ingredients or have difficulty digesting glucose. Do not use if taking any other products containing potassium tartrate, carbonates or bicarbonates. Consult a doctor or pharmacist before use if pregnant, breast feeding or have kidney problems. If the patient has been told by their doctor that they have an intolerance to some sugars, contact the doctor before using this medicinal product. Contains 5.6g of sucrose per 10ml dose. This should be taken into account in patients with diabetes mellitus. Please consult your doctor or pharmacist if symptoms persist.

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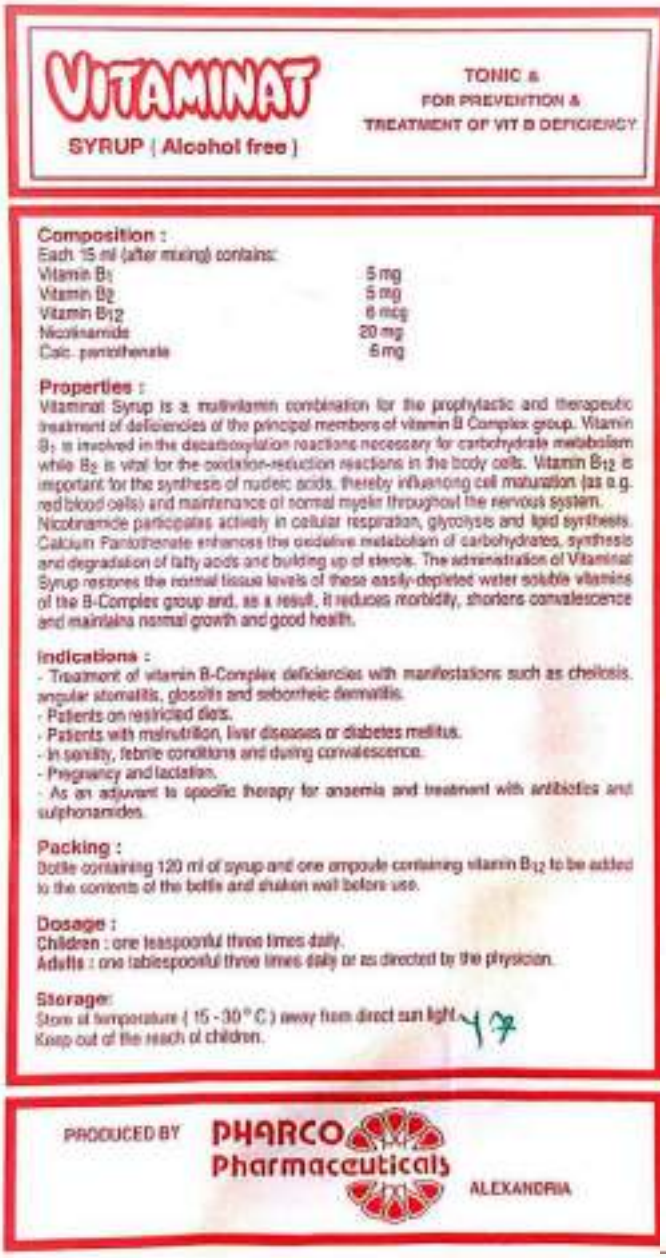
Contact us...

You can reach us online or write to us at:
Winzor Pharmaceuticals UK Ltd

Winzor Pharmaceuticals UK Ltd

Leaflet 47



VITAMINAT

SYRUP (Alcohol free)

TONIC &
FOR PREVENTION &
TREATMENT OF VIT B DEFICIENCY

Composition :
Each 15 ml (after mixing) contains:

Vitamin B_1	5 mg
Vitamin B_2	5 mg
Vitamin B_{12}	6 mcg
Nicotinamide	20 mg
Calc. pantothenate	6 mg

Properties :
Vitaminat Syrup is a multivitamin combination for the prophylactic and therapeutic treatment of deficiencies of the principal members of vitamin B Complex group. Vitamin B_1 is involved in the decarboxylation reactions necessary for carbohydrate metabolism while B_2 is vital for the oxidation-reduction reactions in the body cells. Vitamin B_{12} is important for the synthesis of nucleic acids, thereby influencing cell maturation (as e.g. red blood cells) and maintenance of normal myelin throughout the nervous system. Nicotinamide participates actively in cellular respiration, glycolysis and lipid synthesis. Calcium Pantothenate enhances the oxidative metabolism of carbohydrates, synthesis and degradation of fatty acids and building up of sterols. The administration of Vitaminat Syrup restores the normal tissue levels of these easily-depleted water soluble vitamins of the B-Complex group and, as a result, it reduces morbidity, shortens convalescence and maintains normal growth and good health.

Indications :
- Treatment of vitamin B-Complex deficiencies with manifestations such as cheilosis, angular stomatitis, glossitis and seborrheic dermatitis.
- Patients on restricted diets.
- Patients with malnutrition, liver diseases or diabetes mellitus.
- In senility, febrile conditions and during convalescence.
- Pregnancy and lactation.
- As an adjuvant to specific therapy for anaemia and treatment with antibiotics and sulphonamides.

