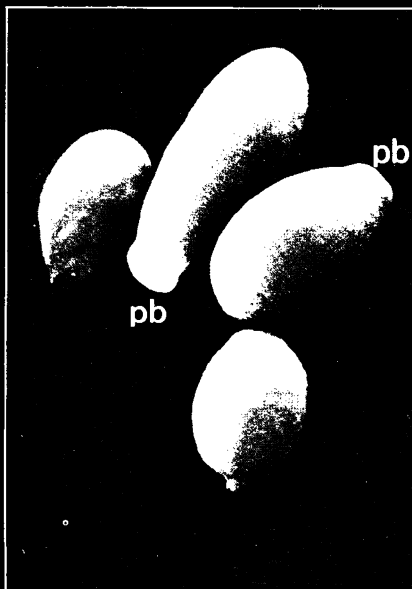
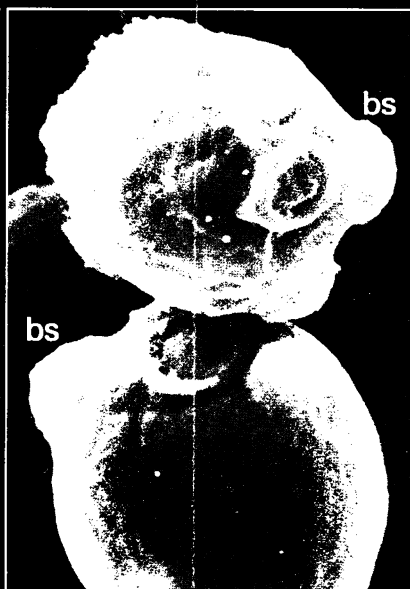


the fungicidal breakthrough

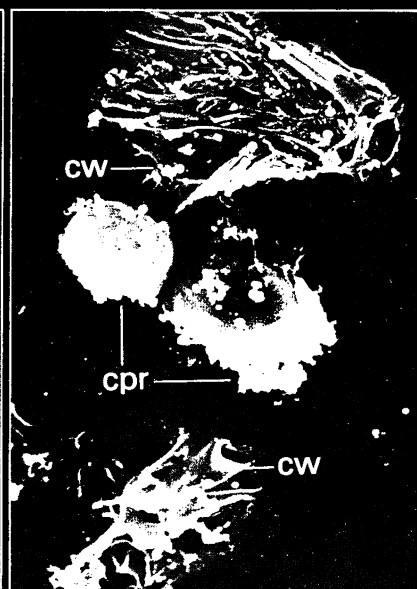
Scanning Electron Microscopic photographs of *Candida albicans* before and after treatment with miconazole.



1. Untreated cells appear as isolated yeast forms in an oval shape and with a smooth surface showing the formation of polar buds (pb).



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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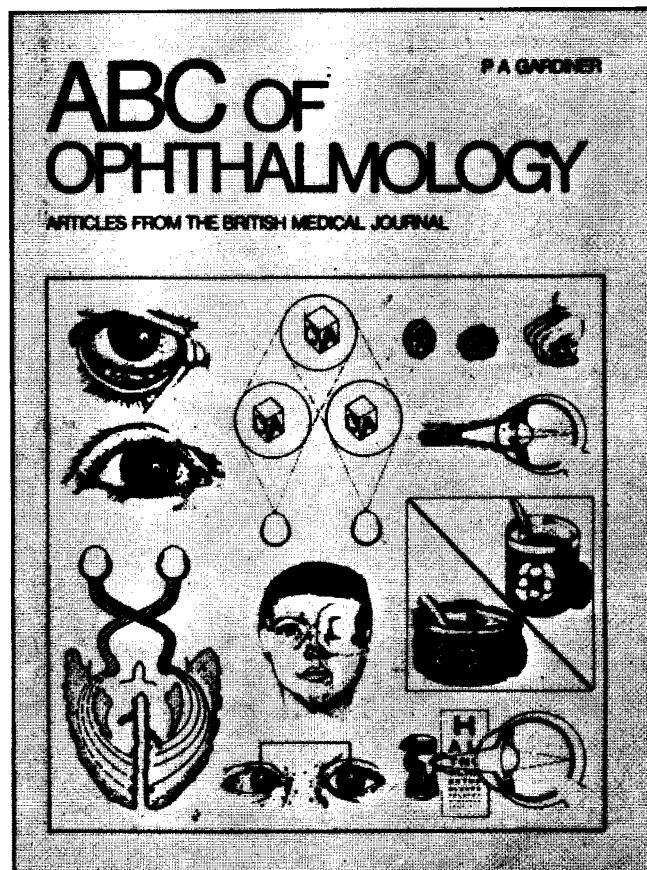
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Contra-indications Viral and dermatophyte infections of the scalp.

