The psychological influence of capsule colours on the therapeutic effect of a drug

Professor Max LÜSCHER
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With many products, for example a motor car, jewellery, a bottle of whisky, and even in the case of a pharmaceutical substance, four aspects have to be considered, each of which can be decisive for the successful marketing of the product.

In the case of a motor car its material value, that is, its technical value, can be the reason why it is bought. Probably even more often, however, a car is chosen because the coachwork is of an attractive design. Hardly anyone will buy a car in a colour he does not like.

There is yet a fourth factor which also frequently plays a role in the decision to buy: the prestige value of the product. A Mercedes or a Rolls-Royce has a greater prestige value than a Volkswagen or other makes, although they are not necessarily technically inferior.

The four assessments of a product, i.e. material value, form (design), colour, prestige value, are just as decisive in the case of the purchase of jewellery, e.g. a diamond, as when a pharmaceutical preparation is offered.

The material value

For the patient, the material value is represented by the efficacy of the drug.

The form

Whether a coated tablet, a capsule, an ampoule or a small bottle from which drops are dispensed, whether the tablets are loose or sealed in foil - all these forms of presentation have an influence on the user.

The prestige value

The ampoule seems more valuable than the drop-dispenser bottle; the capsule appears of greater value than the coated tablet.

The colour

With every product the colour plays a much more important role than is supposed by the layman. Why its importance is underestimated and what colour means, in detail, will now be discussed.

The influence of colour on the customer

So long as only artisan painters and artists were involved with colours many people believed that the various different colours had simply a decorative purpose. It was believed that different colours were used only because different people have different tastes as far as colour is concerned. Colours were apparently chosen at random by many people. Between the two World Wars machines and other apparatus were mostly black.

Telephones, typewriters, machine tools, bookkeeping ledgers - everything was monotonously and boringly black. Typical for those times is Henry Ford's well-known motto: "You can have your car in any colour you like, so long as it's black".
In the last forty years, since the Second World War, our environment has become more colourful. Advertising is more effective if it is in colour. The incentive to buy is greater if the product is coloured. This is why today not only the packaging and the labels, but also the advertisements, the magazines and the products themselves are produced in colour.

**Colour! But how?**

The sales of different makes of cigarettes, wines and many other luxury goods can be affected drastically if the packaging is improved, or if it is made less attractive. Everything that is seen or eaten is also assessed with the eyes. It is this assessment which decides between liking and disliking. If the form and colour are attractive, then for most people the decision – even if as a preconception – is already made.

That is why it is also important, in the packaging of a pharmaceutical preparation, to find the administration form which appears valuable to the patient, in a colour which appeals to him and which convinces him of its efficacy.

If – as has in fact happened – a tranquilizer is presented in a capsule in the violent, explosive colours, red and black, then this is an absurd choice of colours. To expect the patient to accept a preparation presented in red and black is just as incredible as to let him cross the road against the red light, at the same time assuring him that it is absolutely safe. It does not need any specialist knowledge of colour psychology to realize that red and black are more suggestive of an explosive substance, such as nitroglycerin, than a tranquilizer.

**The right colour**

In order to choose the right colour one must start by considering the pharmacological action of the preparation. The patient has a certain expectation of the drug. The colour of the capsule or the colour combination of its two halves should correspond to this expectation. If the patient expects a tranquilizing effect the colour of the preparation must also be of a tranquilizing shade. Dark colours impart this effect, but not black. The most tranquilizing effect is obtained with dark shades of blue. The blue of the night sky has a tranquilizing effect.

If a greenish shade is mixed with the blue an impression of coolness is obtained. This is desirable for preparations which are intended not only to have a tranquilizing effect but also to impart a shooting effect by means of a cooling action.

If a lot of green is added to the blue this produces a cool turquoise blue. This is the right colour for a drug to treat pruritus or for an antitussive.

But when I look in my medicine chest I see that the tube with the label, “For burns”, is printed in the aggressive colours, red and black.

Would it be possible to sell an antitussive with these colours? All bright, warm, strong colours, such as red and orange, have a stimulating effect. They increase the stimulation. Measurements with the colours of the Lüscher test (Wohlfarth 1951, Psychotherapie 1, 216) have shown that when a subject looks at the Lüscher red colour (3) the pulse, respiration rate and blood pressure rise.

On the other hand, when the subject looks for a few minutes at soothing colours, such as the dark Lüscher blue (1) in particular, then the levels of these neurovegetative functions fall.

