



# Some patients are more susceptible to vaginal candidosis than others



*Candida* cells are capable of penetrating to the depth of several layers of the vaginal epithelium. This suggests that these hidden yeasts may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are normally shed. The deeper layers of the vaginal mucosa are more accessible by systemic than by topical route. Thus, in patients who appear highly susceptible to vaginal candidosis, oral Nizoral treatment makes good sense.

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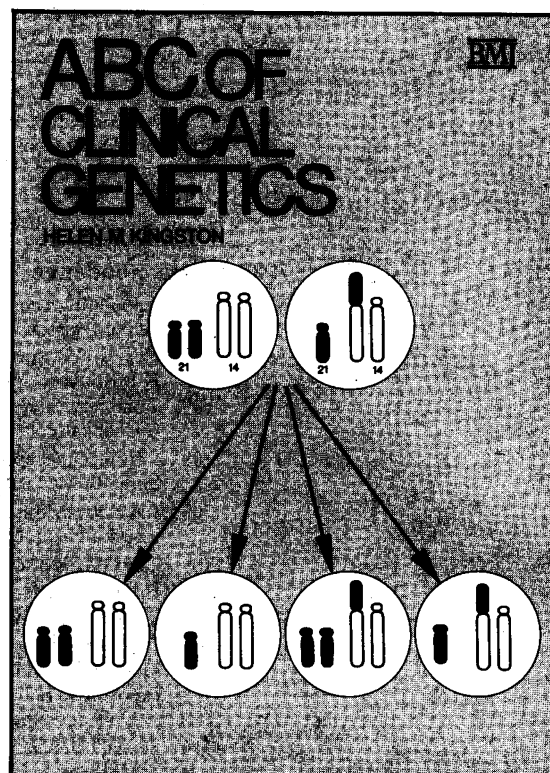
**Prescribing notes:** For maximal absorption Nizoral should be taken with meals. **Nizoral is contra-indicated in pregnancy.** **Precautions:** the use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H<sub>2</sub>-blockers) should be avoided and, if indicated, such drugs should be taken not less than 2 hours after Nizoral. **Side-effects:** nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on Nizoral; these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10,000 patients. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with Nizoral should be stopped. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment.