Packing :
Bottle containing 120 ml of syrup and one ampoule containing vitamin B_{12} to be added to the contents of the bottle and shaken well before use.

Dosage :
Children : one teaspoonful three times daily.
Adults : one tablespoonful three times daily or as directed by the physician.

Storage:
Store at temperature (15 - 30 ° C) away from direct sun light.
Keep out of the reach of children.

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PRODUCED BY PHARCO Pharmaceuticals ALEXANDRIA

Leaflet 48

ROUZA

Pizotifen

COMPOSITION:
Each 10 ml syrup contains:
Pizotifen 0.5 mg
PROPERTIES:
ROUZA is a histamine H_1 and serotonin receptor antagonist. It is given by mouth for the instigation of appetite and weight gain because the product has a weak antimuscarine effects. It is also used for the prophylaxis of recurrent vascular headaches including migraine, but it is not effective in treating an acute attack.
INDICATIONS:
ROUZA is indicated in the following cases:
- Appetite loss in children and elderly.
CONTRAINDICATIONS:
ROUZA is contraindicated in the following cases:
- Hypersensitivity to the drug.
- Patients with glaucoma.
- Patients with urinary retention.
- Patients with prostatic hypertrophy.
- Children under 1 year of age.
SIDE EFFECTS:
As for the histamine H_1-receptor antagonist in general, ROUZA may cause:
Nausea, vomiting, muscle pain or cramps, drowsiness, constipation, urinary difficulty and retention.
PRECAUTIONS:
- ROUZA should be given with caution in pregnancy and lactation.
- Patients treated with ROUZA should not drive or operate machinery.
- Patients treated with ROUZA should avoid alcoholic drink.
DRUG INTERACTIONS:
Coadministration of ROUZA with sedatives, hypnotic, antihistamines and alcohol, increase the central effects of these products.
DOSAGE AND ADMINISTRATION:
Adults and children over 12 years: initial dose: one tablespoon (10 ml) daily, may be increased gradually until 3 tablespoons (30 ml) daily.
Children: 2 - 6 years old : 5 to 10 ml daily (0.25 - 0.5 mg) divided into 2 - 3 doses.
6 - 12 years old : 10 to 20 ml daily (0.5 - 1 mg) divided into 2 - 3 doses.
NOTE: ROUZA should be taken before meals.
PRESENTATION:
ROUZA Bottle of 100 ml.
STORAGE:
Keep out of the reach of children. Store in a dry place below 30° C.

THIS IS A MEDICAMENT

A medicament is a product but unlike any other products
A medicament is a product which affects your health, and its correct use
Follow strictly the physician's prescription, the method of use and the instructions
Ask your doctor or pharmacist about the medicament, the physician and the pharmacist
Do not by yourself interrupt the period of treatment prescribed for you.
Do not repeat the same prescription without consulting your physician.

KEEP THE MEDICAMENTS OUT OF REACH OF CHILDREN
Council of Arab Health Ministers & Union of Arab Pharmacists

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Razi Labs. Aleppo - Syria

Leaflet 49

Max immun®

150 ML SYRUP

Beta Glucan & Propolis & Sambucus nigra & Multivitamin
Food supplement

1 scale (5 ml) content

Ingredient	Amount
Beta Glucan	25 mg
Sambucus nigra	25 mg
Propolis	10 mg
Vit A	400 µg
Vit B1	0,7 mg
Vit B2	0,8 mg
Vit B6	0,8 mg
Vit B12	0,5 µg
Vit C	30 mg
Vit D	2,5 µg
Vit E	6 mg
Iron	10 mg
Zinc	7,5 mg
Selenium	75 µg

Inactive Ingredients:
Deionized water, glucose, xantan gum (thickening agent), sodium benzoate (preservative), potassium benzoate (preservative), nature identical raspberry aroma.

Recommended use: Children up to 6 years old: 1 scale (5 ml) daily; Children 6 years old and over: 2 scales (10 ml) daily, preferably on a full stomach.

This product does not contain pig gelatine or any pig products.

Warnings:
Store in its original box,below 25 °C in a dry place and out of reach of children.

