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Periodicals as indicated.

NEW SOVIET SEDATIVE PROMEDOL

Mumbers in parentheses refer to appended sources. 7

The Presidium of the Academy of Sciences USSR expressed its appreciation to the workers and institutions that participated in the research which led to the development of the new Soviet sedative Promedol.

Credit for developing this highly effective drug, which surpasses in its pharmacological properties all previously known sedatives, is shared by the

The Laboratory of Unsaturated Compounds, Institute of Organic Chemistry, Academy of Sciences USSR; The Chair of Organic Chemistry, Moscow Institute of Fine Chemical Technology imeni M. V. Lomonosov, Ministry of Higher Education USSR; the All-Union Scientific Research Chemicopharmaceutical Institute imeni 8. Ordzhonikidze, Ministry of Public Health USSR; and numerous medical institutions of the

A thorough clinical investigation of Promedol was made at medical institutions of Moscow, Leningrad, and Sverdlovsk.(1)

Promedol is a white crystalline powder which is readily soluble in water. When dissolved (in water) it produces a transparent colorless liquid with a slightly bitter taste. It can be easily sterilized by boiling, does not deteriorate, and can be preserved for an indefinite period of time. The initial peroral dose is 0.025 g, which may be increased if necessary. Subcutaneous injections of a 1% to 2% solution may be started with 0.01 g to 0.02 g and may possibly be increased, though larger dosage for hypodermic administration has not been attempted. Effects of the drug are feit by the patient in about 25 to 30 minutes after administration, with a following sedative effect and sleep lasting 2 to 4 hours. Observations revealed a slight drop in the normal blood pressure (approximately 5 mm), pulse, and respiration of the patient following administration of Promedol. It has been noticed that in case of hypertension, both systolic and diastolic pressure dropped more sharply within 30 minutes following the injection of Promedol and maintained the new low level for quite a while /time not specified/. This decline in blood pressure was accompanied by pain in the cardiac region and some buzzing in the ears. In cases of hypotonia, Promedol caused a slight increase of arterial pressure. No texic effects, nausea, or vomiting have been observed. No pathological changes in the blood or urine have been found.

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The new drug is apparently not habit-forming. It is expected to replace morphine sulphate and partopon in surgical practice, as well as in therapy requiring relief from acute pain.(2)

Morphine and its derivatives should be discarded, because they are highly toxic. Lydol (Demerol; ethyl ester of 1-methyl-4-phenyl isonipecotic acid) and Phenadon (hydrochloride of diamethylamino-diphenyl-heptanone) are synthetic drugs with highly toxic properties and low effectiveness. Promedol represents a definite improvement in the field of sedative drugs. It exhibits a low toxicity and is highly efficacious. Practically no changes in blood pressure, pulse, or respiration were observed on administration of Promedol /under normal conditions/ to patients. Some slight reaction was noted after injections of a 2% solution, the use of which is recommended only in cases of acute pain such as that encountered in renal colies or in connection with malignant tumors. Promedol is an effective aid in obstetrics, reducing labor pains and increasing the rate and strength of recommended.

The Pharmaceutical Committee of the Scientific Council of the Ministry of Public Health USSR has authorized wide use of Promedol in medical practice.(3)

SOURCES

- "Development of a New Sedative, Promedol" Editorial Release, Vestnik Akademii Nauk SSSR, Feb 1952, No 2, p 115
- "Study of a New Analgetic. Promedol, in Surgical Practice." V. V. Izosimov, student of the 6th Course. Surg Clin, Faculty of Pédiatrics, II Moscow Medical Inst imeni I. V. Stalin. Klinicheskaya Meditsina Vol XXX, No 8, pp 63-65, 1952
- "The New Sedative Drug Promedol," Prof I N Nazarov, Corresponding Member of the Academy of Sciences USSR, Prof M. D. Mashkovskyy, V. A. Rudenko, N. S. Prostakov, and V. I. Ishchenko (Moscow). Klinicheskaya Meditsina Vol XXX, No 8, pp 60-63, 1952

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