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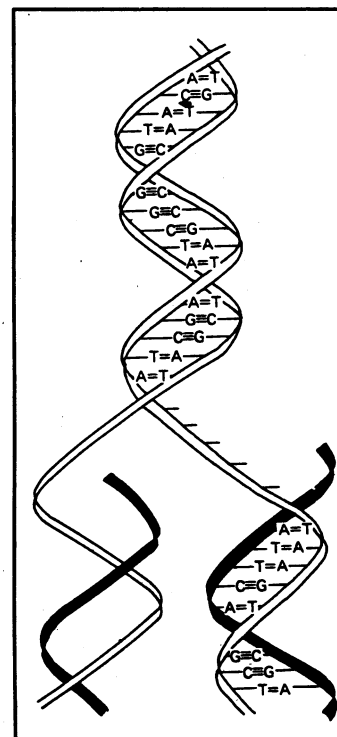
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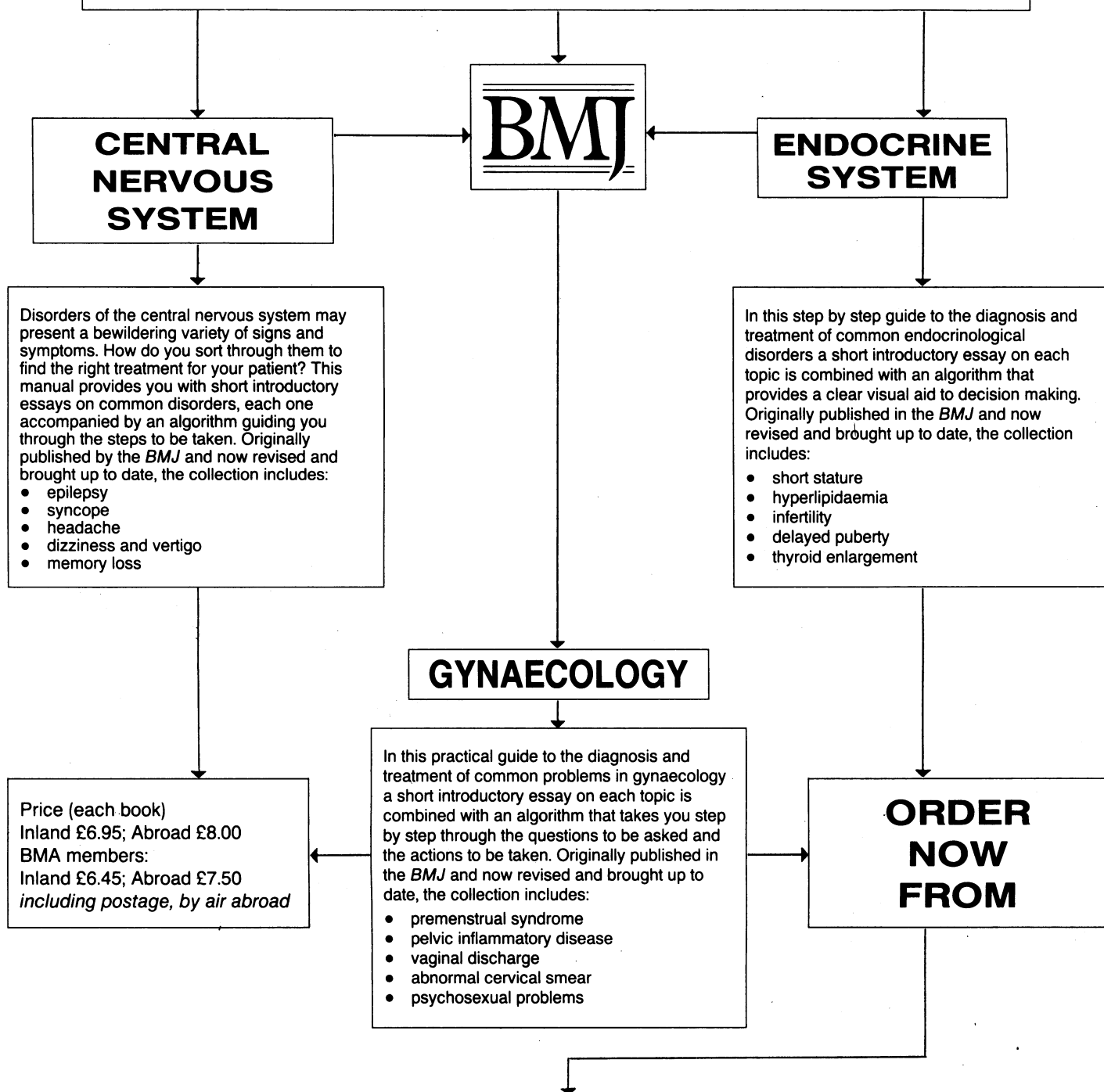
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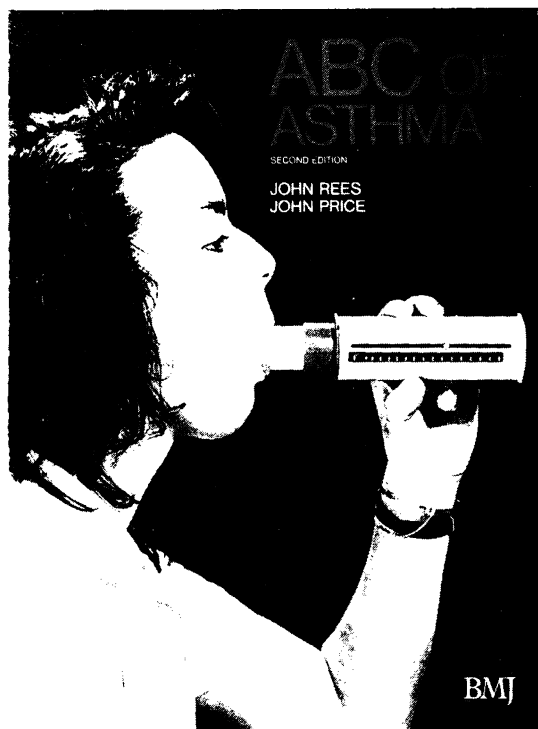
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