Licence Holder & Manufacturing Company:
Santasya İlaç Kozm. Med. İtr. Paz. Sağ. Hizm. ve İnş. San.Tic.Ltd.Şti. Yukarı Dudullu
Mah. Nato Yolu Caddesi,Nebioğlu Sok. No:15A/1 Ümraniye / İST
Tel: 0216 371 82 04
bilgi@santasya.com • ww.santasya.com

Business registration number:
TR-34-K-105253
Made in Turkey

PRODUCTS ARE IMPORTED FOR IRAQI PRIVATE MARKET

49

SANTASYA®

Leaflet 50

MEDCELLPHARMA®
The Netherlands

HEALTH

FerroCell Liquid Tonic

FOR THE FORMATION OF HAEMOGLOBIN

℮ 200 ml

NUTRTIONALINFORMATON

	Per 10 ml	Per 100 ml
Energy	2,4 kcal	48 kcal
	10,15 kJ	203 kJ
Protein	0,06 g	1,28 g
Carbohydrates	0,52 g	10,4 g
Fat	<0,01 g	0,11 g

	Per 5 ml	Per 10 ml
Iron	7 mg	14 mg
Calcium	10 mg	20 mg
Niacin	10 mg	20 mg

	Per 5 ml	Per 10 ml
Vitamin B1	5 mg	10 mg
Zinc	3 mg	6 mg
Pantothenic acid	2 mg	4 mg
Vitamin B2	1 mg	2 mg
Vitamin B6	1 mg	2 mg
Manganese	0.25 mg	0.5 mg
Copper	0.2 mg	0.4 mg
Folic acid	0.05 mg	0.10 mg
Vitamin B12	0.05 mg	0.10 mg
L-Lysine	20 mg	40 mg

INGREDENTS

Water, Thickener: Sorbitol, Ferric ammonium citrate, Calcium carbonate, Flavour, Zinc gluconate, L-Lysine, Potassium sorbate, Nicotinamide, Thiamine mononitrate, Cyanacobalamin, Acidulant: Citric acid, Preservative: Sodium benzoate, Sweetener: Sucralose, Calcium-d-pantothenate, Manganese gluconate, Copper sulphate, Pyridoxine hydrochloride, Riboflavin-5-phosphate, Folic acid.

DIRECTIONS OF USE

Children 3-12 years 5 ml twice daily, Adults 10 ml twice daily. The recommended daily intake indicated may not be exceeded; Food supplements are not a substitute for a varied and balanced diet and a healthy way of living. Keep out of young children's reach. Suitable for vegetarians. Shake well before us.

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Made in Netherlands

MEDCELLPHARMA®
The Netherlands
www.medcellpharma.com

Manufactured by:
MedcellPharma B.V
Flevoweg 9E
2318BZ Leiden
The Netherlands

℮ 200 ML

Leaflet 51

150225035503

Calamyl Lotion

Skin protectant, Antipruritic

Composition : Each 100 ml contains :
Calamine 8.0 g
Camphor 0.1 g
Glycerin 10.0 g

Properties :
Calamyl presents a balanced combination of Calamine, Camphor and Glycerol for topical application in lotion form.
Calamine is indicated for the topical relief of itching, pain, and discomfort of minor skin irritations.
Calamine has also a mild astringent action on the skin.
Camphor by virtue of its topical antipruritic properties, potentiates the effect of Calamine. Camphor has, in addition, topical antiinfective properties.
Glycerin is an established emollient and lubricant and helps to maintain the skin moist for a considerable time minimizing thus any inflammatory condition of the skin.

Indications : Applied externally for the relief of :
- Inflammatory skin reactions.
- Redness and roughness.
- Eczema.
- Mild sunburn.
- As protective in slight excoriations.

Contra -Indications :
- Calamyl is intended for external use only .
- to be applied on unbroken skin .
- It should be kept away from eyes and mucous membranes.

Adverse Reactions :
In certain sensitive individuals may rarely cause skin rash.

Dosage and Administration :
Shake well before use .
A thin layer is to be applied to the skin with gentle rubbing.

How supplied :
Bottle containing 120 ml of lotion .
Bottle containing 100 ml of lotion .

Storage :
Keep at temperature not exceeding 30°C.

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Produced by :
Medical Union Pharmaceuticals,
Abu-Sultan, Ismailia, Egypt.

Leaflet 52

Lido Plus

ANTISEPTIC & ANAESTHETIC

Tooth Spray

Composition:

Cetrimide	1 g
Lidocaine hydrochloride	8 g
Chlorhexidine gluconate	0.2 g

Properties :
Cetrimide is a quaternary ammonium antiseptic with greater bactericidal activity against Gram - positive and at a higher concentration against some Gram - negative bacteria it has antifungal activity and effective against some viruses
Lidocaine is alocal anaesthetic of the amide type and a fast and high effectiveness.
And chlorhexidine gluconate has antiseptic and disinfectant effect so the product has bactericidal activity against Gram-positive and at a higher concentration against some Gram-negative bacteria it has antifungal activity and is effective against some viruses

Uses :
- analgesic befor remove the tartar
- disinfectant & anagesic for toothache before and after pulling the tooth out
- to reduce pain during the puncture of cavity of the upper jaw (maxillary sins)
- analgesic after surgery of pharynx, larynx and windpipe
- disinfectant & antiseptic for infection of Gingivitis
- relives irritated sore throats

Contra Indications :
sensivity to cetrimide, lidocaine hydrochloride or chlorhexidine gluconate.

Side Effects :
local sensation of smarting may be observed in rare cases.

