

Nu-Lax: Nothing more than pure, natural ingredients.

Constipation is a disorder which should be short-lived and easily treated. Yet for many people it is a recurring problem and a worry - if one takes medication frequently, could there be long term consequences?

This leaflet is to reassure you that Nu-Lax is effective and reliable, and well proven over many years. If you have an interest in your well-being, and care about what is put into your body (and who doesn't!) do read the comments here which were taken from much longer articles in medical and pharmaceutical journals.

Nu-Lax is made from pure dried fruits, which have been known to have a good effect on the bowel: figs, dates, apricots, peaches and pears. The active ingredient is also natural: the ground leaf of the herb senna.

The senna leaf was first used medicinally by the Arabs in the 9th Century, that's over a thousand years ago. Mixed with fruit, it has been marketed as Nu-Lax in Australia for over 60 years.

Nu-Lax is made with the finest ingredients under strictly-controlled hygienic conditions. No artificial additive or chemical is added in the manufacture. We could have made it prettier or more pliable or tastier - but that would have meant adding something, which we would not do. We'll say it again: Nu-Lax has only pure, natural ingredients. Nothing more.

Senna was introduced in therapy in the 9th Century by the Arabs. In the second half of the 19th century chemical investigation of the drug was undertaken, but only a century later the sennosides were isolated.

Extracts from "Laxatives and the Special Role of Senna"

By E.W. Godding, *Pharmacology* 36 (1988)

The most widely used anthranoid drug is senna which contains mainly sennosides. Sennosides are glycosides of rhein dianthrone with a high molecular weight. They are prodrugs which are not absorbed in the upper gut and which are split by bacterial enzymes in the colon. Their active metabolite is rhein monoanthrone.

Sennosides belong to the secretagogue drugs as they induce net secretion of fluid. They do, however, not change mucosal permeability and do not damage the intestinal mucosa. Their mechanism of action is not fully understood but may include mediators like the prostaglandins and serotonin.

Apart from their secretagogue effect, there seems to be general agreement that sennosides specifically influence colonic motility and enhance colonic transit. This is important as constipation is a motility problem and a laxative should preferentially normalise the disturbed motility.

The time of action of senna is usually stated as 8-10 hours so that taken at night it acts the next morning. It is, however, a simple dose-response relationship since, as already stated, its action augments, without disrupting, the response to the physiological stimuli of eating and physical activity.

In nursing mothers, the active principles may appear in the milk but insufficient amounts to induce diarrhoea in the suckling infant.

The naturally occurring senna glycosides have never been synthesised. Numerous studies have demonstrated that their action is much more than that of a laxative in the usual sense.

Waller and Misiewicz found that the sennosides abolish the hypersegmentation of patients suffering from severe irritable bowel syndrome. Mountjoy et al. have shown that senna glycosides, in therapeutic dosage, do not disrupt the usual pattern of defaecation times. Exton-Smith has demonstrated their marked stool softening properties making the use of surfactants or lubricants unnecessary. Stephen et al. have found that sennosides significantly increase the rate of colonic transit which, in turn, increases both faecal weight and dry bacterial mass. Finally, Coekin and Gairdner found sensitivity to be regained slowly over a period of 1 year. On the other hand, others have found that a few small doses may be all that is required. These evident advantages together with the fact that sennosides are virtually colon-specific and are little absorbed from the gut, explain the wide-spread use of senna preparations in all ages. (Reference to two studies on constipated infants aged 3 months to 5 years.)

A standardised senna preparation was used as a laxative...and it was found to be of considerable value in the establishment of normal habits. Minimal dosage was used and treatment could be discontinued quickly in almost all cases because of its curative and reeducative action.

Standardised senna was also used in the treatment of chronic and severe constipation in older children. More prolonged treatment was required but, finally, satisfactory bowel movements were established without further treatment.

Children, even infants, tolerate senna extremely well. In some cases a few small doses are sufficient but in others prolonged treatment and much higher dosage are required.

Geriatrics

Wilkins has described the deleterious effects of chronic constipation on the physical and mental well-being of the elderly. Untreated constipation easily leads to faecal impaction, and the resultant intestinal obstruction can have fatal results. Overflow incontinence with spurious diarrhoea is a common complication of rectal impaction and can have serious social consequences for the patient.

Exton-Smith et al. carried out a study aimed at quantifying the stool softening action of a standardised senna preparation by the use of a penetrometer.

They found that senna medication increased frequency of defaecation, stool wet weight, and stool softening.

(Referring to a patient with a lifelong idiopathic slow transit constipation and one large motion passed with difficulty once a week.)

This case history presents some interesting features. Apparently, because of a neuropathy of the colonic neuromusculature a high fibre diet alone failed to correct the constipation and the additional stimulus provided by senna was found necessary. Although taken continuously for 23 years there was no evidence of structural or other damage, and the response to minimal dosage remained unchanged.

Obstetrics

The judicious use of standardised senna during pregnancy will avoid the parturient woman having a loaded bowel. This can eliminate the need for enemas. Advice on diet should always be given. There are many studies on the use of senna during pregnancy and the therapeutic value of individualised dosage of standardised senna in bowel management during pregnancy is now firmly established and its safety and efficacy has been confirmed worldwide. Pregnancy was never affected.

In the puerperium a return to normal bowel activity may not appear in up to 25% of women for periods of up to a week or longer and enemas may be required to evacuate the faecal accumulations. Suarez et al. postulated that a small sensitising dose of standardised senna might improve the spontaneous bowel recovery rate after childbirth. His results show a highly significant increase in recovery rate with no adverse reactions.

This suggests that a simple, highly efficient and inexpensive method of achieving early restoration of normal bowel activity in the puerperium is possible, and is safe for both mother and baby with no known adverse effects on nutrition or lactation performance. As in pregnancy, the need for enemas is virtually eliminated.

Extracts from "Chronic constipation in long stay elderly patients: a comparison of lactulose and a senna-fibre combination",

By A P Passmore, K Wilson-Davies, C Stoker, M E Scott. *B M J* vol 307, September 1993.

In this study a senna-fibre combination was more effective than lactulose in long stay elderly patients with constipation. The superior efficacy of the senna-fibre combination, without increase in side effects, resulted in considerable cost benefit compared with lactulose.

Conclusion

Numerous studies over the years have shown that a senna-based laxative is exceptionally effective, inexpensive, good tasting, and very acceptable as a truly natural product.

When you see the results in your own patients, we are confident you will be delighted with Nu-Lax.



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