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.

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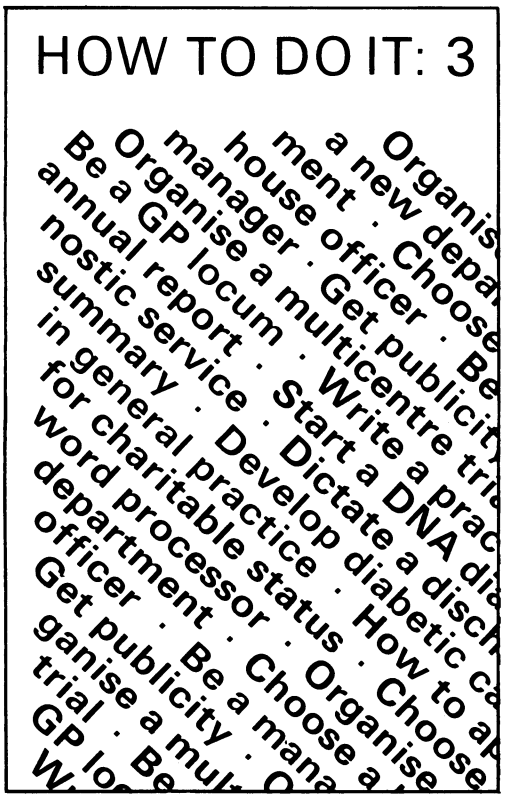
world leader in antimycotic research

You don't know everything



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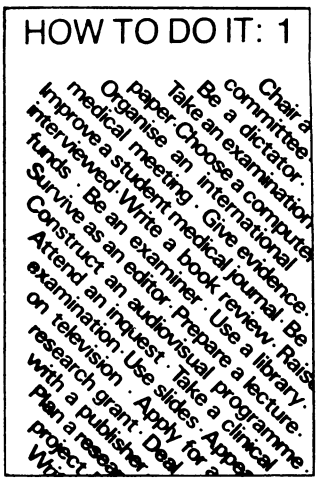

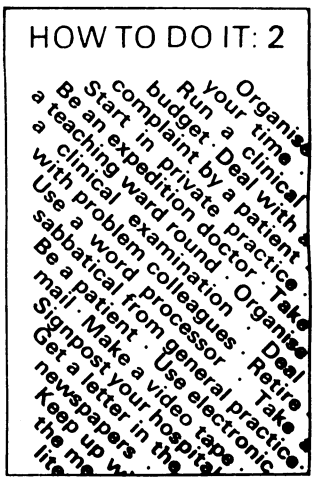

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SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT

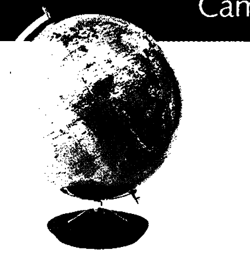
Take for example peptic ulcers. For years people were convinced that the pathophysiology was related to gastric acid; healing no longer seemed to be a major problem, except for the high relapse rates.[1)]

In 1983 J.R. Warren and B.J. Marshall[2)] unearthed another pathological factor: Helicobacter pylori*. Since their historic rediscovery, evidence of the connection between H. 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 H. pylori.[3)]

De-Nol® is the only ulcer healer that is active against H. pylori. Therefore the relapse rates after termination of therapy are much lower than with acid-suppressant preparations.[4)] What is more: among patients in whom H. pylori was eradicated and who remained H. pylori negative in the year of follow-up, the relapse rate of peptic ulcers was only 0-10%.[4, 5, 6, 7, 8)]

The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what was assumed for years.