How to use :
Spray the area with product 3 -4 times daily or as required

Warnings :
Keep it in a cold & dry place (< 25°c,< 60 %) Away from sunlight.
This product must be used after physician prescription.
Don't swallow it
for external use only.
Keep out the reach of children.

APHAMEA
Pharmaceuticals
Hama - Syria

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Leaflet53

Razilax

Suspension
Magnesium Hydroxide

Laxative & Antacid

Composition: Each 100 ml contains:
Magnesium Hydroxide 7.5 gm

Properties and mode of action:
Razilax is used for increases water in the intestines, neat the Stomach acid increase and other conditions. **Razilax** may also be used for purposes not listed in this medication guide.

Indications:
- **Razilax** contains Magnesium Hydroxide as mainly it is mild laxative.
- **Razilax** works by neutralizing the acid in the stomach thus relieving the feeling of acidity which may accompanied with constipation.
- **Razilax** is used for the treatment, control, prevention, of constipation & improvement of the movement of the digestive system.

Side effects:
The following is a list of possible side effects. This is not a comprehensive list. These side-effects are possible, but do not always occur. Some of the side-effects may be rare but serious. Consult your doctor if you observe any of the following side-effects, especially if they do not go away.
- Loss of appetite
- Muscle weakness
- Nausea
- Slow reflexes
- Vomiting
- Diarrhoea

Precautions and warnings:
Before using **Razilax**:
- Inform your doctor about your current list of medications, (e.g. vitamins, herbal supplements, etc.),
- Allergies, pre-existing diseases, and current health conditions (e.g. pregnancy, upcoming surgery, etc.). Some health conditions may make you more susceptible to the side-effects of the drug.

Take as directed by your doctor or follow the direction printed on the product insert. Dosage is based on your condition. Tell your doctor if your condition persists or worsens. Important counseling points are listed below.
- Appendicitis
- Blockage of intestines
- Breastfeeding
- Diarrhea
- Heart problem
- Kidney problems
- Planning to become pregnant
- Pregnant

Drug interactions:
If you use other drugs at the same time, the effects of **Razilax** may change. This may increase your risk for side-effects or cause your drug not to work properly. Tell your doctor about all the drugs, vitamins, and herbal supplements you are using, so that you doctor can help you prevent or manage drug interactions **Razilax** may interact with the following drugs and products:
- Dolutegravir dutretio
- Kalexate
- Raltegravir

Contraindications:
Hypersensitivity, Allergic reactions

Missing a dose:
In case you miss a dose, use it as soon as you notice. If it is close to the time of your next dose, skip the missed dose and resume your dosing schedule. Do not use extra dose to make up for a missed dose. Please consult your doctor to discuss changes in your dosing schedule or a new schedule to make up for missed doses, if you have missed too many doses recently.

Overdose:
Do not use more than prescribed dose. Taking more medication will not improve your symptoms; rather they may cause poisoning or serious side-effects. If you suspect that you or anyone else who may have overdosed of **Razilax**, please go to the emergency department of the closest hospital or nursing home. Bring a medicine box, container, or label with you to help doctors with necessary information.

Packing:
Bottle of 120 ml, 200 ml

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Storage:
- Store at temperature not exceeding 30 °C.

Keep out of reach of children

Manufactured by:
Elrazy Pharmaceutical Co.
Public Free Zone, Ismailia City,Egypt

El Razy Pharma

t 5

Leaflet 54

Vitarix™ Oral Liquid

AN EXCELLENT APPETITE STIMULANT

Therapeutic Rationale

Cyproheptadine is an antiserotonergic drug with antihistaminic properties that has been shown to have an appetite-stimulant effect in a number of human conditions. It acts by blocking the serotonergic receptors and thereby reduces satiety and increases appetite and weight. But improving appetite alone may not be enough. Increased appetite leads to increased intake of food and these additional food needs to be absorbed and utilized properly in the body. B-Vitamins helps in absorption of food by increasing the metabolic processes.

Composition

Each 5ml of Vitarix provides :

Cyproheptadine Hydrochloride USP	1.97 mg
Vitamin B1 BP	1 mg
Vitamin B2 BP	0.5 mg
Vitamin B6 BP	0.5 mg
Nicotinamide BP	10 mg
Vitamin B12 BP	1 mcg

Dosage

CHILDREN (2 to 6 years) :
1 teaspoonful 2 times a day
CHILDREN (7 to 14 years) :
2 teaspoonfuls 2 times a day
ADOLESCENTS & ADULTS :
2 teaspoonfuls 3 times a day
Or as directed by the Physician.

Indications

Anorexia nervosa, Cachexia, Eating disorders, Weight loss occured during treatment of diseases like HIV, Cancer.

Contraindications

Vitarix is contraindicated in patients having hypersensitivity to any of its components.

Packing

Each pack consists of 200 ml of Vitarix Liquid in an amber coloured PET bottle with CRC cap.

