



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 normally shed.

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

Scanning electron micrograph
of mycelial cells penetrating
between vaginal surface
epithelial cells. (x 3000)

TRADEMARK
Nizoral
ketoconazole

*the elegant way
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 absorption Nizoral should be taken with meals. Nizoral is contra-indicated in pregnancy. Precautions: the use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H₂-blockers) should be avoided and, if indicated, such drugs should be taken not less than 2 hours after Nizoral. Ketoconazole, when given together with cyclosporin A results in increased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly. Side-effects: nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on ketoconazole; these changes may be transient. Cases of hepatitis have been reported 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 suggestive of hepatitis, treatment with ketoconazole should be stopped. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment.

Full prescribing information available on request.
Ref.: Acta Cytol. (Baltimore) 26, 7 (1982)



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THE CARDIOPROTECTIVE CORONARY THERAPEUTIC AGENT ADALAT®

THE MODERN COMPREHENSIVE DRUG THERAPY OF CORONARY HEART DISEASE.

Composition: 1 capsule of Adalat contains 10 mg of nifedipine. **Indications:** 1. Coronary heart disease: Chronic stable angina pectoris, angina at rest, including vasospastic angina pectoris (Prinzmetal's angina, variant angina) and unstable angina (crescendo pre-infarction angina), post-infarction angina (except for the first 8 days following the acute event). 2. Hypertension. **Contraindications:** Adalat must not be used at any time during pregnancy. No findings are as yet available as regards its use during the nursing period. Caution should be exercised if blood pressure is extremely low (severe hypotension: SBP < 90 mmHg). Cardiovascular shock. **Side effects:** Adverse reactions occur predominantly at the beginning of treatment and are often mild and transient: facial flush, heat sensation, headache. In isolated cases after high doses: nausea, dizziness, fatigue, skin reactions, paraesthesia, hypotensive reaction, palpitations and rise in pulse rate. Occasionally leg oedemas may occur as a result of vasodilation. Very rare: Gingival hyperplasia may develop during prolonged treatment, however, this is completely reversible after medication has been stopped; chest pain (possibly angina pectoris-like symptoms), in this case nifedipine should be discontinued, if a causal relationship is suspected. Caution must be exercised in patients who have to undergo regular dialysis and suffer from malignant hypertension and in irreversible renal failure associated with hypovolaemia, since blood pressure may fall as a result of vasodilation. Antihypertensive treatment with this drug requires regular medical check-ups. The response to drug intake may in individual cases be such that the ability to drive or operate machinery is impaired. These reactions are especially pronounced at the start of treatment and in the case of a change in medication and, moreover, if alcohol is consumed at the same time. **Interactions with other drugs:** Nifedipine/antihypertensives: Concomitant use may intensify the blood pressure-lowering effect of nifedipine. Nifedipine/beta-receptor blockers: Concomitant use requires careful monitoring of the patient, since the hypotensive effect may be enhanced; moreover, the development of heart failure has occasionally been reported. Nifedipine/cimetidine: The blood pressure-lowering effect may be intensified. **Presentation:** Adalat: Packages containing 30, 50 and 100 capsules of 10 mg of nifedipine. Co-No.: 1a. Bayer, Germany.

6/003



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