This is why drugs which are intended to have a stimulating, activating or vitalizing effect should be administered in capsules which are coloured red or orange.

It is quite incredible that a vitamin preparation – as is in fact the case with one well-known product should be offered in a heavy, weary dark brown colour instead of in vitalizing colours, such as orange-red for example. One can only guess the losses which occur as a result of this, when each time the consumer holds the browncoloured capsule it makes such a wearying, weakening impression on him.

If a preparation is intended to have a fortifying, stabilizing effect, this can be achieved with an appropriate colour, such as a bluish green. Pure green in itself already expresses stability.

The more blue is mixed with the green, the more a sensation of hardness and cold is achieved. In the case of an antidiarrhoeal agent such a bluish-green is the right colour (Capsugel Colour L 880).

Precisely in the case of green it is clear that the effect depends not only on the basic colour itself, but also on the shade.

If yellow or brown are mixed with green (e.g. Capsugel Colour L 670), then the stability of the green is softened. Yellow weakens the stability. The colour seems to spread. At the same time the fortifying effect and the stability are broken and softened by the brown. This is why it is correct to give a laxative a brownish olive-green colour (see Capsugel Colour L 670).
Is colour merely “subjective taste” or an objective identification?

This is the crucial question which the layman puts to the colour psychologist: Does a certain colour trigger a certain feeling in me but a different one in another person?

This question in fact contains two questions. The one must be answered in the affirmative, the other in a negative. The question to be answered in the affirmative is whether we all perceive colours in the same way and whether the sensation resulting from this perception is the same for everyone. Everyone sees orange as orange – never as green or blue. And at the same time, everyone feels orange to be a warm, vital and stimulating colour.

The second question, on the other hand, namely whether a certain colour is liked equally by everyone, is to be answered in the negative. The liking, the dislike or the indifference to a certain colour varies from one person to another. Therefore, because the sensation of colour is in fact the same in all people, although one person likes this sensation while another dislikes it, certain people have a certain preference or dislike for certain colours. Numerous statistics relating to psychosomatic illnesses, and more recently also to mental and psychotic patients, confirm this most impressively.

What can colour psychology do, or, which is the right colour for a capsule?

Numerous studies with the Lüscher colour test at more than twenty universities have proved, in the last few decades, that from the choice of test colours it is possible to measure, with great accuracy and reliability, the emotionality of the personality, performance, the capacity for enjoyment, emotional relationship to the partner, the capacity for love and the ability to make contacts easily, as well as psychosomatic causal factors and the disposition to psychosis and obsession.

With the choice of colours it is possible to detect the often unknown causes of difficulties and conflicts, because colours reflect feelings. The choice of colours which a patient makes indicates his mental attitude and corresponds to his psychosomatic disposition.

A series of scientific investigations, some presented as dissertations at universities in Europe, the USA, Eastern Block countries and Australia, have shown, with a high level of statistical significance, that psychosomatic causal factors can be read directly from the choice of colours made by the patient.

The following are a few examples of this: Investigations by K.H. Thuir (Düren 1983), showed that patients who damage their teeth by grinding movements during the night (bruxism) have a particularly hostile attitude toward the hard, tense colour, blue-green (see Lüscher Green 2). While 4% of the average population reject this shade of green, 55.88% of people who grind their teeth reject it, because they themselves are hard and tense.

Dark blue (see Lüscher Blue 1), which represents calm and relaxation and which is also rejected by 4% of the average population, is rejected by 23% of those who grind their teeth. In their tension and agitation they cannot tolerate this calm, relaxed colour, which expresses contentment.

Cardiac infarction

Of particular value are the results of W. Eggert, Berlin (Med. Welt 1965, No.3, 155, and Med. Welt 1967, 65), which have proved that “in disturbances of vegetative function the central regulation can be measured with the colours of the Lüscher test”. With his investigations, which were continued over the period of a decade, Eggert was also in a position to show that the following choice of colours in the Lüscher test is significant as an indication of a risk of cardiac infarction:

Green and red in first and second places;
Grey and brown in third and fourth places (see Lüscher test: Green 2, Red 3, followed by Grey 0, Brown 6).

Hypertension

Maria Kopp, in Budapest, studied 50 students with hypertension (see Figure 1). While only 24.1% of the control group rejected the colours representing stability (Blue 1 and Green 2), 47.8% of the hypertensive patients showed an antipathy to the dark blue (Lüscher Test Blue 1) which indicates calm and relaxation and to the green (Lüscher Test Green 2) which represents stability (n=100 ; $\chi^2=6.68 ; p<0.01$).

