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Griseofulvin

Griseofulvin has been available since 1958 to treat ringworm (tinea). It is not effective against yeasts such as [candida](#) or [malassezia](#).

Griseofulvin has been withdrawn from the market in New Zealand (2002); however a few chemists stock some tablets.

Griseofulvin comes from the mould, *Penicillium griseofulvum*. It stops fungal cells dividing (i.e. it is fungistatic) but does not kill them outright. This means treatment needs to be continued for several weeks or months. For many fungal infections, especially of the nail ([tinea unguium](#)), newer drugs work better than griseofulvin.

Griseofulvin may still be preferable for [tinea capitis](#), especially when due to *Microsporum canis* infection, and is generally well tolerated in children.

Griseofulvin tablets are not very well absorbed from the gut. They should be taken after a meal or drink of milk as fat increases the absorption. The medication is carried into the skin by sweat and within a couple of weeks is concentrated in the outer skin layers.

Half the medication is cleared from the blood stream in 10 to 20 hours; the rest is eliminated in urine and faeces. This means the medication can be taken once daily. Griseofulvin should be continued until the fungal infection has completely gone because the medication is quickly cleared from skin and hair when it is stopped.

Dose regime

Adults: 500 mg to 1 g daily.

Children: 10: 25 mg per kg body weight per day.

[Tinea pedis](#), [Tinea cruris](#), [tinea manuum](#), [tinea corporis](#) etc. for 2: 6 weeks.

[Tinea capitis](#) for at least 6: 8 weeks (longer for *M canis*).

[Tinea unguium](#) for 12: 18 months until all signs of nail infection have gone.

Side effects

Minor side effects are quite common and include:

- Headaches.
- Gastrointestinal upset: nausea, vomiting, heartburn, cramps, flatulence, taste disturbance, furred tongue.
- Rashes including [urticaria](#), [lupus erythematosus](#) and [photosensitivity](#) (protect your skin from the sun).
- Urinary disturbance: frequency, bed wetting.
- Nervous system disturbance: Blurred vision, dizziness, depression, nightmares, fatigue.
- Menstrual disturbance.
- Liver disturbance.

Griseofulvin should **not** be taken in pregnancy as there is a slight risk of malformation of the foetus. Males should not father children within 6 months of treatment with griseofulvin as it may damage sperm cells.

Drug interactions

Griseofulvin can interact with other medications.

Antacids and H2 antagonists should not be taken for 2 hours after griseofulvin because they might otherwise stop its absorption.

Griseofulvin interacts with alcohol rather like disulfiram (Antabuse) and can cause severe nausea and vomiting.

Griseofulvin can cause an increase in a liver enzyme reducing the concentration of:

- Warfarin (thinning the blood less than required)
- Oral contraceptive (increasing the chance of pregnancy)

Related information

On DermNet NZ:

- [Introduction to fungal infections](#)
- [Treatment of fungal infections](#)

Books:

See the [DermNet NZ bookstore](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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