

Reducing the chance of relapse in vaginal candidosis

When Candida plays hide and seek

Recent microscopy studies have shown that Candida albicans appears capable of penetrating the deeper keratinous layers of vaginal epithelial cells. This suggests that the organisms may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are

As the deeper layers of the vaginal mucosa are reached more easily by systemic than by topical treatment, relapse is likely to be

TRADEMARK

the elegant way problem to treat an inelegant problem

Presentation: white, flat, half-scored uncoated tablets marked "Janssen" on one side and K/200 on the reverse. Each tablet contains 200 mg ketoconazole. Dosage (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal on Nizoral should be taken with meals. Nizoral is contra-indicated in pregnancy. Precautions: the use of ased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are concomitantly. Side-effects: nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in ted with an incidence of about 1 per 10.000 patients. Some of these may represent an idiosyncratic adverse reaction to the drug. This should be borne in mind in patients on long-term therapy. If a patient develops jaundice or any symptoms sug-

Full prescribing information available on request.

Ref.: Acta Cytol. (Baltimore) 26, 7 (1982)

ANSSEN

PHARMACEUTICA

2540 Beerse, Belgium

der la antimycotic research

clavulanate-potentiated amoxycillin

In recent years, the treatment of infection has been complicated by the increasing prevalence of B-lactamase producing strains of bacteria. B-lactamase destroys many oral cephalosporins and penicillins, 1,2 resulting in treatment failure.

AUGMENTIN is the first antibiotic to utilise Beecham's discovery of the powerful B-lactamase inhibitor, clavulanic acid. This neutralises the bacterial defence, bringing more strains and species within the scope of oral therapy.

- AUGMENTIN Broader in spectrum than oral cephalosporins, co-trimoxazole, ampicillin, tetracycline or erythromycin.
- AUGMENTIN Outstanding success against today's infections.

Adult infections	No. of patients assessed	Clinically cured/ improved	Clinical success
Upper respiratory tract ³	146	141	97%
Lower respiratory tract ³	98	89	91%
Urinary tract 3	175	167	95%
Skin & soft tissue 3.4	81	75	93%

Paediatric infections	No. of patients assessed	Clinically cured/ improved	Clinical success
Upper respiratory tract ^{5.6}	70	70	100%
Lower respiratory tract ⁷	28	27	96%
Urinary tract ^{6.7.8}	61	57	93%

PRESCRIBING INFORMATION

INDICATIONS: Chest, ear, nose, throat, genito-urinary, skin and soft tissue infections including those caused by B-lactamase producing organisms.

DOSAGE: Adults and children over 12 years one AUGMENTIN tablet (375mg) three times daily. Children 7-12 years 10ml AUGMENTIN syrup (312mg) three times daily. Children 2-7 years 5ml AUGMENTIN syrup (156mg) three times daily. Children 9 months – 2 years 2.5ml AUGMENTIN syrup (78mg) three times daily. In severe infections these dosages may be doubled. Treatment should not be extended beyond 14 days without raview.

CONTRA-INDICATION: Penicillin hypersensitivity. PRECAUTIONS: Safety in human pregnancy is yet to be established. Oral dosage need not be reduced in patients with renal impairment unless dialysis is required. SIDE-EFFECTS: Uncommon, mainly mild and transitory, eg diarrhoea, indigestion,

nausea, vomiting, candidiasis, urticarial and morbilliform rashes. If gastro-intestinal side-effects do occur they may be reduced by taking AUGMENTIN at the start of meals. **PRESENTATIONS:** 375mg AUGMENTIN tablets each containing 250mg amoxycillin (1) and 125mg Clavulanic acid. (2) 156.25mg AUGMENTIN syrup. Powder for preparing fruit flavoured syrup. When dispensed each 5ml contains 125mg amoxycillin (1) and 31.25mg clavulanic acid. (2) (1) as the trihydrate, (2) as the potassium salt. Not all presentations are available in every country.



Further information is available from: Beecham Research Laboratories Brentford, Middlesex, England. AUGMENTIN and the BRL logo are trademarks.

erences 1. Proc. Int. Symp. on AUGMENTIN, Excerpta Med. (1980). ICS 544, 173. 2. Excerpta Med. (1980), ICS 544, 19. 3. Excerpta Med. (1980), ICS 544, 187. 4. Scot. Med. J., (1982), 27, 535. 5. Proc. Europ. Symp. on AUGMENTIN, Excerpta Med. (1982), CCP4, 341. 6. Excerpta Med. (1982), CCP4, 342. 7. Excerpta Med. (1982), CCP4, 325. 8. Excerpta Med. (1982), CCP4, 334.



ON TREES

In the prehistoric days of medicine some drugs could be found growing on trees.
Today that's a bit different.

The therapeutic drugs of our times are being unmasked from nature rather more scientifically.
By thorough bio-medical research into the fundamental processes of life. By studying exactly why and how these processes sometimes go wrong.

And so nature shows man where and how he can intervene and defend himself.
With precision drugs that will selectively and safely correct what went wrong.
Today's drugs grow from man's scientific knowledge of nature — but no longer on trees.