Storage

Protect from direct exposure to light.
Keep in a cool place below 30°C.
Keep out of sight and reach of children.

Leaflet 55

For the Medical Profession Only

EEEEEEEEEEEEEEEEEEEEEEEE EIPICO EE

DEXAMETHASONE

Sterile ophthalmic drops 0.1%

Composition :

Each ml contains :

Actives :Dexamethasone phoshate (as sodium salt) 1mg

Preservative:Benzalkonium chloride 0.02%, ***Inactives*** and purified water.

Indications :

For the treatment of the following conditions:

Ophthalmic :

Steroid responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the globe, such as allergic conjunctivitis, acne rosacea, superficial punctate keratitis, herpes zoster keratitis, iritis, cyclitis selected infective conjunctivitis when the inherent hazard of steroid use is accepted to obtain an advisable diminution in edema and inflammation; corneal injury from chemical or thermal burns, or penetration of foreign bodies.

Contraindications :

Acute superficial herpes simplex keratitis.

Fungal diseases of ocular or auricular structures.

Acute infectious stages of vaccinia, varicella and most other viral diseases of the cornea and conjunctiva.

Tuberculosis of the eye.

Hypersensitivity to any component of this product, including sulfites (see PRECAUTIONS).

Employment of steroid medication in the treatment of stromal herpes simplex requires great caution; frequent slitlamp microscopy is mandatory.

Prolonged use may result in elevated intraocular pressure and/or glaucoma, damage to the optic nerve, defects in visual acuity and fields of vision, posterior subcapsular cataract formation, or may result in secondary ocular infections. Viral, bacterial, and fungal infections of the cornea may be exacerbated by the application of steroids.

Acute purulent untreated infection of the eye or ear may be masked or actively enhanced by the presence of steroid medication.

In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with the use of topical steroids.

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Usage in Pregnancy

Safety of intensive or protracted use of topical steroids during pregnancy has not been substantiated.

Precautions:

As fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid applicatons, fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Intraocular pressure should be checked frequently.

Sulfites has been reported to cause severe allergic reactions in certain susceptible individuals, particularly patients with asthma.

Adverse Reactions:

Glaucoma with optic nerve damage visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including herpes simplex, perforation of the globe.

Rarely, filtering blebs have been reported when topical steroids have been used following cataract surgery.

Rarely, stinging or burning may occur.

Dosage and Administration:

The duration of treatment will vary with the type of lesion and may extend from a few days to several weeks, according to therapeutic response. Relapses, more common in chronic active lesions than in self-limited conditions, usually respond to retreatment.

Eye - Instil one or two drops of solution into the conjunctival sac every hour during the day and every two hours during the night as initial therapy. When a favorable response is observed, reduce dosage to one drop every four hours. Later, further reduction in dosage to one drop three or four times daily may suffice to control symptoms.

Side Effects :

Should any unusual feeling or symptoms occur a physician should consulted immediately.

Packaging :

Plastic Bottle 5 ml & 10 ml

Keep away from reach of children.
To be used under medical supervision

13-01-2004 PMS 072 C D 85X160MM **E.I.P.I.CO.** 333 570 FM600

Egyptian Int. Pharmaceutical Industries Co.
Tenth Of Ramadan City A. R. E.

Leaflet56

Leaflet 57

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

Gastro-resistant Omeprazole Capsules BP

OMAPIN-20

COMPOSITION :
Each hard gelatin capsule contains:
Omeprazole BP 20mg
(As enteric coated pellets)

DESCRIPTION : Omeprazole is a gastric proton pump inhibitor which reduces gastric acid secretion. It inhibits the enzyme H + KATPase in the parietal cells of gastric mucosa. It effectively inhibits both basal and stimulated acid secretion irrespective of the stimulus. It has quick onset of action and effective control of gastric acid secretion is achieved with once daily dosing.

PHARMACOLOGY : Omeprazole has low solubility in water and, because it is labile in acid environment, an enteric coated formulation has been developed to maximise absorption and minimise reabsorption degradation. The bioavailability of Omeprazole, administered as enteric coated pellets is about 65% healthy volunteers. Peak plasma concentrations and AUC values increase with repeated administration, suggesting that absorption increases and/or first pass hepatic metabolism becomes saturated. Omeprazole distributes widely (0.31/Kg) and is rapidly eliminated from plasma (mean half life 0.5 to 1 hour). The antisecretory effect persists for much longer as it strongly binds to H+K+ATPase. The disposition of Omeprazole does not appear to be altered in patients with renal disease, or in those undergoing haemolysis. Increased age and liver disease delay plasma clearance of the drug but this does not necessitate dosage adjustment in these patients groups.

INDICATIONS :
- Treatment of duodenal ulcer
- Treatment of gastric ulcer
- Treatment of reflux oesophagitis
- For control of acid secretion in patients with Bollinger
- Ellision syndrome.

