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

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.

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, 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.

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

JANSSEN
PHARMACEUTICA
B-2340 Beerse, Belgium
world leader in antimycotic research

Rocephin

ceftriaxone Trade Mark

24-hour bactericidal power

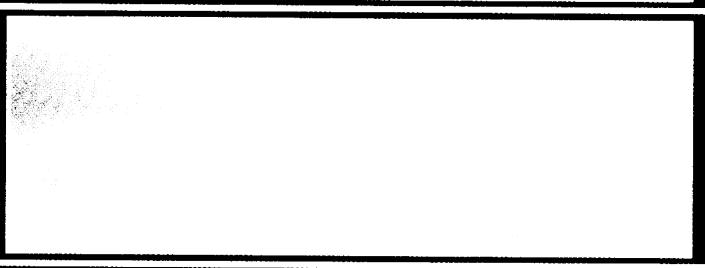
Once daily parenteral cephalosporin

Highly effective in a broad range of pathogens

Neisseria meningitidis
(human blood agar)

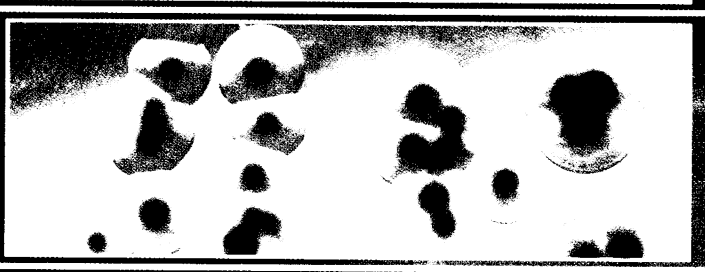
MIC_{50}: ≤ 0.008 µg/ml
MIC_{90}: ≤ 0.008 µg/ml

Proteus mirabilis
(maltose agar)



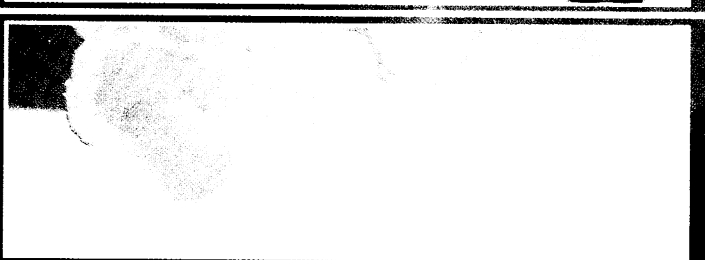
MIC_{50}: 0.008 µg/ml
MIC_{90}: 0.025 µg/ml

Salmonella typhimuricum
(S.S. agar)



MIC_{50}: 0.007 µg/ml
MIC_{90}: 0.125 µg/ml

Klebsiella pneumoniae
(endo agar)



MIC_{50}: 0.05 µg/ml
MIC_{90}: 0.1 µg/ml

Escherichia coli
(Levine EMB agar)

MIC

sensitive: ≤ 8 µg/ml; intermediate: 16–32 µg/

Reference
1. Data on file,
F. Hoffmann-La Roche & Co. Limited Company,
Basle, Switzerland.

ROCHE

F. Hoffmann-La Roche & Co.
Limited Company, Basle, Switzerland

are available on request.

GOOD DRUGS DON'T GROW 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.