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PROFETAMINE* PHOSPHATE

(U. S. PAT. APP. FOR)

The **NEW**
sympathomimetic amine



"... there have been absolutely no complaints as to untoward side-reactions, e. g., dryness of the mouth, nervousness, insomnia, constipation, vertigo, etc., as compared to other sympathicomimetic preparations etc."

Trippe (12)

*Registered Trademark



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(Brand of Amphetamine Phosphate, C and C)

Pharmacology and Therapeutics

Recently there has been developed a new and unusually effective sympathomimetic amine which now has been granted patent pending status by the United States Patent Office as a distinctive amphetamine compound. By license to Clark & Clark it is currently being made available under the designation "Profetamine Phosphate." Profetamine Phosphate differs from other amphetamine compounds in that, being a phosphate, it appears to be more physiologic in its actions and this is borne out by Sollmann (1) who states in part "phosphorus compounds make up a considerable proportion of the weight of the body" and that "the acute systemic effects of phosphates are slight, even on intravenous administration, and quite insignificant on oral administration." Sollmann has further written that amphetamine (as the sulfate) "relaxes spastic contraction of the digestive tract [it] stimulates psychic activity more than does ephedrine, and is employed against narcolepsy and depressive neurosis—" Sollmann records further, especially

in instances of heavy dosage, "extreme loss of appetite for forty-eight to sixty hours without nausea or vomiting"—with "loss of weight of ten to fourteen pounds in three or four days" but he further observes that "both appetite and weight recover rapidly." In average individuals it is reported that amphetamine (1) "tends to increase mental alertness and motor activity—and to facilitate the flow of thought and increase loquacity"—and most important "*to diminish fatigue, sleepiness and malaise.* These stimulating effects occur in one-half to three hours and last three to nine hours." According to Sollmann "there is no tolerance and no marked craving" hence "the drug is easily withdrawn" if that should appear necessary or desirable.

According to New and Non-official Remedies (2) as well as the works of a variety of other investigators (3, 4, 5, 6, 7, 8, 9, 10, 11, 12). "Amphetamine has a number of clinical uses. It has been widely employed in the treatment of narcolepsy; in controlling the oculogyric crises and various other manifestations of postencephalic parkinsonism; as an adjunct in the treatment of alcoholism; and for facilitating roentgenographic studies of the gastrointestinal tract; but *its most extensive therapeutic application has been in the*

treatment of certain depressive conditions, especially those characterized by apathy and psychomotor retardation.

The marked central nervous stimulatory effect of the drug on the central nervous system renders it effective in the symptomatic treatment of many mild psychogenic depressive states, such as those associated with prolonged convalescence, bereavement or misfortune, the postpartum period, the menopause, old age, etc.

Amphetamine may also be of value, but to a lesser extent, in the symptomatic treatment of the more severe depressions accompanying certain major psychopathic conditions.

There is considerable evidence that, again due to its *ameliorative influence on mental depression*, amphetamine is useful as an *adjunct in the treatment of alcoholism*. In chronic alcoholism, especially, it may provide a desirable means of interrupting the vicious alcoholic cycle, thus permitting the institution of more fundamental psychotherapeutic measures. In acute alcoholism, with or without accompanying psychosis, the drug may occasionally be useful in combating pathologic intoxication. (In alcoholic psychoses best results are reported where the psychosis is of recent origin.)”

Advantages of Phosphate

As noted earlier, the phosphate derivative of Amphetamine gives promise of more rapid action with lesser side-actions than any hitherto studied derivative. In fact, Rosenberg (11) has written that "no untoward reactions were reported—except for a slight headache" and his studies indicate that the phosphate is approximately 50% more effective than the derivative of Amphetamine most commonly used at present. Another investigator (12) writes of Profetamine Phosphate: ". . . there have been absolutely no complaints as to untoward side-reactions, e. g. dryness of the mouth, nervousness, insomnia, constipation, vertigo, etc. as compared to other sympathicomimetic preparations etc."

Conclusion

It would therefore appear that *Profetamine Phosphate*, dose for dose, is the amphetamine compound of choice when sympathomimetic action is indicated because (a) its actions are identical with those of other such derivatives but in appreciably smaller dosage, and therefore cumulative or unduly prolonged action is minimized and, (b) the undesirable sideactions are very greatly reduced, probably because of the more physiologic nature of the phosphate radical.





How Available

Profetamine Phosphate is available in tablets of, respectively, 5 mgm. and 10 mgm., in bottles of 100's and 1000's.

Also as Profetamine Phosphate Chewing Gum (sugar-coated), 10 mgm. Profetamine Phosphate per wafer.

Profetamine Phosphate Chewing Gum

Available in boxes of 21 wafers, sanitaped for convenience of dosage. Three or four of the sanitaped units may be carried, clean and uncontaminated, in purse or pocket at all times.

The *newest* and *best* procedure in sympathomimetic amine therapy.



Note: Further inquiry with respect to this or any other product of the house of Clark & Clark is sincerely solicited. Merely address the Director of Professional Service, Clark & Clark, Wenonah, N. J. All of the products of Clark and Clark are dispensed to the patient on prescription *only!*

Bibliography

1. Sollmann, T., *A Manual of Pharmacology*, Fourth Edition, 1942, Saunders, p. 447, 448.
2. *New and Nonofficial Remedies*, 1946, A.M.A., Chicago, p. 280.
3. Seifert, W.: *Deutsche med. Wchnschr.* 65:913, 1939.
4. Neumann, E.: *Nunchen med. Wchnschr.* 86:1266, 1939.
5. Jobson, E., Wollstein, A., and Christensen, J. T.: *Klin. Wchnschr.* 17:1580, 1938; Jobson, E., and Wollstein, A.: *Acta med. Scandinav.* 100:159, 1939; Jobson, E.: *ibid.* 100:188, 1939, Wollstein, A.: *ibid.* 100:203, 1939.
6. Pelter, L.: *Ann. Int. Med.* 22:201, 1945.
7. Ivy, A. C., and Goetzel, F. R.: *War Medicine.* 3:60, 1943.
8. Albrecht, F. K.: *Ann. Int. Med.* 21:983, 1944.
9. Tainter, M. L.: *J. Nutr.* 27:89, 1944.
10. Colton, N. H., Segal, H. I. Steinberg, A., Shechter F. R., and Pastor, N.: *Am. J. Med. Sci.* 206:75, 1943.
11. Rosenberg, Phillip: Personal Communication, Feb. 4, 1947.
12. Trippe, M. F. Personal Communication, March 1, 1947.

Note: Italics ours throughout.

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**PROFETAMINE
PHOSPHATE**
THE IDEAL SUPPLEMENT TO
CLARKOTABS IN
OBESITY THERAPY

CLARK and CLARK
Wenonah, N. J.