

# ROWACHOL®

## Rowachol® and Dyspepsia

Dyspepsia is generally defined as an “upset stomach” characterized by epigastric pain or discomfort, sometimes burning, with or without nausea and gaseous eructation. There are a number of possible causes of dyspepsia and these include disorders of the oesophagus, stomach, duodenum, liver, biliary system or pancreas.

Dyspepsia aggravated by fatty foods in particular may be caused by a number of biliary disorders and also by inadequate pancreatic exocrine function. **Rowachol®** has been shown to have a beneficial effect in various cholepathies (Ref: 1). Many of these patients presented with little general disturbance, but complained of slight tenderness in the right epigastrium and a characteristic intolerance of fats, leguminous vegetables and fried foods. Of thirty-one cases treated and followed-up twenty-five patients showed considerable or definite improvement. Dyspepsia was not defined as such in this study but many of the Symptoms could certainly be classified as dyspeptic.

In addition Clotten treated 51 patients with various liver-biliary disorders (Ref: 2). While individual Symptoms are not listed it is not unreasonable to assume that dyspepsia would have featured in many patients. The patients showed significant biochemical and clinical improvement. Six patients with chronic pancreatitis also showed marked improvements.

Further studies also show beneficial effects of **Rowachol®** in patients with biliary disorders of varying aetiologies who presented with both subjective and/or objective clinical evidence of their disorder (Refs: 3, 4 and 5).

In an article published in the Indian Journal of Medicine and Surgery, Mester reports on positive effects of **Rowachol®** in 21 of 27 patients in whom disappearance of symptoms of meteorism, abdominal discomfort, nausea and vomiting was seen (Ref: 6).

In summary then, it is reasonable to conclude that in certain types of dyspepsia, particularly those related in any way to a disorders of hepato-biliary or pancreatic function, **Rowachol®** is likely to have a beneficial effect. In circumstances where expensive or invasive tests to establish the precise cause of dyspepsia are not warranted a therapeutic trial of **Rowachol®** could be helpful.

Preliminary evidence of the benefit of **Rowachol®** in the treatment of dyspepsia is provided by the Mathur report but at this stage conclusive evidence of benefit is not available.

### References

1. Blumenberg FW. Therapy of Cholepathies with a Terpene Compound. Die Medizinische 1957; 19: 726–728.
2. Clotten R. Efficacy of the Terpene Mixture Rowachol Capsules in Disturbed Liver Function. Münchener Medizinische Wochenschrift 1972; 6:256–261.
3. Noda E, Kuriyama H, Tokuda A. “Clinico-pathological Study on Cholelithiasis” – Experience with a Terpene Mixture. Report from Department of Internal Medicine, Matsuzaka Citizens’ Hospital.
4. Hasegawa S, Yamato T. The treatment of biliary and renal calculi with Terpene Products. Japanese Medical Review “Shiuryo” 1959; 1: 13.
5. Piskazek K, Hammer O, Bilek K. Clinical experiences with a Compound Terpene Product in the Treatment of Biliary Disorders (Cholecystopathies). Die Medizinische 1958; 29/30.
6. Mester A. Some Data on Conservative Therapy with Terpenic Oils in various Biliary Disorders. The Indian Journal of Medicine and Surgery 1960; April: 66–68.

**Dr Michael Dillon**  
*Consultant Pharmaceutical Physician*

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