In vaginal candidosis:

TRADEMARK

Nizoral

ketoconazole

the elegant way to treat an inelegant problem

2 oral tablets once daily for 5 days is all it takes today to effectively cure the problem

Remember:
oral convenience improves patient compliance and so reduces the chance of relapse.

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, H_2-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.

References:
Tooley, *et al.*: The Practitioner 229, 655 (1985)
Benussi, *et al.*: Curr. Ther. Res. 31(4), 511 (1982)

JANSSEN

PHARMACEUTICA

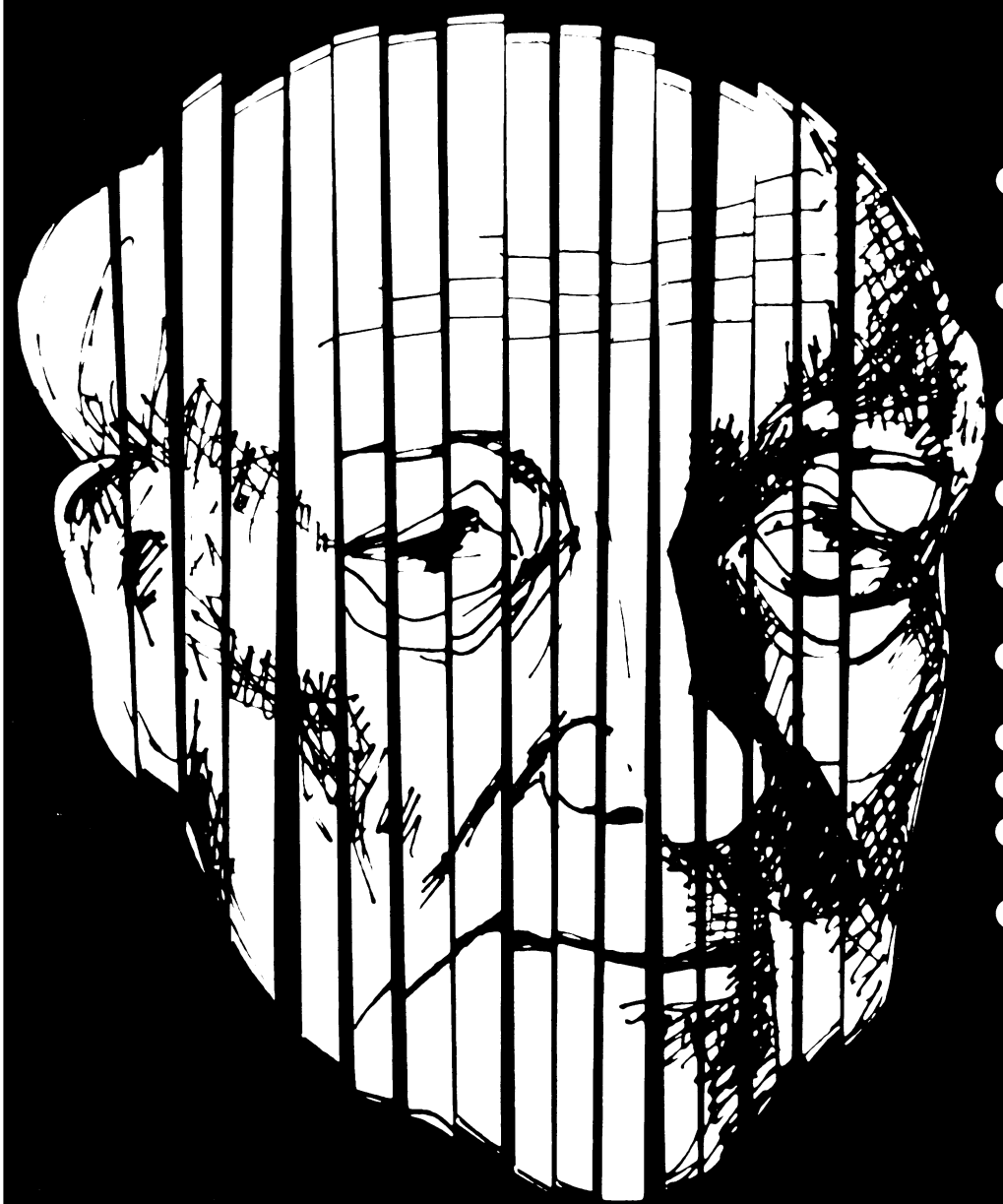
B-2340 Beerse, Belgium

world leader in antimycotic research

JUMEX® Tablets

(Selegilinum hydrochloricum) Selective MAO-B Inhibitor

... A STEP FORWARD IN THE TREATMENT OF PARKINSONISM



JUMEX®

- develops its effect only in conjunction with levodopa preparations
- doses of levedopa can be reduced while maintaining the therapeutic effect
- prolongs the effective period of levodopa
- is applicable in all phases of Parkinsonism
- on-off periods decline in frequency and extent
- improves quality of life by diminishing side-effects
- improves motor activity
- milder end-of-dose akinesia
- simple dosage:
  1-2 tablets (5-10 mg) daily
- composition:
  5 mg Selegilinum hydrochloricum (L-deprenyl) per tablet

Manufacturer
CHINOIN Pharmaceutical and Chemical Works — Budapest

medimpex

Exported by:
MEDIMPEX ▪ HUNGARY
H - 1808 BUDAPEST, PHONE: 183-955, TX: 22-5477
TELEFAX: 177–179

Composition: **1 sustained release tablet of Adalat retard contains 20 mg nifedipine.** Indications: 1. Coronary heart disease: Chronic stable angina pectoris (exercise angina), angina pectoris following infarction (except in the first 8 days following an acute myocardial infarction). 2. Hypertension. Contraindications: Hypersensitivity to Adalat retard and the whole period of pregnancy. There are no findings on use during lactation. Caution should be exercised in the presence of pronounced low blood pressure (severe hypotension: systolic blood pressure < 90 mmHg). Cardiovascular shock. Side-effects: Side-effects generally occur at the start of therapy and are often of a slight and transient nature: facial flush, heat sensation, headache. In isolated cases particularly at higher doses: nausea, dizziness, tiredness, skin reactions, paraesthesia, hypotensive reaction, palpitations and increased pulse rate. Occasionally leg oedema due to dilatation of the blood vessels. Extremely rare: during long-term therapy, gingival hyperplasia which regresses completely once therapy is discontinued; chest pain (which may be angina pectoris-like pain) – where this occurs and a causal connection with Adalat is suspected, therapy should be discontinued. Caution should be exercised with diclysis patients with