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.

TRADEMARK
Nizoral
(ketoconazole)

2 oral tablets
once daily for **5** days

Full prescribing information available on request.

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_2-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.

JANSSEN PHARMACEUTICA
B-2340 Beerse, Belgium

world leader in antimycotic research

SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT

Take for example peptic ulcers. For years people were convinced that the pathophysiology was related to gastric acid; healing no longer seemed to be a major problem, except for the high relapse rates.

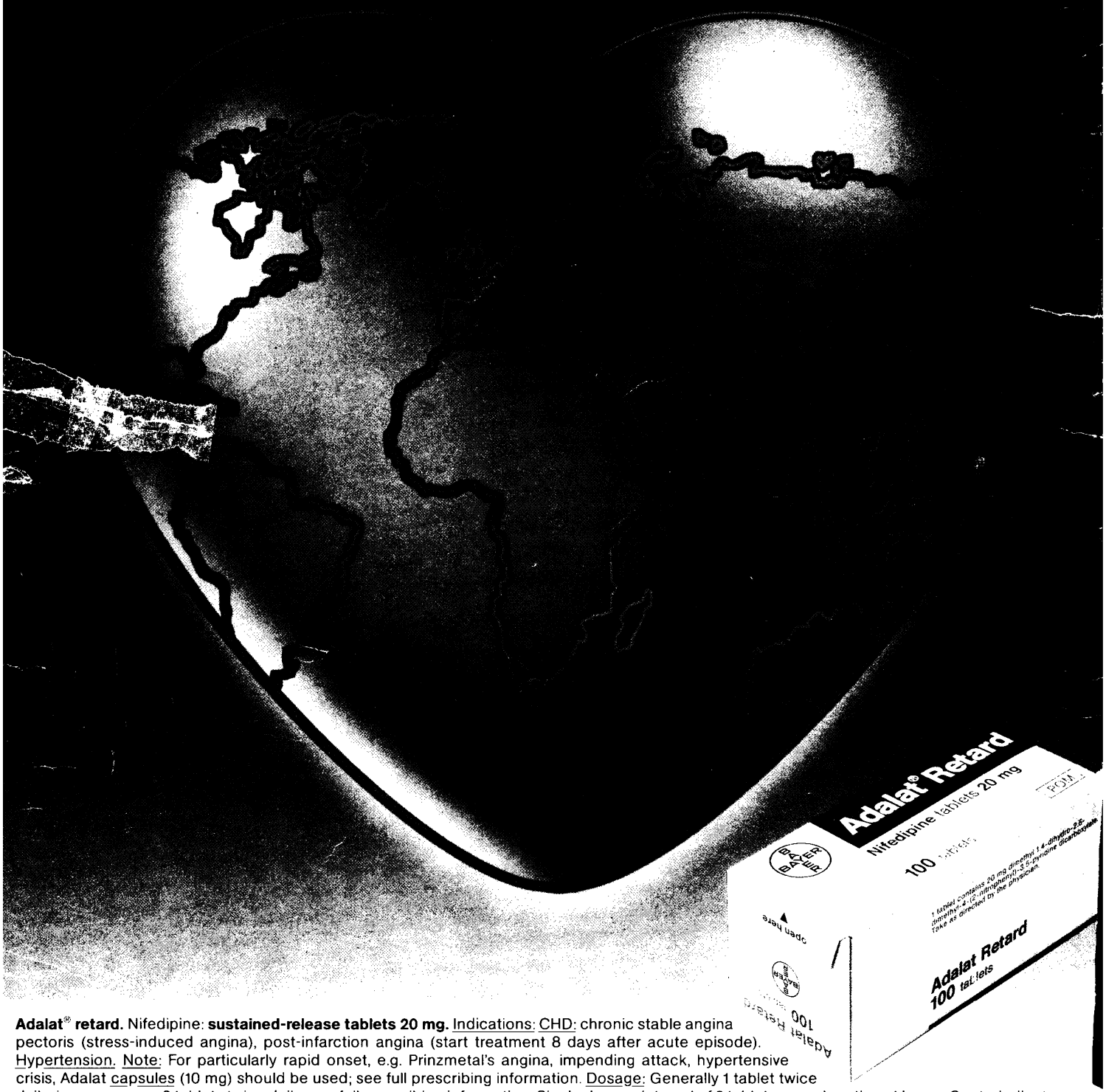
In 1983, J.R. Warren and B.J. Marshall unearthed another pathological factor: Campylobacter pylori. Since their historic rediscovery, evidence of the connection between Campylobacter pylori in the gastric mucosa on one hand and histologically proven gastritis and peptic ulcers on the other has become stronger and stronger. Chronic gastritis and ulcer relapse are highly associated with Campylobacter pylori.