* formerly known as Campylobacter pylori



Tri-potassium di-citrato bismuthate (internationally known as colloidal bismuth subcitrate)

1) Marshall BJ, et al. Lancet 1988, 2: 1437-1442. 2) Marshall BJ, Warren JR. Lancet 1984, 1: 1311-1315. 3) Goodwin CS. Lancet 1988, 2: 1467-1469. 4) Smith AC, et al. Gut 1988, 29: A711. 5) Rauws EAJ, Tytgat GNJ. ISBN 90-9002938-9, Amsterdam 1989. 6) Lambert JR, et al. Gastroenterology 1987, 92: 1489. 7) Borody TJ, et al. Gastroenterology 1988, 94: 43 (abstract). 8) Coghlan JG, et al. Lancet 1987, 2: 1109-1111.

Prescribing information. Presentation: Coated tablets and liquid (a chewable tablet is also available in some countries). Each tablet (or 5 ml dose) contains 120 mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). Indications: Gastric and duodenal ulcers. Dosage and administration: Two tablets (or two 5 ml doses) twice daily half an hour before breakfast and half an hour before the evening meal or alternatively one tablet (or one 5 ml dose) four times a day, half an hour before each of the three main meals and two hours before going to bed, for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after an interval of one month. Contra-indications, warnings, etc.: De-Nol should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. Special precautions: De-Nol may inhibit the efficacy of orally administered tetracyclines. Side effects: Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. Overdosage: Overdosage has rarely been reported; gastric lavage with intestinal evacuation and, if necessary, supportive therapy would be indicated. Package quantities: Treatment pack of 112 tablets or 560 ml liquid. Basic NHS price: Tablets £ 20.98, Liquid £ 14.65. Product licence numbers: Tablet 0166/0124, Liquid 0166/5024. GMS prices: De-Noltab IR £ 20.65, De-Nol IR £ 16.37. Product authorization numbers: De-Noltab 62.22.2, De-Nol 62.23.1. Product licence authorization holder: Brocades Great Britain Ltd, Brocades House, West Byfleet, Surrey KT14 6RA. Telephone (09323) 45536.
Product information can differ from country to country. Please consult Gist-brocades NV, The Netherlands for specific country information. (UK 89*2)

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Render to histamine

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Histamine deserves the antihistamine that can really take it on. For right away the allergies that thrive on histamine will respond.
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(astemizole)

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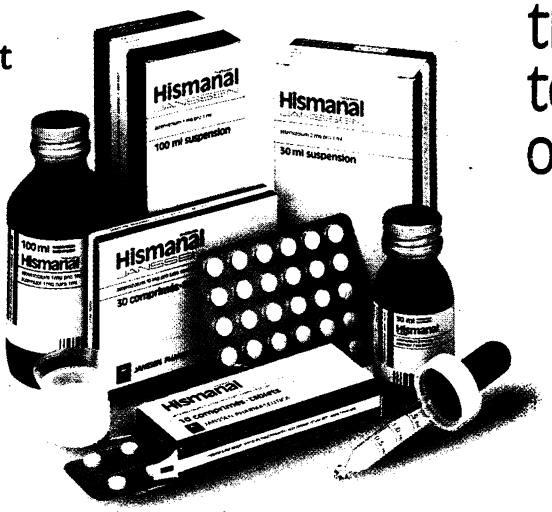

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Prescribing information
Uses: Hismanal is a potent and non-sedative antihistamine indicated for the treatment of seasonal and perennial allergic rhinitis, allergic conjunctivitis, chronic urticaria and other allergic conditions.
Dosage and administration: adults and children over 12 years: 10 mg daily. Children 6-12 years: 5 mg once daily. Children younger than 6 years: 2 mg per 10 kg daily. Hismanal should be taken on an empty stomach. **Precautions:** Hismanal should be used in pregnant women only when, in the judgement of the physician, the potential benefits outweigh the possible hazards.
Adverse reactions: weight gain may occur during prolonged treatment. **Overdose:** in case of overdose, gastric lavage should be followed by close observation and ECG monitoring as arrhythmias have occasionally occurred after intake of doses in excess of 200 mg.
Full prescribing information available on request.

JUST ONE TABLET A DAY