PRECAUTIONS : When gastric ulcer is suspected the possibility of malignancy should be excluded as treatment may alleviate symptoms and delay the diagnosis. Unless benefit of treatment outweighs possible risk the use of OMAPIN-20 in pregnant and Lactating women is not recommended.

ADVERSE REACTIONS : OMAPIN-20 is well tolerated, nausea, headache, diarrhoea, constipation and flatulence have been reported occasionally. Rarely skin rash has occurred in few patients, these effects are mild transient and they bear no consistent relationship with treatment. Drug Interaction : Monitoring of patients taking warfarin and phenytoin is recommended. OMAPIN-20 may interfere with metabolism of drugs metabolised by cytochrome P-450 enzyme system. No interaction with concomitantly administered antacids have been found. No interaction with theophylline or propranolol has been found.

DOSAGE : Duodenal Ulcer : OMAPIN-20 once daily for 3-4 weeks
Gastric Ulcer : OMAPIN-20 once daily for 6-8 weeks
Reflux Oesophagitis : OMAPIN-20 once daily 4-8 weeks
Refractory Ulcers : Two capsules OMAPIN-20 once daily 4-8 weeks
Zollinger - Ellison Syndrome : The recommended initial dose of Omeprazole in these patients is 60mg once daily. The dose of Omeprazole should be individualised in this condition. The gastric acid secretion should be reduced to less than 10m Mol./hour, in the last hour preceding next dose. Majority of patients need dose upto 120mg/day dose higher than 80mg per day should be divided in two or three doses.

MAINTENANCE THERAPY : Omeprazole 20mg once daily is effective in prevention of recurrence of duodenal ulcer and reflux esophagitis.

Storage: Store at a temperature not exceeding 25°C.
Protect from light.
Keep out of reach of children.

PRESENTATION : Available in a pack of 2 x 7 capsules.

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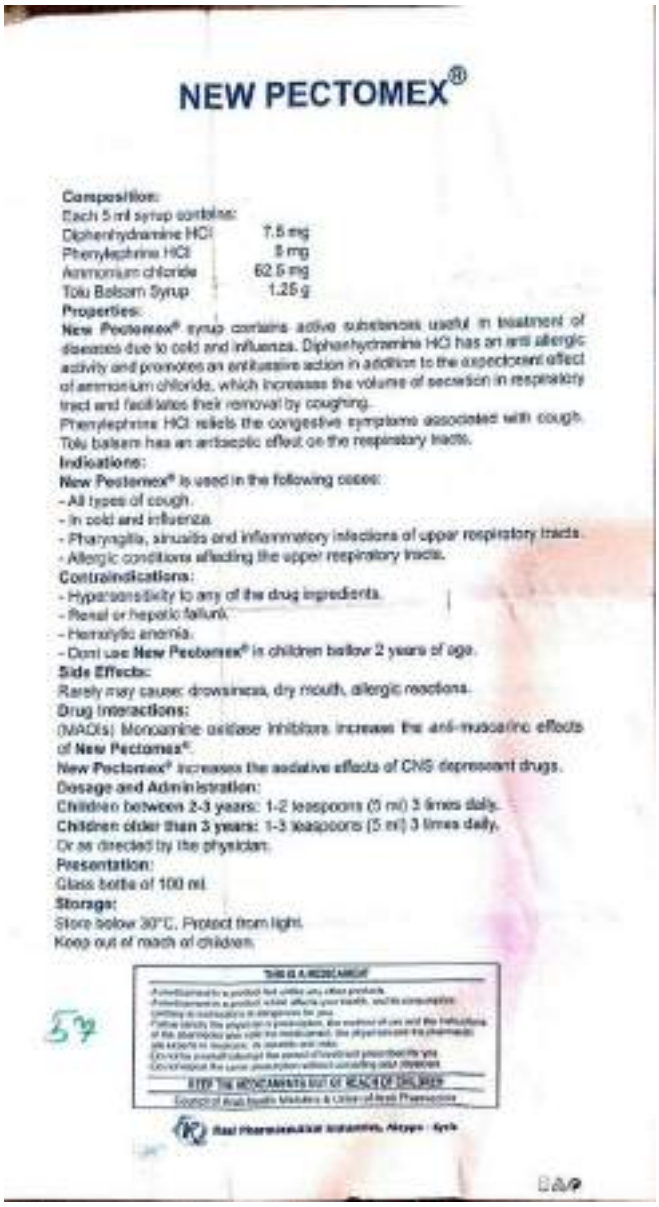
Manufactured by:

BRAWN
LABORATORIES LIMITED
13 New Industrial Township
Faridabad - 121001, Haryana-India



NEW PECTOMEX®

Composition:
Each 5 ml syrup contains:

Diphenhydramine HCl	7.5 mg
Phenylephrine HCl	5 mg
Ammonium chloride	62.5 mg
Tolu Balsam Syrup	1.25 g

Properties:
New Pectomex® syrup contains active substances useful in treatment of diseases due to cold and influenza. Diphenhydramine HCl has an anti allergic activity and promotes an antitussive action in addition to the expectorant effect of ammonium chloride, which increases the volume of secretion in respiratory tract and facilitates their removal by coughing.
Phenylephrine HCl relieds the congestive symptoms associated with cough.
Tolu balsam has an antiseptic effect on the respiratory tracts.

