

Cyclospasmol.

Contributors

Brocades Great Britain Ltd.
Camden Chemical Company

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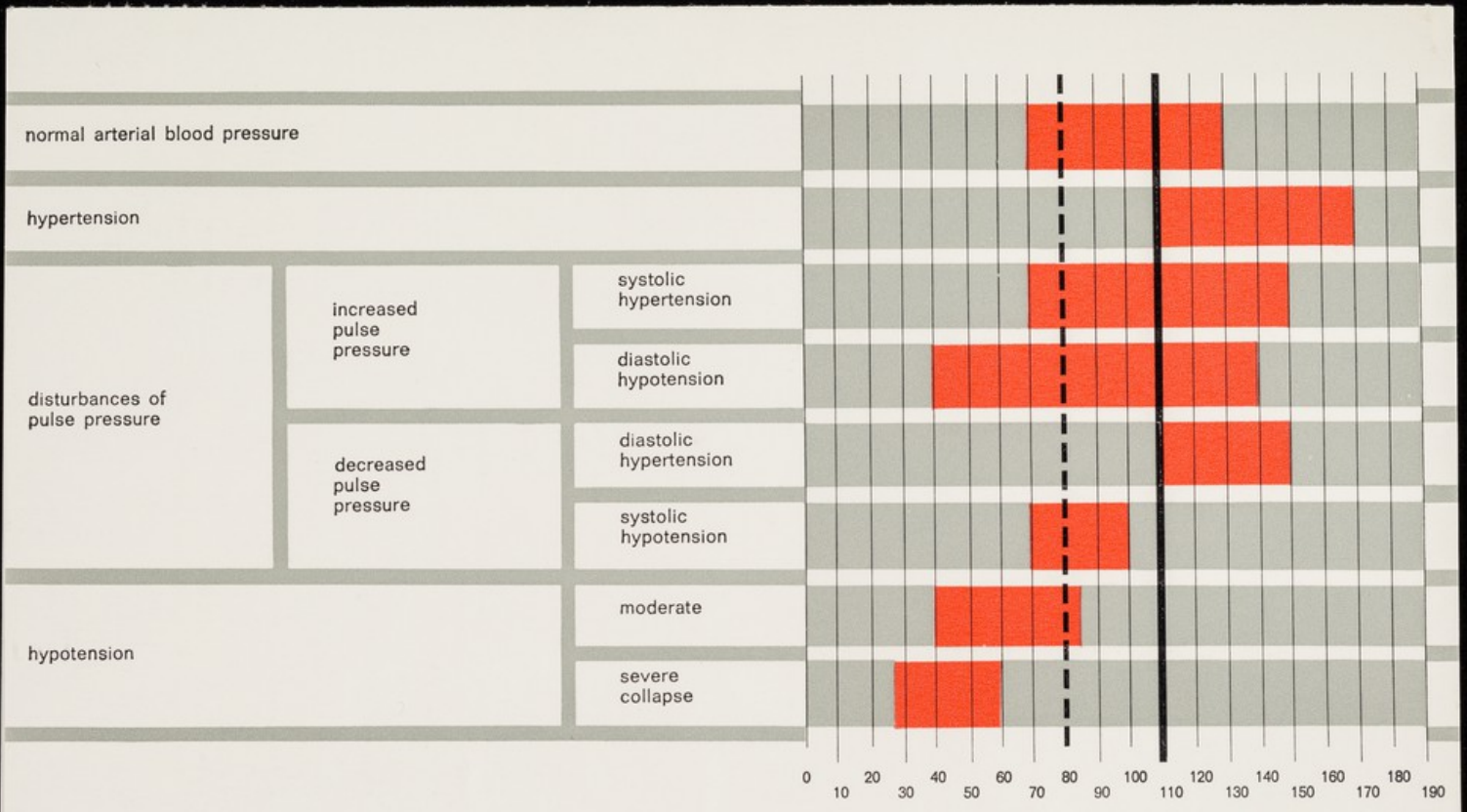
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cyclospasmol[®]
 cyclandelate

Blood Pressure

and its major anomalies

HYPERTENSION

Clinically there are two main types:

- primary or essential hypertension, of unknown cause
- secondary hypertension, due to renal or endocrine disease

essential hypertension

is arbitrarily defined as casual blood pressure which persistently exceeds 150/90 or 160/100 mm. Hg.

It may be benign or malignant.

benign hypertension

- moderate in early stages.
- the systolic pressure fluctuates considerably; during sleep, emotional and physical rest it may be normal; in states of stress, the pressure rises to excessive levels.
- later, hypertension becomes fixed in the abnormal range; it cannot be reduced by rest or sedatives.
- there is compensatory cardiac hypertrophy.
- the walls of the small arteries and arterioles become thickened.
- renal changes occur; increased volume of night urine, albuminuria, slight haematuria.
- death occurs within a variable period.

malignant hypertension

- blood pressure is much higher than in the benign form, for example 260/150 mm. Hg.
- peripheral vascular changes occur: acute arteriolar necroses (seen in retinal vessels).
- papilloedema.
- renal failure is common.
- death usually occurs within 6 months to 2 years.

NORMAL VALUES

Age	Systolic Pressure mm. Hg.	Diastolic Pressure mm. Hg.
0 - 3 months	75	50
3 - 6 months	85	55
6 months - 3 years	95	55
3 - 9 years	100	60
9 - 13 years	115	75
Adults	110-140	60-80

HYPOTENSION

syncope and cardiovascular collapse (temporary hypotension)

the systolic pressure is less than 80; it is observed in patients in a state of syncope, or even in a state of shock. The first condition, rapidly reversible, can be related to simple emotion. The second constitutes a cardiovascular collapse requiring urgent therapeutic measures.

permanent hypotension

primary hypotension

occurs in the absence of any other disorder.

- with nervous symptomatology and tachycardia:
cardio-respiratory nervous abnormality due to vasomotor imbalance; the condition is often present in young people, accompanied by easily induced fatigue and always by tachycardia.
- without symptomatology and with bradycardia:
it is characteristic of the trained athlete; is vagotonic in origin, the vagus nerve slowing down the heart and reducing peripheral resistance.

secondary hypotension

- severe cardiac insufficiency
- myocarditis
- acute infection (influenza, typhoid fever) or chronic infection (tuberculosis)
- endocrine disorders: Addison's disease and Simmonds' disease

cyclospasmol[®]

cyclandelate

the safe spasmolytic vasodilator which acts directly on the smooth muscle of the vessel walls, indicated in

peripheral
coronary
cerebral vascular disorders

Cyclospasmol produces selective dilatation of abnormally constricted vessels only and **does not affect blood pressure.** This action which is slow in onset, but progressive and sustained, makes Cyclospasmol the drug of choice **for elderly or delicate patients.**

Dosage:

Usually 4 x 200 mg. daily.
May be raised to 1600 mg. with safety.
Maintenance dosage 400 mg. daily.

Contra-indications: Nil.

Presentation and basic N.H.S. price:

Bottles of 50 x 100 mg.	13/4
Bottles of 50 x 200 mg.	24/-

CYCLOSPASMOL MAY BE PRESCRIBED ON E.C. 10

For further information, please write to:



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