'Indocin' will afford relief to 3 out of 4 patients effectively. . . .

With an extended margin of safety . . . probably with fewer tablets . . . and, therefore, at less cost . . . with less dosage adjustment . . . and, therefore, fewer problems for both the physician and the patient than any other currently available product.

You've told this story now, probably 130 times. The physician, however, has heard it only once. So, go back and tell it again and again and again and again, until it is indelibly impressed in his mind and he starts—and continues—to prescribe 'Indocin.'

Let's go!

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BULLETIN No. 95, AUGUST 4, 1965

To: All Western District Sales Associates.
From: H. Glassner.
Subject: Profit Improvement Promotional Program—'Indocin.'

Bill Benedict brought back from the meeting in Chicago a group of the most common questions you have been asked about 'Indocin.' Unfortunately, we do not have all of the answers. As you get questions—shoot them in and we'll try our best to get you an answer you can use.

1. What is the mode of action of 'Indocin?' Where does it work?

   'Indocin' exerts its anti-inflammatory—analgesic and antipyretic effects at the tissue level. How it works is not yet clear since chemically Indomethacin represents the first of a whole new group of compounds.

2. How can an analgesic cause headache?

   This phenomenon also is not yet clear. The direct central action of 'Indocin' is very slight. It is presently postulated that 'Indocin' may exert some peripheral vaso dilatory effect . . . which causes a mild headache-type central reflex.

3. Will 'Indocin' work in any musculoskeletal inflammatory reaction?

   Yes. However, in submitting the original claims for an approved N.D.A. . . . it was obviously important to demonstrate both the effectiveness and safety of 'Indocin' in the toughest and most resistant cases. These are the only cases that top-notch investigators will follow. 'Indocin' works effectively in those resistant cases. Other specific claims, such as bursitis, fibrositis, etc., will be forthcoming. 'Indocin' works in these entities. From the point of view, of daily clincal practice, the physican himself will expand the uses to suit his practice. 'Indocin,' however, is a broad-spectrum anti-inflammatory agent which is specific for inflammatory lesions of the musculoskeletal system.

4. Is 'Indocin' indicated for bronchial asthma?

   No. Bronchial asthma is an acute or chronic allergic disease. While there is lots of inflammation present . . . it takes a specific anti-allergic agent such as 'Periactin' or 'Decadron' to work effectively in bronchial asthma.

5. Why is the maximum dose of 'Indocin' only 200 mg./day?

   That is all it takes to get the job done. Going beyond that limit does not appreciably increase the effectiveness of 'Indocin' and does seem to increase the severity of the side effects one may anticipate.

6. Does 'Indocin' alter the pH of body fluids or urine?

   No. 'Indocin' has no affect on the pH of blood or urine.

7. Can 'Indocin' be safely administered to a diabetic?

   Yes. 'Indocin' has no effect on glucose, metabolism or glucose tolerance in either the normal patient or a diabetic patient.

8. Can 'Indocin' be safely administered to a patient who is taking anticoagulants? Does it affect prothrombin time?

   'Indocin' has no affect on prothrombin time. 'Indocin' can be safely administered to a patient who is also taking anticoagulants.

9. Will antiacids interfere with absorption of 'Indocin' from the G.I. tract?

   No. Antiacids may be administered concomitantly with 'Indocin.'

10. When will reprints on 'Indocin' be available?

    As soon as the papers are published in journals of wide circulation . . . probably within the next three to six months.

It is becoming evident that the greatest mistake we can make with 'Indocin' is NOT to remind the physician that--