Severe Hay Fever—40 to 60 units once a day. Treatment period averages 3 to 5 days with a gradual tapering off afterward.

Drug Sensitivities and Contact Dermatitis—A dosage of 80 units once a day for 2 days will usually control symptoms; dosage reduced gradually and then discontinued.

Urticaria—A dosage of 80 units once a day for 1 to 3 days, with gradual tapering off. Some cases may require maintenance of 10 to 40 units every 1 to 3 days.

Acute Inflammatory Diseases of the Eye—In ivitis, keralitis, uveitis, choroiditis, optic neuritis, sympathetic ophthalmia, acute secondary glaucoma, and conjunctivitis, 40 to 60 units are needed once a day until the eye lesion has fully healed. After gradual tapering off of dosage, treatment can be discontinued for most patients; in some who have had the disease for an extended period, maintenance therapy of 10 to 40 units once a day or every 2 to 3 days may be required. Attempts should be made periodically to discontinue treatment.

Acute Inflammatory Diseases of the Skin—In acute psoriasis, exfoliative dermatitis and severe pemphigus, from 40 to 60 units a day for a short period, with gradual tapering off. Most patients will require maintenance therapy of from 10 to 40 units once daily or every 2 to 3 days, unless the cause is known and eliminated.

Ulcerative Colitis—For less severe cases, 40 units once daily; for severe cases, 60 to 80 units daily until mucosa appears relatively normal. Maintenance dose of 10 to 40 units every 1 to 3 days may be required in chronic cases.

Acute Gouty Arthritis—Emergency treatment of 80 units per day. Less ill patients should receive 40 to 60 units once daily. Treatment is repeated until symptoms subside—usually after 1 to 3 injections. Other therapy for gout should be concurrently administered. ACT H therapy is usually not required

Congenital Idiopathic Hypoglycemia—20 to 40 units once a day for small children. Full treatment extends to at least 10 days after adequate control. Maintenance dose of 10 to 20 units every 1 to 3 days after patient is well under control.

Alcoholism (acute delirium tremens)—40 units twice a day until symptoms have disappeared (usually within 24–36 hours.) When symptoms are controlled, reduce dosage to 20 units twice a day for 2 to 3 days, then 20 units per day for 2 to 3 days; finally 20 units three times a week for 2 to 4 weeks. ACT H therapy is not recommended for Korsakoff's psychosis.

Packages—This product retains potency for at least three years. It should be kept in a refrigerator. Available in 5-cc vials, in two strengths: 40 U.S.P units and 80 U.S.P. units of purified corticotropin (ACTH) per cc. and in 1-cc ampuls containing 40 U.S.P. units.

CAUTION: Federal law prohibits dispensing without prescription.

CORTROPHIN"-ZINC"

Sterile Corticotropin Zinc Hydroxide Suspension U.S.P.

Composition—An aqueous suspension of purified corticotropin (ACTH) with alpha zinc hydroxide for repository action. It is available as 40 U.S.P. units of corticotropin 1<1 (1.0 mg. of zinc content per cc), which provides therapeutic ACTH activity for a period of from one to three days, depending upon individual patient requirements. Each cc also contains: 1.0% benzyl alcohol (preservative) and made isotonic with NaCl, pH adjusted with HCl and NaOH. This is a fine aqueoua suspension which flows readily through a 24–26 hypodermic needle. It should be given intramuscularly to avoid any possible local reaction.

Properties—This product supplies pituitary corticotropin in a form which provides sustained action of the hormone, causing the adrenal cortex to release its essential steroids in physiological proportions over a longer period of time than would be the case with corticotropin in equal amounts in other forms This period of activity ranges from 1 to 3 days depending upon the patient's requirements and upon the strength administered. The response is conditioned by the functional capacity of the adrenal cortex; a highly active gland would respond dramatically, while an inactive adrenal cortex would respond less, particularly at first. This response takes the form of an outpouring of three types of adrenal hormones: compound-F-like hormones which are the most abundant; desoxycorticosterone-like hormones; and the adrenal androgens. The production of compound-F-like hormones is clinically the most significant, for it is this aspect of therapy that promotes striking clinical response in so many diseases, and which enables the tissues and the body as a whole to meet serious stress.