malignant hypertension and irreversible renal failure with hypovolaemia, since vasodilatation can result in a reduction in blood pressure. Treatment of hypertension with this drug requires regular medical supervision. Individuals may react differently to this drug and some patient's ability to drive and to operate machinery may be impaired. This applies particularly at the start of treatment, when changing from one preparation to another and if alcohol is consumed. Mode of action: Adalat retard is a calcium antagonist and is classified as a coronary therapeutic agent/antihypertensive agent. Dosage: Treatment should be adapted to the individual as much as possible according to the severity of the disease and the patient's response to therapy. Dosage guidelines for: Coronary heart disease: Chronic stable angina pectoris (exercise angina), angina pectoris following infarction; hypertension: 2 x daily 1 sustained release tablet Adalat retard. In some cases it may be necessary to increase the dose further to 2 x 2 sustained release tablets (2 x 40 mg). If sufficient therapeutic success is not observed in angina pectoris patients after approximately 14 days of therapy, this treatment should be replaced by the fast-acting (10 mg) Adalat capsule where this is advised by the physician. The tablets should be swallowed whole with a small amount of liquid independently of meals. Dosage interval: 12 hours, but in any case not less than 4 hours. Interactions with other drugs: Adalat retard/antihypertensive agents: concomitant administration may enhance the antihypertensive effect of nifedipine. Adalat retard/beta receptor blockers: the patient must be monitored carefully during concomitant administration since severe hypotension may occur; development of heart failure has been reported occasionally. Adalat retard/cimetidine: possible enhancement of antihypertensive effect. Note: If a particularly rapid onset of action is required for the treatment of spasms of the coronary vessels (coronary spasm: Prinzmetal's angina, angina at rest) and particularly marked clinical pictures or impending angina pectoris attacks or acute hypertensive crisis, the fast-acting (10 mg) Adalat capsules should be used. Once the situation has improved, an attempt may be made to transfer to Adalat retard tablets. The light-sensitive active substance in the sustained release tablet is protected from light both inside and outside the packaging; nonetheless the tablets should only be removed from the foil immediately before use and should not be broken. Presentations: Adalat retard: packs with 30, 50 and 100 sustained release tablets containing 20 mg nifedipine. Hospital packs.

Bayer AG, Leverkusen, West-Germany. Co.-No.: 2 w

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