

Oral broad spectrum penicillin : Penbritin.

Contributors

Beecham Research Laboratories

Publication/Creation

Brentford : Beecham Research Laboratories, [1962?]

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**ORAL BROAD
SPECTRUM
PENICILLIN**

Penbritin
ampicillin REGD.

most
acid }
every } 20cs

1 liter Aqueous

DOSAGE

Adults:

Chronic Bronchitis: 250 mg. 6 hourly. (Prophylaxis 250 mg. 12 hourly.)
Urinary Tract Infections: 500 mg. 8 hourly.
Gastro-intestinal Infections: 500-750 mg. 8 hourly.

In severe infections the frequency of this dosage should be increased.

Children:

0-2 years 62.5 mg. 6 hourly.
3-10 years 125 mg. 6 hourly.

In severe infections this dosage should be doubled.

1 tab to 10cs

=

125mg = 10cs

= 12.5mg/cc

CONTRA-INDICATIONS

Penbritin is not active in infections caused by penicillinase-producing organisms.

Dilute 1cc = 100 Aqueous

AVAILABILITY

Penbritin should not be given to penicillin-sensitive subjects.

to 5 we.

Capsules: Black and red capsules containing 250 mg. ampicillin, packed in canisters of 20, 100 and 500 capsules.

12.5 mg/cc
100

PRICE

Paediatric Tablets: Scored tablets containing 125 mg. ampicillin packed in canisters of 20 and 100.

Basic N.H.S. Capsules: 20's, 45/6; 100's, 221/-; 500's, 1066/-.
Paediatric Tablets: 20's, 27/-; 100's, 127/8.

REFERENCES

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= 0.125mg/ml
aqueous

= 0.125 x 1000 u/ml

= 125 u/ml

Introduction date, July, 1961.

1 tab

125mg in 100ml H₂O

= 1.25mg/ml

Add 1cc to 100 Aqueous



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Final conc

= 1.25 mg/ml =

0.125 mg/ml = 125 u/ml

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9578/8/62

Penbritin

Penbritin

ampicillin

REGD.

THE BROAD SPECTRUM PENICILLIN

Penbritin is chemically, α -aminobenzylpenicillin and is a semi-synthetic penicillin derived from the penicillin nucleus 6-aminopenicillanic acid, isolated at the Beecham Research Laboratories in 1957.

Penbritin exhibits superior effectiveness against a wide range of Gram-positive and Gram-negative organisms.

ADVANTAGES

- ★ Greater activity than the tetracyclines and chloramphenicol against a wide range of organisms.
- ★ Highly bactericidal.
- ★ High concentrations obtained in bile and urine.
- ★ Stable in acid medium and well absorbed when taken by mouth.

INDICATIONS

Penbritin is indicated for the treatment of many infections due to Gram-positive and Gram-negative organisms including the following:

Haemophilus influenzae
Staphylococcus aureus (penicillin-sensitive)
 β -haemolytic streptococcus
Streptococcus viridans
Diplococcus pneumoniae
Klebsiella pneumoniae
Neisseria catarrhalis
Streptococcus faecalis
Escherichia coli
Proteus vulgaris
Proteus mirabilis
Salmonella species
Shigella species

In particular, Penbritin is indicated for:

1. Respiratory Tract Infections

In the treatment of chronic bronchitis, Penbritin combines high activity against Gram-positive organisms with the highest activity of any antibiotic against *H. influenzae*.

2. Urinary Tract Infections

Penbritin is active against many strains of *E. coli*, *Proteus mirabilis*, and *Streptococcus faecalis*. This activity together with the high concentration in the urine makes it extremely effective in this type of infection.

3. Gastro-intestinal Infections

In Vitro studies show that Penbritin has high activity against the *Salmonella* and *Shigella* groups. Clinical results indicate that many infections caused by these organisms are cleared with high doses of Penbritin but the true place of the antibiotic in this field is being determined by further research.



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