People who reject these two colours (Blue 1 and Green 2), that is, calm and stability, have the feeling of being confined and want to break out. Through an understanding of these colours psychosomatic disease can be more clearly visualized and better understood.
Figure 1.

χ² = 6.68  
\( p < 0.01 \)  
\( f = 1 \)  
\( n = 100 \)

Figure 2.

χ² = 7.59  
\( p < 0.01 \)  
\( f = 2 \)  
\( n = 101 \)
Duodenal ulcer

Maria Kopp, in Budapest, has also studied students with duodenal ulcer (see Figure 2). These results, too, are informative and statistically significant ($n=101; \chi^2=7.59; p<0.01$).

In the control group 25.9% rejected the dark blue (Lüschiger Blue 1). However, 44.6% of the ulcer patients rejected this blue, which represents calm and relaxation. 14.7% of the control group also found yellow unpleasant while 23.3% of the ulcer patients detested this colour. Rejection of the Lüschiger Yellow 4 means: insecurity, fear of loneliness, loss of a personal relationship or a possession, and fear of humiliation.

If one delves deeper into colour-psychological functional psychology (see Lüschiger: “Der 4-Farben-Mensch oder der Weg zum inneren Gleichgewicht”, Mosaik-Verlag, Munich), one recognizes in the rejection of the two colours, yellow and blue, the inability to show a “heteronomous” receptive attitude towards other people or to accept a given situation. Authoritative individuals adopt this attitude. Their self-willedness, intolerance and harshness are often due to a secret fear of being treated with contempt, ignored or not accepted by others. Authoritarian harshness and ambition are the visible reverse side of this secret fear.

Obsession and psychosis

One of the pioneering successes of modern colour psychology was achieved in 1983-84 when the Italian neuropsychiatrists, L.Aloro and G.Brusci, of the Psychiatric Clinic of Monticello Terme (Parma), succeeded, for the first time, in accurately measuring and comparing the emotionality of psychotics and obsessive subjects by means of a differential assessment of the Lüschiger colour test (see Figure 3).

The significant results obtained are particularly impressive in view of the fact that the choice of colours made reflects the exactly opposite nature of the two types of illness.

In his choice of colours the psychotic appears as a helpless fantasist, while the obsessive subject appears exactly the opposite, as an insecure, inhibited, anxious depressed melancholic.

From the diagnosis to the treatment

The patient’s choice of colours gives the diagnostic structure. From the diagnostic structure the treatment structure can be calculated according to a formula based on functional psychology.
The therapy structure can be illustrated by its colour sequence, which is also decisive for the choice of the correct capsule colours.

The example of the psychotics and the obsessive subjects can be used to explain the simple rules for the treatment structure.

The statistical average colour sequence for the psychotics is exactly the reverse of that for the obsessive subjects:

<table>
<thead>
<tr>
<th>Psychotics</th>
<th>yellow</th>
<th>red</th>
<th>green</th>
<th>blue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessives</td>
<td>blue</td>
<td>green</td>
<td>red</td>
<td>yellow</td>
</tr>
</tbody>
</table>

Expressed in the Lüscher Test Colour numbers, the diagnostic structure sequences are as follows:

<table>
<thead>
<tr>
<th>Psychotics</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

From these diagnostic structures the treatment structures are obtained by placing the last two numbers before the first two. For example, in the case of the diagnostic structure 4 3 2 1, the first pair of numbers, 4 3, is placed behind the second pair, 2 1. This gives 2 1 4 3 as the treatment structure.

The treatment-related capsule colour

According to this treatment structure the appropriate capsule colours for psychotics are: green and blue.

The correct capsule colours for the obsessive subjects are: red and yellow.

The mental attitude of cancer patients

The dissertation of G. Vetter (Essen 1982) showed a highly significant choice of colours by a group of 50 cancer patients. The colours they selected were exactly the opposite of those chosen by the control group, comprising an equal number of patients with just as poor a prognosis, suffering from cardiac infarction or cirrhosis of the liver.