De-Nol® (colloidal bismuth subcitrate) is the only ulcer healer that is active against Campylobacter pylori. De-Nol can cure peptic ulcers. What is more: the relapse rates after termination of therapy are much lower than with acid-suppressant preparations. The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what has been assumed for years.

Indications Gastric and duodenal ulcers. Contra-indications Severe renal dysfunction. Use during pregnancy There is insufficient data on its use in pregnancy to assess possible harmful effects. There are no indications of harmful effects in animals. Warnings and precautions Prolonged use of high doses of bismuth compounds is not recommended because it has occasionally led to reversible encephalopathy. The risk of this is very small provided De-Nol is used as recommended. It is, however, not advisable to use concomitantly other bismuth-containing drugs or alcohol. Antacids and milk should not be taken within half an hour before, or half an hour after taking De-Nol, because gastric acid is necessary for the formation of the protective layer. The absorption of tetracyclines may be reduced when De-Nol is taken concomitantly. Dosage Two tablets twice daily on an empty stomach: half an hour before breakfast and dinner, for 4-8 weeks. Alternatively one tablet four times daily on an empty stomach: half an hour before breakfast, lunch and dinner and at bedtime, for 4-8 weeks. Thereafter De-Nol or other bismuth-containing drugs should not be taken for 8 weeks. A treatment course may then be prescribed again for 4-8 weeks, if necessary. Side effects Stool blackening may occur from the formation of bismuth sulphide. This discolouration may easily be distinguished from melaena. There may also be nausea and vomiting. These effects are not dangerous and disappear upon completion of therapy

Gist-brocades Gist-brocades Pharmaceuticals, Division of Royal Gist-brocades NV, Delft, Holland.

Adalat® retard:
The antihypertensive from Bayer with cardioprotective effect. Worldwide.



Adalat® retard. Nifedipine: **sustained-release tablets 20 mg.** Indications: CHD: chronic stable angina pectoris (stress-induced angina), post-infarction angina (start treatment 8 days after acute episode). Hypertension. Note: For particularly rapid onset, e.g. Prinzmetal's angina, impending attack, hypertensive crisis, Adalat capsules (10 mg) should be used; see full prescribing information. Dosage: Generally 1 tablet twice daily; in some cases 2 tablets twice daily; see full prescribing information. Single dosage interval of 2 tablets never less than 4 hours. Contraindications: Hypersensitivity to active substance; pregnancy; lactation; cardiovascular shock. Precautions: Severe hypotension; dialysis patients with malignant hypertension: close monitoring. Interactions: Antihypertensive agents, cimetidine: may enhance the antihypertensive effect. Same with beta-blockers: possible development of heart failure. Side effects: Often mild and transient vasodilation, hypotension, skin and other reactions; see full prescribing information. Solitary gingival hyperplasia, chest pain; if relation to Adalat established, discontinue therapy. Extremely rare liver function disturbances (including intrahepatic cholestasis), temporary hyperglycaemia, gynaecomastia (regression on drug discontinuation). Ability to drive or operate machinery may be impaired.
Full prescribing information available from Bayer AG, Leverkusen, West Germany. Co.-No.: 2

Bayer

E-J/104