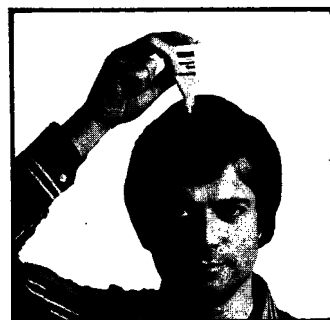
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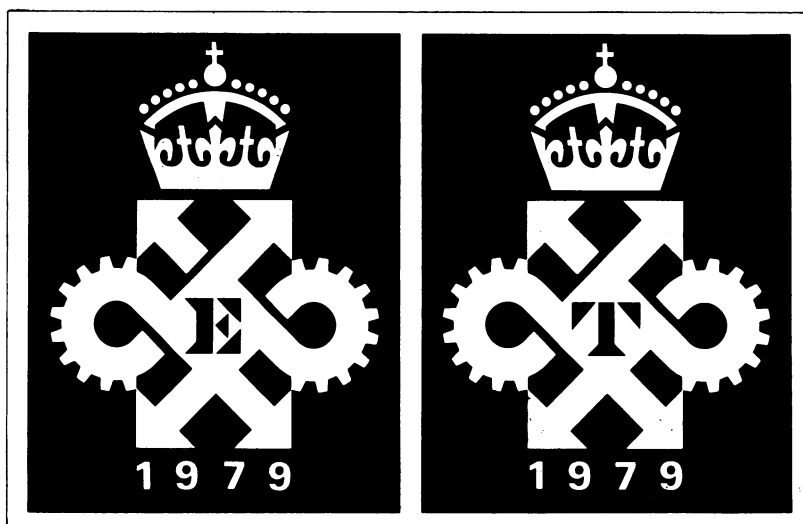
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Dosage and Administration

Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.

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Contra-Indications, Warnings etc.

Contra-Indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years.

Adverse Reaction: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets or

suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported

Haematological: eg. Heinz body anaemia, haemolytic anaemia leucopenia, agranulocytosis and aplastic anaemia.

Hypersensitivity: eg. Rash, fever

Gastrointestinal: eg. Impaired folate uptake, stomatitis.

C.N.S.: eg. Headache, peripheral neuropathy.

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Precautions

Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

Pregnancy

The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy

References

1. Scand. J. Gastroenterol (1974) **9**, 549
2. Scand. J. Gastroenterol (1978) **13**, 161
3. Brit. med. J. (1975) **2**, 297
4. Proceedings of a workshop on Crohn's Disease, Leyden 23-25 October, 1975. Ed. Weterman, Peña and Booth. Excerpta Medica, Amsterdam, p. 183-185
5. Gastroenterology (1977) **72**, 1133
6. Gut, (1977) **18**, 421
7. Gut, (1975) **14**, 923
8. Brit. med. J. (1978) **1**, 1524



Pharmacia

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tolerance should be carefully established.

Phobic and obsessional disorders: The dosage of Anafranil is generally higher than that used in depression. It is recommended that the dose be built up to 100–150mg Anafranil daily, according to the severity of the condition. This should be attained gradually over a period of 2 weeks, starting with 1 x 25mg Anafranil daily. In sensitive and elderly patients a starting dose of 1 x 20mg Anafranil daily is recommended. After the relief of symptoms has been attained, maintenance therapy will be required. This will be determined individually but may need to be prolonged. Discontinuation of therapy should be achieved by a gradual reduction in dose.

Side-effects

The most common side-effects are dry mouth, sweating, difficulty with accommodation, constipation, disturbance of micturition and tachycardia. Tremor and ataxia,

hypotension (particularly orthostatic hypotension with associated vertigo) have also been noted. Other effects which have occasionally occurred during Anafranil therapy are disturbances of appetite, abdominal pain and nausea.

Anxiety, agitation, fatigue, drowsiness, confusion, insomnia and headache have rarely been reported. Epileptiform convulsions have been experienced in a small number of patients. Symptomatic hypothermia may occur and allergic skin reactions, although extremely rare, have been encountered. Interference with sexual function, particularly ejaculation, may be encountered.

Contraindications and precautions

Anafranil is contraindicated in conjunction with or within 14 days of treatment with monoamine oxidase inhibitors; in patients with existing liver damage; in patients with cardiac or circulatory failure or recent myocardial infarction

and should be used with caution in patients with known ischaemic heart disease. Caution is necessary in conditions where an atropine-like drug is contraindicated e.g. glaucoma and retention of urine. Since convulsions have been reported in patients taking Anafranil, great caution should be exercised in treating epileptic patients. Patients with a known suicidal intent should, if possible, be treated in hospital. Otherwise they should be placed under the care of a responsible person who should also take charge of the keeping and administration of drugs. Care should be taken in administering Anafranil to patients already receiving treatment with debrisoquine, bethanidine, guanethidine, and methyldopa since the anti-hypertensive effect of these agents may be antagonised. The administration of Anafranil during the first trimester of pregnancy, as with all other drugs, is advised only if there are compelling reasons. Anafranil

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