



Did you know

that in seborrhoeic dermatitis
a dominant role is played by
Pityrosporum yeasts?

And did you know

that *Pityrosporum* is exceptional
sensitive to ketoconazole,
alias Nizoral?

TRADEMARK

(ketoconazole)

N

If you do, you know why Nizoral cream is the right answer to
seborrhoeic dermatitis

Apply twice daily until a few days after remission of symptoms.

Indications: Nizoral cream is indicated for topical application in the treatment of dermatophyte infections of the skin, as well as in the treatment of cutaneous candidosis and tinea (pityriasis) versicolor. Nizoral cream is also indicated for the treatment of seborrhoeic dermatitis, a skin condition related with the presence of *Pityrosporum ovale*. **Precautions:** Irritation may occur when Nizoral cream is used immediately after prolonged treatment with topical corticosteroids. Therefore, it is recommended to continue applying the topical corticosteroid in the mornings and to apply Nizoral cream in the evenings, and to subsequently and gradually withdraw the steroid therapy over a period of 2-3 weeks.

Full prescribing information
available on request.



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.¹⁾

In 1983 J.R. Warren and B.J. Marshall²⁾ 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

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 EA, 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-citrate bismuthate (calculated as Bi₂O₃). **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-Nolab: IR £ 20.65, De-Nol: IR £ 16.37. **Product authorization numbers:** De-Nolab: 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 8912).

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

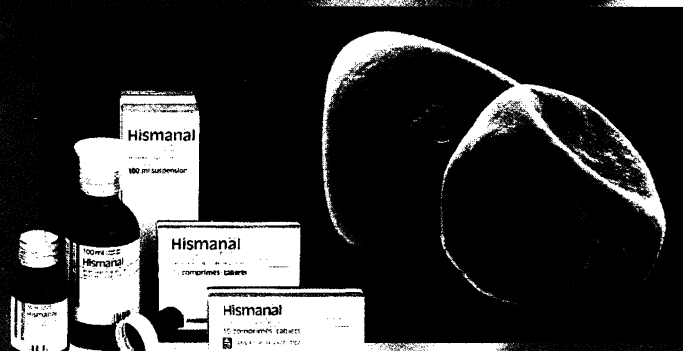


DE-NOL[®]

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

THE ANTIHISTAMINE of exceptional strength

TRADEMARK
Hismanal
(astemizole)



Prescribing information: **Uses:** Hismanal is a potent antihistamine indicated for the treatment of seasonal and perennial allergic rhinitis, allergic conjunctivitis, and other allergic conditions. **Dosage and administration:** adult and pediatric patients: 5 mg once daily. Children younger than 6 years of age: 1 mg once daily. **Precautions:** Hismanal should be used in pregnancy only if the potential benefits outweigh the possible hazards. **Full prescribing information**



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JUST
ONE TABLET
A DAY