

In vaginal candidosis:

TRADEMARK

ketoconazole

*The elegant way
to treat an inelegant problem*



2 oral tablets
once daily for **5** days
is all it takes today
to cure vaginal candidosis

Ketoconazole is an imidazole derivative which reduces gastric acidity and increases the absorption of drugs which require an acidic environment for absorption. It should be taken not less than 1 hour before or after food. Ketoconazole should not be taken with cyclosporin A. It is contraindicated in patients with liver disease. Side-effects: nausea, skin rash, headache, dizziness, taste disturbance, changes in liver function tests have occurred in patients on ketoconazole; these changes are reversible and usually disappear within 10 days after discontinuation of the drug. Mild to moderate hepatotoxicity has been reported with an incidence of about 1 per 10,000 patients. Some of these patients have been on long-term therapy. This should be borne in mind in patients on long-term therapy. In the absence of hepatitis, treatment with ketoconazole should be stopped. Mild to moderate hepatotoxicity, on the other hand, do not necessitate discontinuation of the treatment.

References:

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



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HOW TO DO IT: 1

Chair a committee.
Be a dictator.
Take an examination.
Organise an international
paper. Choose a computer.
Organise a meeting. Give evidence.
Improve a student medical journal. Be
interviewed. Write a book review. Raise
funds. Be an examiner. Use a library.
Survive as an editor. Prepare a lecture.
Construct an audiovisual programme.
Attend an inquest. Take a clinical
examination. Use slides. Appear
on television. Apply for a
research grant. Deal
with a publisher.
Plan a research
project. Write

and

HOW TO DO IT: 2

Organise
your time.
Run a clinical
budget. Deal with a
complaint by a patient.
Start in private practice.
Be an expedition doctor. Take
a teaching ward round. Organise
a clinical examination. Deal
with problem colleagues. Retire.
Use a word processor. Take a
sabbatical from general practice.
Be a patient. Use electronic
mail. Make a video tape.
Signpost your hospital.
Get a letter in the
newspapers.
Keep up with
the medical
literature.

Two compendiums
of essential know how

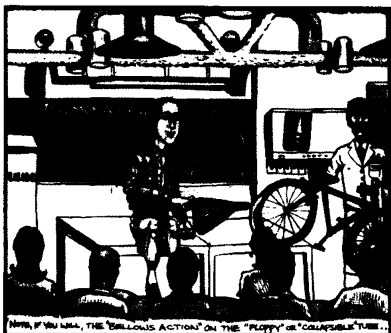
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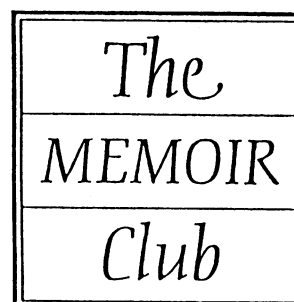
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The third in the Memoir Club series of books of general interest by medical writers is *Not Always on the Level* by E J Moran Campbell, professor of medicine at McMaster University, Canada, who combines reminiscences of his Yorkshire childhood and student days in London with an account of his work in respiratory physiology and a painfully honest description of what it is like to be a manic depressive.

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In *Logic in Medicine* doctors and philosophers combine to provide a coherent system of diagnostic logic with a broader view of the science and art of reasoning.

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LOGIC IN MEDICINE



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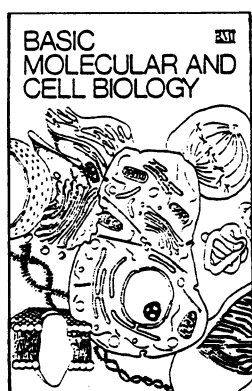
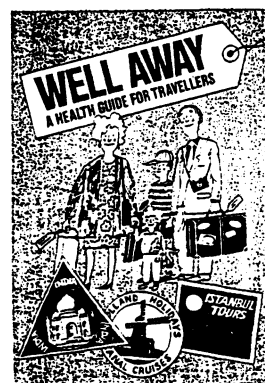
BMJ

4 new books from the BMJ – published 28 March 1988

The British have been travelling overseas for centuries, but never in such enormous numbers as now. Holidaymakers from Britain between them take about 15 million trips abroad each year, and thousands more go to work, either for firms or voluntary organisations. Strange climate, customs, food, disease can all cause illness. *Well Away* advises non-medical readers on how to avoid this. Adapted by Eric Walker and Glyn Williams from their *ABC of Healthy Travel*, it gives straightforward practical advice on everything from immunisations and insurance before departure to first aid while abroad. The one guidebook no traveller can afford to be without.

