

Noxyflex : anti-bacterial, anti-fungal.

Contributors

Geistlich Sons Ltd.

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Anti-bacterial, Anti-fungal.

GERIATRICS

In the diseased bladder, T.B. or carcinoma, controls secondary infection when instilled at 2.5%.

NEURO SURGERY

As a prophylaxis in unconscious patients where output of urine is diminished.

OTHER INDICATIONS

Noxyflex has been found effective in a variety of skin conditions. In view of its increased solubility over Anaflex, it gives the clinician opportunity to formulate his own bases and percentage strengths from the pure substance now available.

From private communications received, Noxyflex has been reported effective in the following conditions:

Acne, Furunculosis

Noxyflex in a paste base.

Seborrhoea, Pruritis Ani, Leg Ulcers, Pressure Sores

Noxyflex in a cream base.

Athletes Foot, Intertrigo

Paste followed by Noxyflex in a dusting powder.

Nasal Barrier Cream

Found effective, and pleasant to use.

SPECIAL NOTE

A burning sensation is sometimes complained of during installation of the solution. To overcome this an addition of 50 mgm Lignocaine is now contained in each 2.5 gm. vial, additional Lignocaine may be added if desired.

PREPARATION OF SOLUTION

A 2.5% solution is produced by adding the contents of one vial (2.5 gm.) to 100 ml. distilled water. The material is self sterilizing, and does not require autoclaving. Noxyflex should be freshly prepared and used within 7 days.

PACKING

Vials of 2.5 gm. in Boxes of 10 vials.

REFERENCES

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Geistlich

Geistlich Sons Ltd., Chester, England

Noxyflex

Anti-bacterial, Anti-fungal. *Resistant to penicillin, streptomycin, tetracycline, chloramphenicol, sulphonamides, and other antibiotics.*

CHEMISTRY

Noxyflex is chemically described as Oxymethylene - methyl - thiourea. Generic name noxythiolin. Synthesised in the Geistlich Research Laboratories in 1959, this polycondensate is classified a plastic or synthetic fibre belonging to a group of entirely new chemical anti-bacterials, of which Anaflex (polynoxylin) is the subject of several published works (1-7).

Noxyflex is not an antibiotic, sulphonamide or disinfectant dyestuff. The antibacterial antifungal properties of the water insoluble (> 0.2% in water) Anaflex (polynoxylin), are enhanced in the water soluble Noxyflex, which is used therapeutically at 1% — 5% although is soluble up to 10% in water.

PHARMACOLOGY

Acute Toxicity

Increasing doses were given daily. The L.D.50 was not reached at 3.9G per Kg per day.

Chronic Toxicity

Rats were given orally 500mg per Kg daily for three months. The liver, spleen, kidneys, adrenal glands, intestines and thyroid gland were normal. The qualitative and quantitative blood counts were normal.

BACTERIOLOGY

Controls GRAM+, GRAM— (including Proteus and Pyocyanea), and FUNGI (Candida, etc.).

Sensitivity tests of varying techniques in several independent laboratories have shown an almost unlimited spectrum of sensitive organisms. Clear zones of inhibition are shown even with persistently resistant organisms.

Acquired resistance is not produced by serial subculture from the periphery of the zones of inhibition repeated 100 times.

MAIN INDICATIONS AND DOSAGE

For eradication of resistant bacteria from body cavities, a concentration of 2.5% in distilled water.

UROLOGY

For prophylaxis and treatment of bladder infection pre and post operatively. A suitable volume (50 to 100 ml.) instilled for 30 minutes. Two installations each day for 2 days.

GENERAL SURGERY

For irrigation of slow and non-healing wounds. Irrigation of rectal fistulae, etc.

ORTHOPAEDIC SURGERY

In Chronic Osteomyelitis workers report success using a 2.5% solution. A polythene tube is left in situ, and the sinus irrigated 3 times daily for six days.

GYNAECOLOGY AND OBSTETRICS

An instillation into the bladder, post-operatively ensures freedom from infection and retention.

E.N.T. SURGERY

In Maxillary Sinusitis, irrigation with Noxyflex produces quick response.