The choice of colours made by the cancer patients, with the sequence of Lüscher colours 1 2 3 4, corresponds to that of the depressive, anxious, insecure, obsessive subjects. The depressive mood which develops as a result of a diagnosis of cancer is well known. The results of questionnaire tests (Grossarth, Heidelberg 1981) concur with the result of the colour selection: the typical cancer patient chooses the colour sequence of the obsessive subject and - what must be the urgent task of future investigations - presumably already before the manifestation of the cancer shows the typical behavioural characteristics of the obsessive subject, the perfectionist, the duty-conscious, ambitious striver, who suppresses his true, spontaneous emotions.

The treatment structure for the typical cancer patient is therefore the same as for the obsessive subject, namely, promotion of all emotions corresponding to the colours Lüscher Red (3) and Lüscher Yellow (4), and avoidance of all emotions corresponding to Lüscher Blue (1) and Lüscher Green (2).

For cancer patients, therefore, the therapeutically suitable capsule colours are those which, as strong, vital red-orange shades, such as Capsugel L 550, for example, and cheerful, lively yellow shades, such as Capsugel L 520, convey an optimistic mood.

When one reads this last sentence, one has to think: “Yes, naturally, I would also consider it to be right - the cancer patient needs vital red-orange-yellow shades”.

Exactly this self-evident fact, exactly the agreement between the statistical results and the therapeutic choice of colours arrived at on the basis of functional psychology, this concurrence with “healthy human understanding” is the impressive result of every science which recognizes what is right.

The choice of the right colour, which corresponds exactly to the intended psychological effect, therefore plays a significant role in the success of a product, including pharmaceutical preparations.

How is the right capsule colour found for a particular drug?

In a large-scale test the Lüscher test colours are presented to the patients of a given disease group. The statistical incidence of certain preferred or rejected test colours makes it possible to determine in which capsule colour a particular preparation should be presented. A person who has experience with the test and a feeling for the effects of colours has such a sure command of the language of colour that he can certainly prevent mistakes and can probably even make an appropriate choice of colours(s).

The language of colour is a language of feelings and sensations. Everyone experiences red as red and green as green. The language of colour sensations is
inborn in every individual. It is understood spontaneous by all people.

However, people who use colours but disregard the sensations they provoke are using colour as signposts – but these signposts point in the wrong direction.

The following examples describes correctly chosen capsule colours for certain groups of preparations:

The ideal capsule colour is found if the basic colour (e.g. red) is selected, as his preference, by the patient, and if the particular colour shade (e.g. brown-red) is then selected taking into account the intended therapeutic effect of the preparation.

**Example 1**

Hypertensives prefer the stimulating colours, red and yellow (see Lüscher Test Colour 3 and 4). Particularly informative is the fact that patients with hypertension reject at the same time the special dark blue shades (Lüscher Test Colour 1) and the dark bluish-green Lüscher Test Colour 2), twice as often as the normal control group (see Figure 1).

Rejection of dark blue (Test Colour 1) means: dissatisfied, alienated, restless, agitated flight from depression.

Rejection of bluish-green (Test Colour 2) means: the patient is defending himself against restrictions on and obstacles to his demands and rights.

Rejection of the two colours, dark blue and bluish-green, means: dissatisfaction due to inner alienation, and therefore agitation, restlessness and anxiety about being restricted. In short: the patient wants to break out.

The correct capsule colour is therefore the yellowish-red which the hypertensive patient prefers. But it must be the special shade of red which corresponds to the desired therapeutic effect of sedation, and at the same time relaxation, namely the soft, warm grey-tinted brown-red, L 630.

**Example 2**

Patients with duodenal ulcer largely (44.6%) reject dark blue (Test Colour 1), which indicates that ulcer sufferers are dissatisfied, alienated, restless and excitable.

At the same time, however, they also reject yellow (Test Colour 4), see Figure 2. This means that they also feel insecure and that they lack the stability of a firm relationship.

The simultaneous rejection of two basic colours is a sure sign of a situation of mental conflict with psychosomatic sensitization. A person who rejects the test colours blue and yellow, that is, a person who is alienated, dissatisfied and insecure and at the same time not accepted in any relationship, and who thus feels abandoned, is afraid of being underestimated or ignored. Such people often develop intense ambition. They have an excessive need to get their own way and to have their ideas, accepted and confirmed, which have of course long been well-known characteristics of ulcer patients.

Accordingly, the right capsule colour is green, because it represents stability, security and acceptance. However, it must be a green which reflects the following two therapeutic factors:

1. Sedation and contentment
2. Security and satisfaction.

These sensations are imparted by the brownish dark green colour, L 700.