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The extraordinary technical developments in molecular biology over the past few years, and the equally rapid advances in understanding of cell biology, will almost certainly result in far reaching changes in medical research and practice. In this collection of articles experts in molecular and cell biology provide the background for information to give clinicians an insight into the way in which the medical sciences may be moving over the next few years and into the exciting possibilities opening up for the treatment of genetic disorders, cancer, and the common illnesses of Western society such as degenerative vascular disease and diabetes.

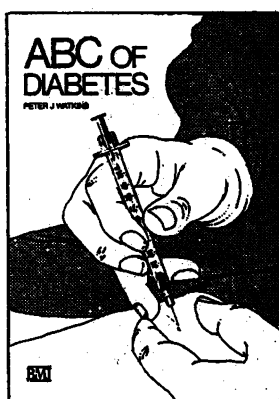
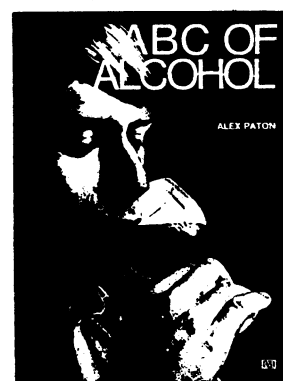
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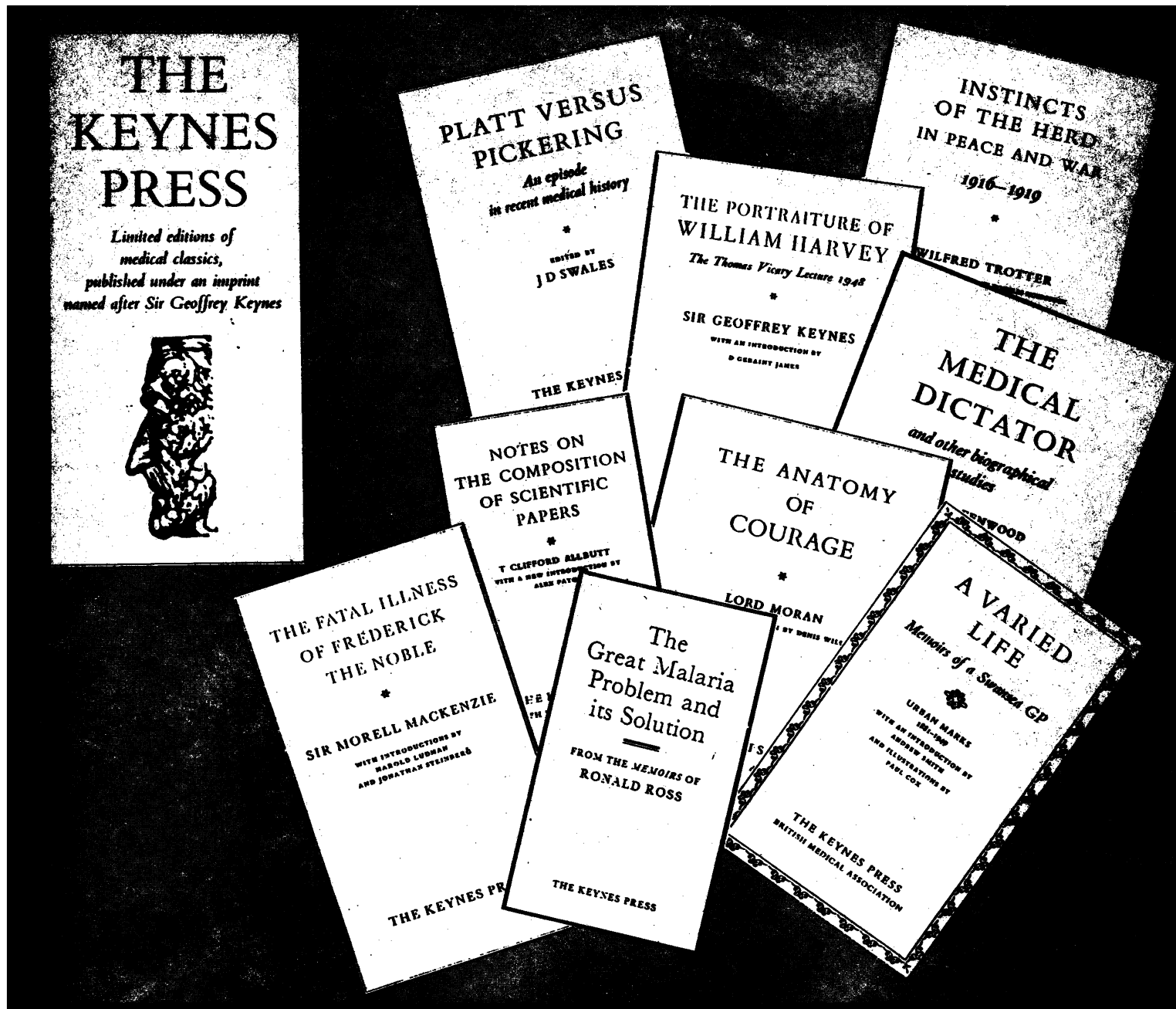


