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(brompheniramine maleate 12 mg and
pseudoephedrine HCl 120 mg)

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(brompheniramine maleate 6 mg and
pseudoephedrine HCl 60 mg)

Brief Summary

CONTRAINDICATIONS Hypersensitivity to any of the ingredients. Also contraindicated in patients with severe hypertension, severe coronary artery disease, patients on MAO inhibitor therapy, patients with narrow-angle glaucoma, urinary retention, peptic ulcer and during an asthmatic attack.

WARNINGS Considerable caution should be exercised in patients with hypertension, diabetes mellitus, ischemic heart disease, hyperthyroidism, increased intraocular pressure and prostatic hypertrophy. The elderly (60 years or older) are more likely to exhibit adverse reactions.

Antihistamines may cause excitability, especially in children. At dosages higher than the recommended dose, nervousness, dizziness or sleeplessness may occur.

PRECAUTIONS General: Caution should be exercised in patients with high blood pressure, heart disease, diabetes or thyroid disease. The antihistamine in this product may exhibit additive effects with other CNS depressants, including alcohol.

Information for Patients: Antihistamines may cause drowsiness and ambulatory patients who operate machinery or motor vehicles should be cautioned accordingly.

Drug Interactions: MAO inhibitors and beta adrenergic blockers increase the effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids. Concomitant use of antihistamines with alcohol and other CNS depressants may have an additive effect.

Pregnancy: The safety of use of this product in pregnancy has not been established.

ADVERSE REACTIONS Adverse reactions include drowsiness, lassitude, nausea, giddiness, dryness of the mouth, blurred vision, cardiac palpitations, flushing, increased irritability or excitement (especially in children).

Dosage and Administration

BROMFED® CAPSULES Adults and children over 12 years of age: 1 capsule every 12 hours.

BROMFED-PD® CAPSULES Children 6 to 12 years of age: 1 capsule every 12 hours. Adults and children over 12 years of age: 1 or 2 capsules every 12 hours.

BROMFED® TABLETS Adults and children 12 and over: One tablet every 4 hours not to exceed 6 doses in 24 hours. Children 6 to 12 years: One-half tablet every 4 hours not to exceed 6 doses in 24 hours. Do not give to children under 6 years except under the advice and supervision of a physician.

CAUTION: FEDERAL (U.S.A.) LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION.

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letters

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Easy-to-use, MacDonald's technique helps in treating not only shoulder problems, but clavicle and upper thorax problems as well. These two preparatory techniques plus the Spencer techniques will do much over the long haul to reduce pain and restore motion to the moderately to severely involved shoulder joint.

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Allopathic medical research echoes earlier findings in osteopathic medicine

To the Editor:

Recent European studies undertaken in the allopathic medical community have uncovered findings that echo earlier discoveries in the osteopathic medical world:

For example, Raud and colleagues¹ report that calcitonin gene-related peptide (CGRP) functions as an endogenous anti-inflammatory compound. The sensory nerves release CGRP. This finding parallels Dr Korr's discovery of trophic function in motor nerves.² It also supports Dr Still's prescient challenge to "irrigate the withering fields"³ by restoring nerve function with osteopathic manipulative treatment.

Furthermore, Cunningham and coworkers⁴ found parasym-

pathetic dysfunction in 35% of patients with gastrointestinal reflux. Systemic autonomic function was assessed with a cardiovascular standard that Ewing and Clarke⁵ developed. Although osteopathic in nature, Clarke's emphasis on systemic dysfunction is biased. As Bannister⁶ notes, "There are of course no single lesions in autonomic failure...." Contrary to allopathic medical researchers, osteopathic medical researchers often study single—not systemic—segmental sites of autonomic facilitation.

Certainly, interpreting allopathic research with an osteopathic medical slant can be perilous. Nonetheless, Raud and colleagues' work is exciting, and Ewing and Clarke's tests deserve wider recognition within osteopathic medical circles.

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2. Peterson B (ed): *The Collected Papers of Irvin M. Korr*. Indianapolis, Ind, American Academy of Osteopathy, 1979, p 256.
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(continued on page 513)

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Another skin manifestation of HIV infection

To the Editor:

In the article "Skin manifestations of human immunodeficiency virus (HIV): Part 1. Infectious manifestations" (JAOA 1993;93:106, 111-117), Dr Kurgis thoroughly describes most infectious skin complications in HIV-infected patients. However, he does not mention bacillary epithelioid angiomatosis (BEA) when discussing bacterial infections. Although uncommon in HIV-infected patients, BEA does occur.¹ It is characterized by unusual skin, subcutaneous, and parenchymal visceral organ lesions.

Recent studies^{2,3} have demonstrated the rickettsial organism *Rochalimaea henselae* as the etiologic agent of BEA. Left untreated, this disease is fatal. However, the rickettsial pathogen is generally susceptible to erythromycin or ciprofloxacin therapy.

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(continued on page 514)

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