**Examples of functional colour combinations**

**Stimulants: L 540 orange/L 510 yellow**

Preparations which have a stimulant effect must be presented in bright, warm colour shades. If this colour combination is compared with that described for sedatives, then it becomes clear which colour combination is suitable for a stimulating, vitalizing antidepressant.

**Sedatives: L 830 dark blue/L 650 brown**

Preparations which have a sedative effect, such as tranquilizers, for example, must be in dark, soft colours. If this combination is compared with the combination described for stimulants, the difference becomes particularly clear.

**Laxatives: L 670 olive/L 600 light brown**

Olive and light brown are natural hues corresponding to the vegetative processes of life. Olive is relaxing and has a stimulating effect in the vegetative sphere. Light brown is bland, and produces an agreeable feeling of comfort. The greyish tone contained in olive and especially in light brown is responsible for the slightly oily appearance of these colours, which are therefore appropriate to laxatives.
Antidiarrhoeals: L 650 brown/ L 880 turquoise

Brown is associated with the vegetative sphere of the body. It has a sedative, bland and stabilizing effect. In contrast to light brown or reddish-brown, however, it is not a soft colour. Brown suggests a non-irritative, stable vegetative bodily function.

Turquoise is experienced as a “cold” hue on account of its complete freedom from stimulation, its “cool and distant” stability and its persistence. Because of its grey component, its purity does not seem unnatural, with the result that it remains associated with the vegetative sphere.

Vitamin preparations: L 730 green/L 570 red

Pure green has a stabilizing, consolidating, strengthening effect. The red L 570 conveys calm and physical well-being.

A vitamin preparation is intended not as a stimulant but as a powerful anabolic agent, and is therefore properly characterized by the combination of these two colours.

Antitussives: L 630 maroon/L 900 light blue

Maroon arrests excitement and fends off irritative influences. Its brown component conveys a feeling of vegetative relaxation.

Light blue conveys lightness and distance and gives an impression of cleanliness. The anti-irritative effect, combined with the feeling of agreeable cleanliness and respiratory ease, is appropriate to an antitussive.

Muscle relaxants: L 630 maroon/ L 840 dark blue

Maroon arrests excitement and fends off irritative effects. Its brown component conveys a feeling of vegetative relaxation, particularly in the involuntary musculature.

Dark blue has a calming effect and brings on complete relaxation. Through rest and relaxation the combination of these two colours produces a feeling of heaviness and is thus appropriate to a muscle relaxant.

Hypnotics: L 800 mauve/L 820 violet

Mauve is a light greyish-violet in which a proportion of stimulating red is faintly detectable. This residue of stimulation is depressed by the violet, so that soft and gentle sedation results.

The change from the weak stimulation of mauve to the gentle sedation of violet is appropriate to the soporific action of hypnotics.

Anti-obesity agents: L 520 yellow/L 840 dark blue

As a number of statistical studies have shown, obese persons whose unfulfilled expectations are represented by the colour yellow eat in order to still the feeling of emptiness. For this reason they show in the colour test a preference for dark blue, which expresses calmness and satisfaction.

Psychological colour tests show that the combination of yellow with dark blue is that most appropriate to anti-obesity agents.

Appetite stimulants: L 730 green/L 540 orange

Pure green has a stabilizing, consolidating, strengthening effect. It expresses vegetative naturalness and sincerity. Orange is the colour of carefree enjoyment of life, of receptivity to sensory stimuli and pleasure.

These two colours therefore convey a feeling of natural, vital, stable enjoyment.

Digestives and enzymes: L 690 olive/ L 540 orange

Olive, a light brownish-green, expresses a feeling of comfort that is relaxed and carefree. Orange, the colour of stimulating enjoyment of life, conveys receptivity to sensory stimuli and pleasure.

Together, the two colours convey a feeling of sensory enjoyment with relaxed bodily comfort. They are therefore appropriate to the action of digestives and enzymes.

Disinfectants and antiseptics: L 880 turquoise/L 900 light blue

Turquoise is experienced as a “cold and distant” hue. Coldness inhibits growth and brings sterility. Turquoise has a cooling and stabilizing effect, while its grey component is both natural and intimate. Light blue, on the other hand, is airy, free and pure. It gives the impression of being completely free from all that is dark, depressing and chaotic.

The extremely cool combination of these two colours has a clarifying, sobering, numbing effect that suggests freedom from all impurity and is thus experienced as antiseptic.
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