

Sure, he can use aspirin. But, the patient has probably already used aspirin before he visits his physician. Furthermore, no less an authority than Dr. Howard Polley at the Mayo Clinic has said

"... I wouldn't put 'Indocin' in the category of aspirin. I think it is more potent. But, if indomethacin is as good as aspirin, that is a pretty good claim in my view. That is a recommendation for indomethacin. . . ."

If he is a gambling sole—and almost no physician ever likes to gamble with his patient's welfare—he can prescribe Butazolidin. However, the current edition of the Goodman and Gilman, on pages 338-339, states the following about Butazolidin.

"... Phenylbutazone is poorly tolerated by many patients. Some type of side effect is noted in 10% to 45% of patients, and medication may have to be discontinued in 10% to 15%. Nausea, vomiting, epigastric discomfort and skin rashes are the most frequently reported untoward effects from phenylbutazone. . . ."

"... Its use should be restricted to short-term therapy of not more than one week during any one treatment period. Even then the incidence of disturbing side effects is about 10%. . . ."

He can prescribe steroids, the most potent anti-inflammatory compounds presently available. But there is general widespread agreement among qualified clinicians that steroids.

1. Should never be the initial agent used to treat rheumatoid arthritis.
2. Should be used only after a conscientious and unhurried trial of conservative measures fails to achieve satisfactory results.
3. Should not constitute the only measure of treatment.

If he wants just analgesic effect, Darvon will work just as well as aspirin, but Darvon has little or no anti-inflammatory activity. Its use is purely palliative. At best, treatment covers only one symptom.

Let's be rational. Do yourself and your physicians a favor. Before you do anything else, as soon as you get into the office, make sure that he realizes that

When there is pain, inflammation, and limitation of motion in or around a joint as there is in rheumatoid arthritis, ankylosing spondylitis, acute gout or osteoarthritis of the hip,

Whether the condition is acute or chronic,

For short-term or long-term use,

Therapy with 'Indocin' usually

Relieves Pain,

Reduces Swelling, and

Improves Joint Mobility

on a flexible dosage regimen that is usually effective, usually, safe, and always economical.

Remember, the product credit value of 'Indocin' is now 1.0. If your 'Indocin' sales are just average, you have automatically increased your income by \$22 per month.

Now, every extra bottle of 1000 'Indocin' that you sell is worth an extra \$2.80 in incentive payments.

Go get it.

BULLETIN No. 80, SEPTEMBER 13, 1967

To: All Sales Associates in the Western Region.

From: H. Glassner.

Subject: *Profit Improvement Promotional Program, 'Indocin.'*

If you are a timid sole, if you are a cautious 'Indocin' detailer, you can still find some Powerful Selling Sentences right in the F&DA approved package circular.

How about using these?

"In acute rheumatoid arthritis, or in acute flares of chronic rheumatoid arthritis, prompt improvement with relief of pain, tenderness, swelling, and stiffness will usually occur."

"In many patients with chronic rheumatoid arthritis, 'Indocin' produces a significant decrease in pain and stiffness within forty-eight hours. . . ."

"'Indocin' . . . has anti-inflammatory, analgesic, and antipyretic activity. It has a unique chemical structure which differentiates it from the salicylates, corticosteroids, phenylbutazone-like compounds, and cholchicine. Unlike corticosteroids, it has no effect on pituitary or adrenal function."

Use one, use two, or use 'em all. But be sure he understands that