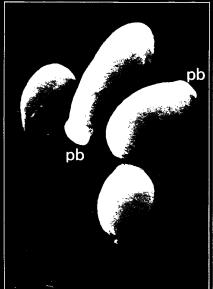
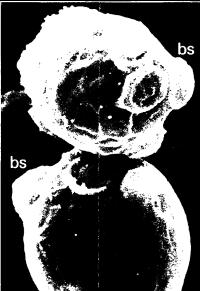
the fungicidal

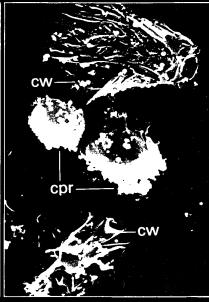
Scanning Electron Microscopic photographs of Candida albicans before and after treatment with micronazo



Untreated cells appear as isolated yeast forms in an oval shape and with a smooth surface showing the formation



2. Upon exposure to a fungistatic dose (10^{-7}M) of miconazole the cells tend to cluster. Budding becomes disorganized with visible budding scars (bs) that are randomly distributed over the surface of the cells.



3. Treatment with a fungicidal dose of miconazole causes the cell wall (cw) to burst. Vesicles of cytoplasm disintegrate and adhere to the surface of yet unbroken cells (cpr). (The interior of the cells is completely lytic).



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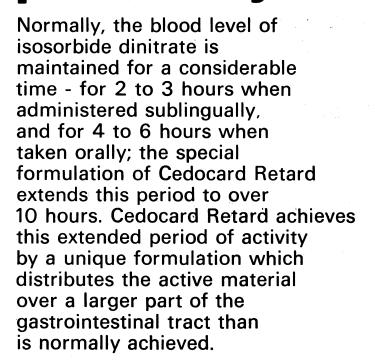
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Circulation (1977) **55**, 381, Danahy DT et al.: Sustained hemodynamics and antianginal effect of high dose oral isosorbide dinitrate.

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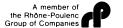
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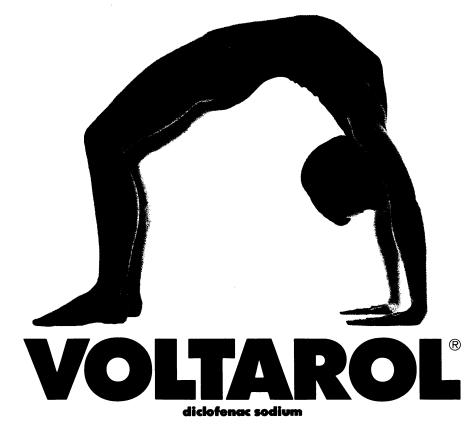
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Dosage: oral, nightly, 50-100 mg. Max. 300mg in severe cases. **Contraindications:** none known. **Precautions:** avoid acute recovery phase following myocardial infarction. Monitor liver function long-term. Supervise closely, patients with cardiovascular disorders as rare arrhythmias, sinus tachycardia with prolonged conduction times, myocardial infarction have been reported. Take care in patients with alcoholism, pre-existing hepatic disease, known epilepsy, existing brain damage or glaucoma. **Side effects:** (rare) vertigo, postural hypotension, tachycardia, dry mouth, accommodation difficulties, dysuria, gastro-intestinal upsets. Epileptiform seizures have occurred with excess 300mg daily.

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