Indications:
New Pectomex® is used in the following cases:
- All types of cough.
- In cold and influenza.
- Pharyngitis, sinusitis and inflammatory infections of upper respiratory tracts.
- Allergic conditions affecting the upper respiratory tracts.

Contraindications:
- Hypersensitivity to any of the drug ingredients.
- Renal or hepatic failure.
- Hemolytic anemia.
- Dont use **New Pectomex®** in children bellow 2 years of age.

Side Effects:
Rarely may cause: drowsiness, dry mouth, allergic reactions.

Drug Interactions:
(MAOIs) Monoamine oxidase inhibitors increase the anti-muscarinic effects of **New Pectomex®**.
New Pectomex® increases the sedative effects of CNS depressant drugs.

Dosage and Administration:
Children between 2-3 years: 1-2 teaspoons (5 ml) 3 times daily.
Children older than 3 years: 1-3 teaspoons (5 ml) 3 times daily.
Or as directed by the physician.

Presentation:
Glass bottle of 100 ml.

Storage:
Store below 30°C. Protect from light.
Keep out of reach of children.

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Leaflet 58

NYSTASYR (Pediatric Oral Drops)

COMPOSITION:
Each 1 ml NYSTASYR oral drops contains: 100,000 I.U. Nystatin.

PHARMACOLOGY:
Nystatin is an antifungal antibiotic with activity against a wide range of yeasts and yeast-like fungi; including candida albicans.
The absorption of nystatin from the gastro-intestinal tract is negligible.

INDICATIONS:
- For the prevention and treatment of candidal infections of the oral cavity, oesophagus and intestinal tract.
- It provides effective prophylaxis against candidosis in those born of mothers with vaginal candidosis.
- For protection against monilial overgrowth during antimicrobial cortico-steroidal therapy.

CONTRA-INDICATIONS:
It is contra-indicated in patients with a history of hypersensitivity to nystatin.

SIDE EFFECTS:
- NYSTASYR is virtually nontoxic and is well tolerated by all age groups even during prolonged use.
- Rarely, oral irritation or sensitisation may occur.
- Large oral doses of nystatin have occasionally produced diarrhoea, gastro-intestinal distress.

DOSAGE:
Infants and children:
- The usual prophylactic and therapeutic dosage is 1 ml (100,000 units) four times daily, dropped into mouth and swallowed. Dosage may be increased if desired. The longer the suspension is kept in contact with the affected area in the mouth before swallowing, the greater will be its effect.
- When given concomitantly with an oral antibacterial agent, the suspension should be continued at least as long as the antibacterial agent.
- Therapeutic administration should generally be continued for at least 48 hours after clinical cure to prevent relapse.

For prophylaxis in newborns: The suggested dosage regimen is 1 ml once daily directed in the mouth.

Older people: Dosage may be increased up to 5 ml, 3-4 times daily, or as prescribed by the physician.

OVERDOSAGE:
Since the absorption of nystatin from the gastro-intestinal tract is negligible, overdosage causes no systemic toxicity.

HOW SUPPLIED:
Bottle of 25 ml.

TPP1202148 **THIS IS A MEDICAMENT**

- A medicament is a product but unlike any other products
- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament. The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.

KEEP MEDICAMENTS OUT OF REACH OF CHILDREN
(Council of Arab Health Ministers) (Arab Pharmacists Association)

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Manufactured by:
Pharmasyr – Damascus – Syria

Leaflet 59

For The Medical Profession Only

SEPTOGEL Mouth ulcers

Composition :

Aminoacridine Hydrochloride	0.05 % w/w .
Lidocaine Hydrochloride	0.66 % w/w .

Action :

1- Aminoacridine (Broad spectrum antimicrobial.) is effective against :
- Many gram positive and gram negative bacteria.
- Trichomonas.
- Various fungi specially monilia. It retains activity in the presence of body fluids, pus and secretions.

2- Lidocaine : Local anaesthetic.

Indications :

Fast effective relief from common mouth ulcers, sore gums and denture rubbing.

Instructions for use :

Apply a small quantity of septogel on a clean fingertip directly to the painful area.
Repeat the application every 20 min. if necessary.
If symptoms persist for more than 7 days, consult your doctor.

Precautions :

Do not use septogel if you are hypersensitive to lidocaine

The safety of septogel during pregnancy and lactation has not been established, but is considered not to constitute a hazard

Storage :

Store in a cool place.
Keep out of the reach of children.

Package :

15 gm - 20 gm.

Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
The doctor and the pharmacist are experts in medicine, its benefits and risks.
Do not by yourself interrupt the period of treatment prescribed for you.
Do not repeat the same prescription without consulting your doctor.
Keep medicament out of children reach.
Council of Arab Health Ministers and Union of Arab pharmacists

The Arab Drug Company, Cairo - A.R.E. 59

ADCO

Leaflet 60

ATLANTIS

QUICK RELIEF Gel

Composition :

Diclofenac Diethylamine BP	1.16%	
Equivalent to Diclofenac Sodium	BP	1.0% w/w
Methyl Salicylate	BP	8.0% w/w
Menthol	BP	2.0% w/w
In Gel base		q.s.

Action :
Quick Relief Gel is a multi-action topical gel for quick relief from pain, strain & sprain.

Pharmacology :
Diclofenac Diethylamine is systemically absorbed through the skin; it inhibits the enzyme cyclo-oxygenase, thus reducing the formation of PGE. Moreover, it also increases the uptake of arachidonic acid into the cellular pool. Methyl salicylate is known topical analgesic and counter irritant. Menthol is a vasodilators, it dilates the blood vessels, produces a feeling of coolness and produces analgesia.

Indications :
Quick Relief Gel is indicated for the quick relief from pain, swelling and inflammation due to musculo-skeletal disorders such as sprains, strains, tendonitis ,bursitis ,hand, neck and shoulder pain, sciatica muscle stiffness, joint pain, backache and lumbago.

Dosage and Application :
Approximately 1" of **Quick Relief Gel** should be applied to the affected site three to four times daily with rubbing till the film disappears.

Contraindications :
Quick Relief Gel is contradicted in patients with a history of hypersensitivity to Diclofenac, aspirin and other Non-Steroidal anti-inflammatory drugs and to other ingredients of the preparation.

Precautions :
Quick Relief Gel should be applied only to intact skin surfaces and not to skin wounds or open injuries. It should not come in contact with eyes or mucus membranes.

Side-Effects :
Occasionally local side effects such as skin rash, itching and reddening may be observed.

Storage Conditions :
Store in temperature below 25°C.Do not freeze. Protect from light.

Keep all medicines out of reach of children.

Presentation : Tube of 30g.

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ATLANTIS LIFESCIENCES PVT. LTD.
Mumbai - 400 056.

المستخلص

تهدف هذه الدراسه الى التحقق من استثمار نظرية الفعل الكلامي في تحليل لغة الطب المتمثله بالنشرات الدوائيه، حيث تعد هذه الدراسه محاوله عمليه لتطبيق نظرية الفعل الكلامي وعناصرها الفعاله في كشف الاغراض التوجيهيه والتوضيحيه المتضمنه في محتوى هذه النشرات.

وقد افترضت الدراسه الحاليه امكانية تطبيق نظرية الفعل الكلامي على لغة النشرات الدوائيه بأعتبارها ارض خصبه لكل اجزائها وسماتها، مبينة ان الفعل الكلامي التوجيهي هو الاداة الاكثر استعمالا وسيطره على صياغة هذه اللغه والتي وظفت بطريقه عمليه لبيان الهدف الرئيسي من هذه النشرات والمتمثل بتوجيه وارشاد الناس الى كيفية استعمال المنتجات الدوائيه بكل امان وسلامه.وتركز الدراسه الحاليه على نظرية سيرل(1969) للفعل الكلامي في تحليل (60) نشره دوائيه كوسيله للحصول على نتائج الدراسه.

وقد خلص التحليل التداولي الذي اجري على لغة النشرات الدوائيه الى النتائج التاليه:

أولا: ان نظرية سيرل للفعل الكلامي (1969) قد ثبتت فعاليتها وصلاحيتها للتعامل مع النشرات الدوائيه وما تحمله لغتها من خصوصيه. ثانيا: ان اكثر الافعال الكلاميه المستخدمه في لغة النشرات الدوائيه هو الفعل التوجيهي او الطلبي (directive) والفعل التوضيحي(assertive)، مع ملاحظة ان استخدام الفعل التوجيهي (directive) هو الاكثر شيوعا، اما باقي الافعال الكلاميه فلا وجود لها في هذه اللغه. ثالثا: تلعب هذه النصوص الدوائيه دورا جوهريا في توجيه وارشاد الناس الى افضل السبل واكثرها امانا في استخدام الدواء وتجنب سلبياته. وفي ضوء النتائج التي استخلصت من هذه الدراسه، فقد تم تقديم مجموعه من الاستنتاجات والمقترحات للدراسات المستقبليه.

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة ميسان / كلية التربية
قسم اللغة الأنكليزية / الدراسات العليا

اللغة الطبية: دراسة تداولية لبعض النشرات الدوائية المختارة

رسالة تقدّمت بها الطالبة

سناء عبدالله صبر

إلى مجلس كلية التربية - جامعة ميسان

وهي جزء من متطلبات نيل شهادة الماجستير
في اللغة الإنكليزية وعلم اللغة

إشـــــــــراف

أ.د.عبد الكريم لازم بهير

1441هـ 2020م