Many advances in the treatment of diabetes have been made in the past decade: self measurement of blood glucose, intravenous infusions and intramuscular insulin treatment for diabetic emergencies, continuous subcutaneous insulin infusion techniques, and new tests for autonomic function. The outlook for diabetic pregnancy has been transformed; photocoagulation for retinopathy is reducing blindness; and at last diabetic renal disease is receiving some attention. Dr Peter Watkins's articles set these advances in their clinical context, providing a practical guide to the management of diabetes for non-specialist doctors and nurses. There have recently been several more developments both in understanding the causes of diabetes and improving its management, and this second, revised, edition incorporates the most important of these latest innovations.

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Composition: 1 Adalat capsule contains 10 mg nifedipine. **Indications:** 1. **Coronary heart disease:** Chronic stable angina pectoris, angina at rest, including vasospastic angina (Prinzmetal's angina, variant angina) and unstable angina (crescendo preinfarction angina), angina pectoris following myocardial infarction (except in the first 8 days following acute myocardial infarction). 2. **Hypertension.** **Contraindications:** Hypersensitivity to Adalat 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 in dialysis 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 patients' 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 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. **Coronary heart disease:** Long-term therapy, generally with a daily dose of 3 x 1 capsule Adalat. In some cases the dose can be increased in stages to 60 mg (3 x 2 capsules Adalat). For coronary spasms (Prinzmetal's angina, angina at rest) the daily dose can be temporarily increased to between 80 and a maximum of 120 mg (between 4 x 2 and 6 x 2 capsules Adalat) in individual cases. **Hypertension:** Daily dose: 3 x 10 to a maximum of 3 x 20 mg (3 x 1 to 3 x 2 capsules) Adalat. If particularly rapid onset of action is required in cases of acute high blood pressure (hypertensive crisis) or impending angina pectoris attack, the individual dose is 1-2 capsules Adalat (10-20 mg) administered sublingually (the capsule should be bitten). In exceptional cases up to 3 capsules Adalat (30 mg). **Dosage interval:** Where the individual dose is 20 mg, the capsules should be taken at intervals of not less than 2 hours. **Interactions with other drugs:** Adalat/antihypertensive agents;

concomitant administration may enhance the antihypertensive effect of nifedipine. **Adalat/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/cimetidine:** possible enhancement of antihypertensive effect. **Presentations:** Adalat: packs with 30, 50 and 100 capsules each containing 10 mg nifedipine.

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